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of the

INDIANA STATE MEDICAL ASSOCIATION

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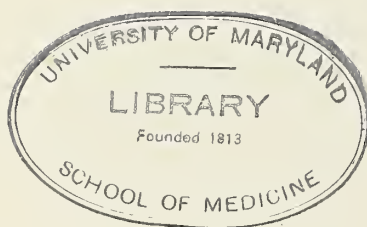
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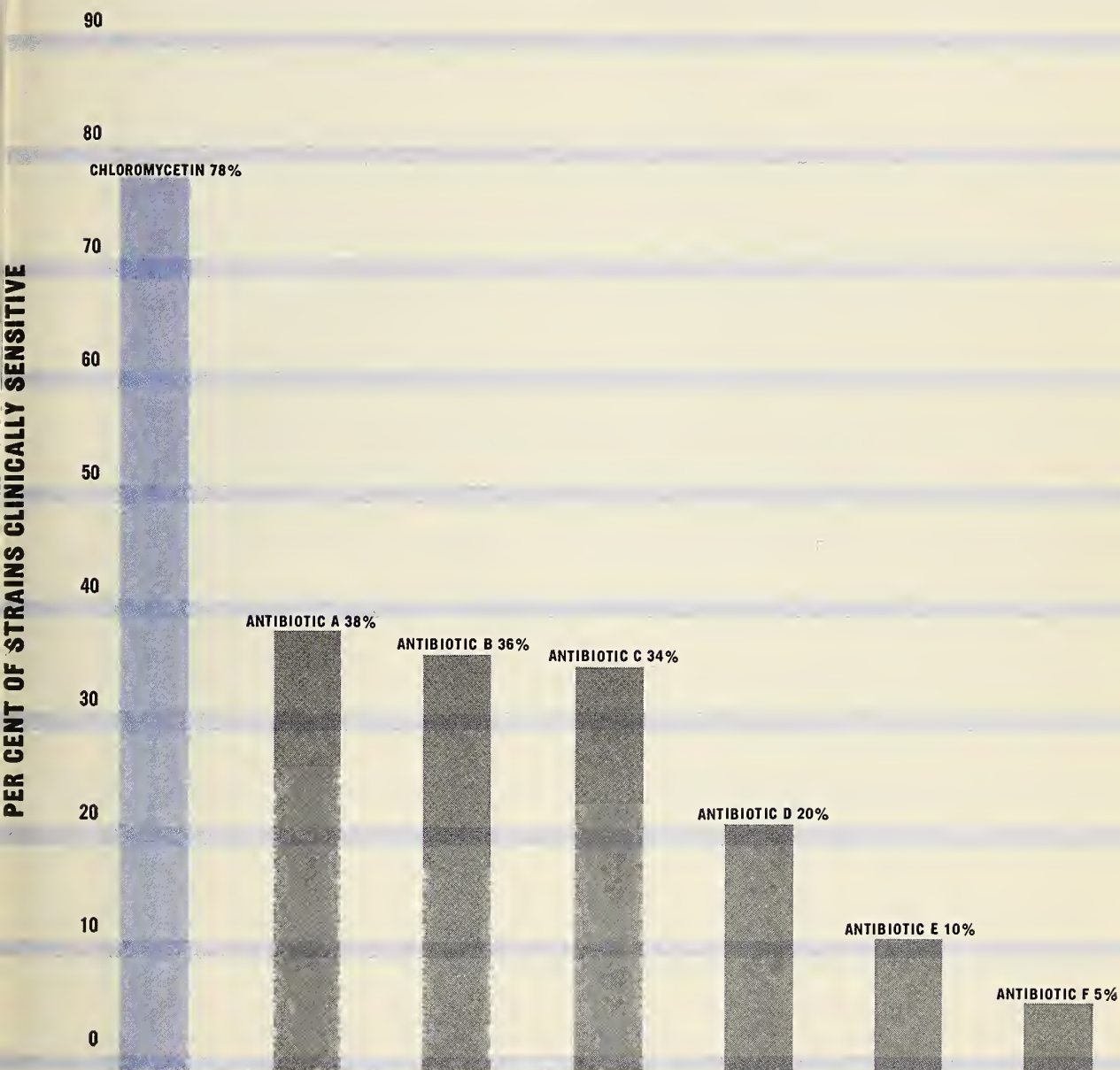
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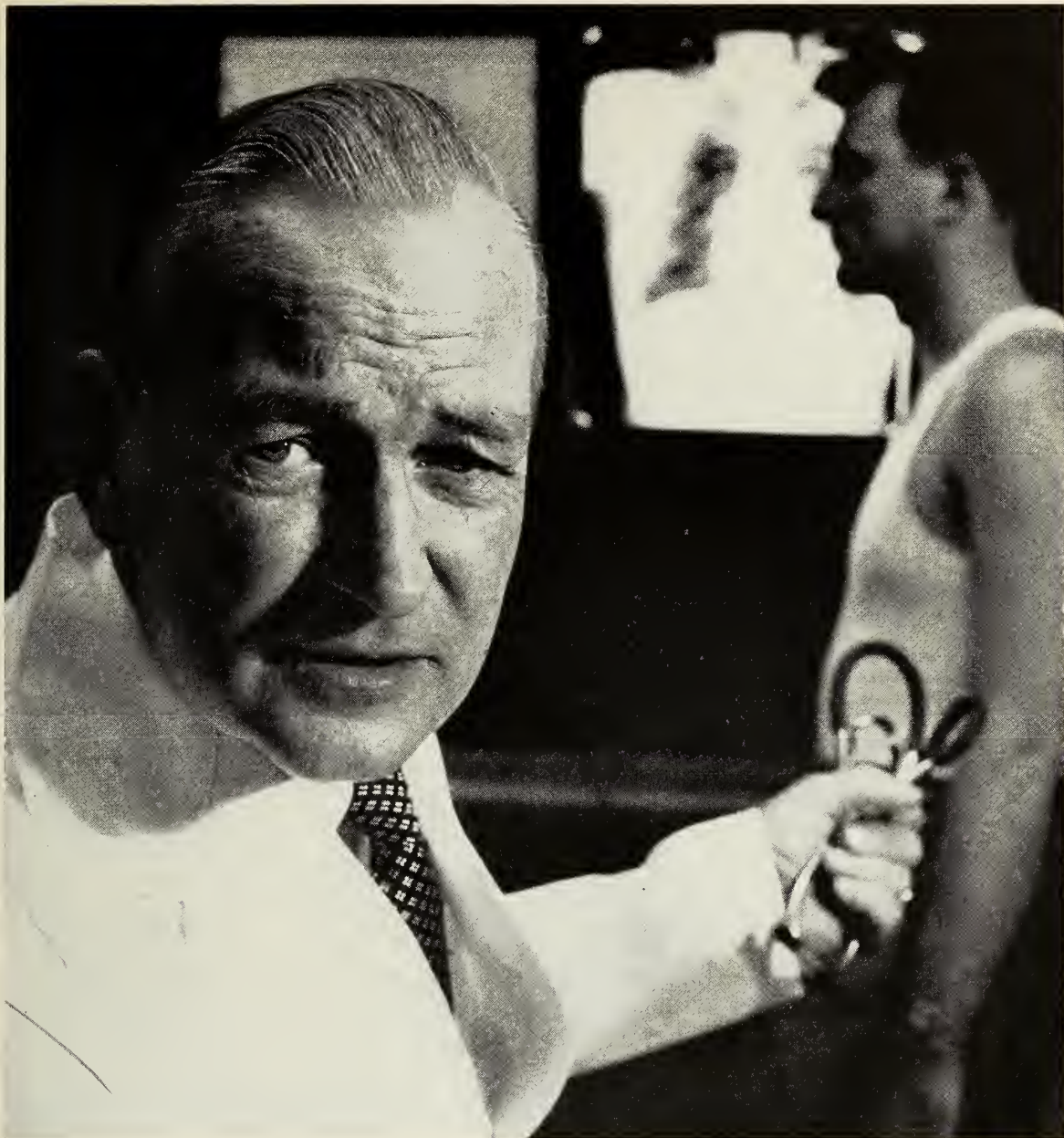
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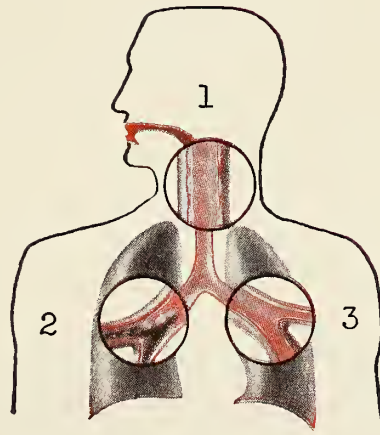
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One Indiana community sought help from the Physicians Placement service of Indiana State Medical Association during November and early December in locating a general practitioner for a large rural area. During the same period 9 general practice physicians inquired about Indiana locations for practice, and 13 specialists asked for data on suitable locations.

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SEEK LOCATIONS

The first nine physicians are all interested in the general practice of medicine.

Charles W. Hannah, M.D., Swansboro, North Carolina.

David S. Ayers, M.D.—available July 1958—2128 Eleanor Place, Cincinnati, Ohio.

Robert L. Koenig, M.D. (Capt.), Hdqts. 10th Gen. Dispensary, APO 757, New York, New York.

George D. Groce, M.D.—available November 1958—409 Ware, Apt. 848, Scott AFB, Illinois.

Roy L. Gibson, Jr., M.D.—available August 1958—111 Dogwood, Oceanside, California.

Jerry L. Stucky, M.D. (Capt.)—available Sept. 1958—4463rd USAF Disp., Blytheville AFB, Arkansas.

James William Chaney, M.D., 2112 Kearny Street, N.E., Washington 18, D.C.

M. M. Valencia, M.D., 2367 Vigo Street, East Gary, Indiana.

Earl Lewis, M.D., Methodist Hospital, Indianapolis 7, Indiana.

Gordon B. Kemp, M.D. (ophthalmology), 4949 N. Hollywood Avenue, Milwaukee, Wisconsin.

John Bascom, M.D. (general surgery), Minneapolis General Hospital, Minneapolis 15, Minnesota.

Stanley W. Wesotski, M.D. (general surgery), 7802 21st Avenue, Brooklyn 14, N.Y.

Orville L. Dawson, M.D. (anesthesia), 701 Keokuk Court, Iowa City, Iowa.

James F. Casey, M.D. (general surgery), 1313 W. Fayette Street, Baltimore 23, Maryland.

Howard J. Eddy, Jr., M.D. (surgery), 7236 Oglesby Avenue, Chicago 49, Illinois.

Clarence R. Heidenrieck, M.D. (general and thoracic surgery), 937 South Grove, Oak Park, Illinois.

Robert D. Rawson, M.D. (general surgery), 2111 S. 9th Avenue, Maywood, Illinois.

Leo J. Paul, M.D. (radiology), 5423 McKinley Street, Bethesda 14, Maryland.

Gerald L. Casebolt, M.D. (general surgery), 818 E. Catalina Avenue, Santa Ana, California.

William W. Yang, M.D. (general and thoracic surgery), U. S. Naval Hospital, Bremerton, Washington.

James B. Raymer, M.D. (general surgery), 96 Martin Place, Detroit 1, Michigan.

Frank A. Folk, M.D. (surgery), 677 W. Roscoe Street, Chicago 13, Illinois.



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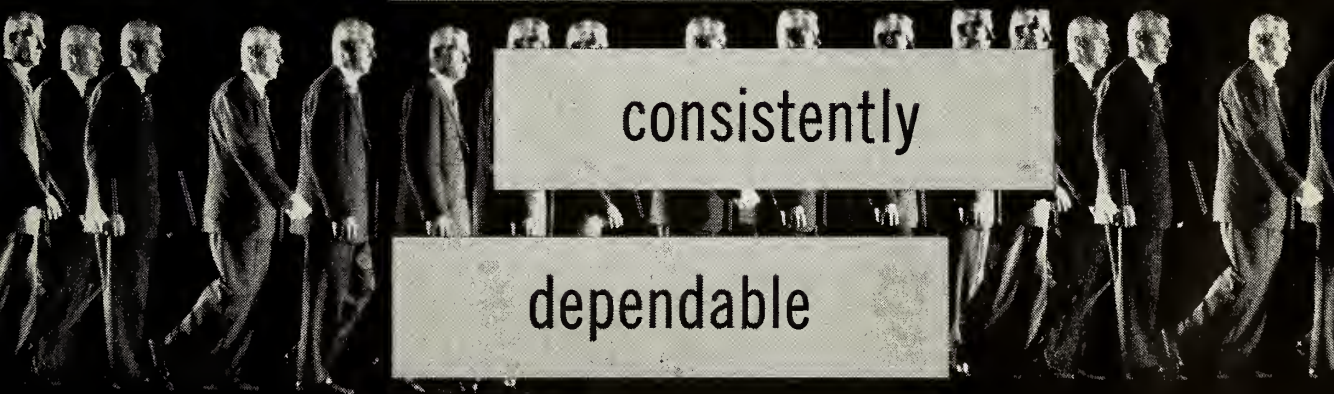
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REALLY, ISN'T THIS TRUE?

Many a time has each of us heard some old-timer remark at a state medical meeting, "I can't think of any society I like more than a bunch of other doctors. The exhibits and talks are fine, but I really enjoy just being with these men." The more medical meetings one attends, the more he finds this to be true. From the *Worcester Medical News* (Massachusetts) we glean the following further analysis of this concept, to which there should be an inner response from all but the completely ossified:

FELLOWSHIP

Webster defines fellowship as "a companionship of persons on equal and friendly terms." Allow me to underscore the words *equal* and *friendly*.

Membership in a district society is based on strict equality. The unadorned, all inclusive common denominator M.D. is the only qualification required for admission, the only key necessary to open the door. No other title, designation or affiliation is considered. The caduceus is the only recognized insignia. Obligations are uniform, rights are equal.

In the meeting hall there are no generals and no soldiers, no teachers and no pupils, no ranks and no hierarchy. Anyone belonging to this classless gathering can propound or protest, propose or oppose, approve or disapprove. A motion is judged on its own merit, not on the standing of its author. . . .

It is on such level terrain that friendliness is most likely to develop and to grow, leaving no place for piques and peevishness and no grounds for gripes and grudges. Doctors have so much in common that, when among themselves, mutual understanding should on all occasions supplant individual disagreement and binding interests supersede dividing issues. As flying is smoother at a certain altitude, thinking is also more serene in higher spheres and that is where considerations of professional caliber can be weighed with the greatest degree of accuracy.

Thus the few evenings that the members of the Worcester District Medical Society spend together in a spirit of fellowship, on an *equal* and *friendly* basis, can be nothing but profitable, instructive and enjoyable.

PAUL DUFALT, M.D.

President

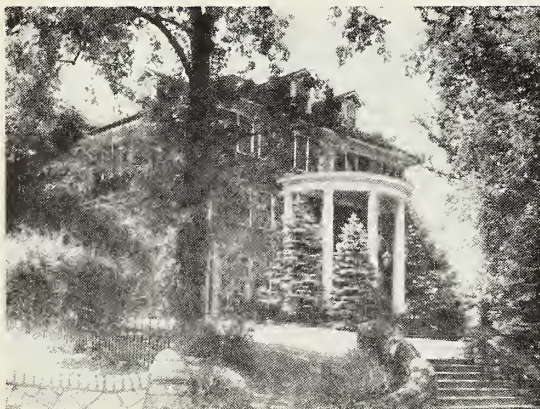
Mark your calendar, doctor, so as not to miss the next meeting!

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Eleven years ago, in passing the National Employment Act of 1946, Congress provided for two organizations whose sole function is to promote maximum employment, maximum production and maximum purchasing power. One is Congress' own Joint Economic Committee; the other, the President's Council of Economic Advisers.

The President's Council constantly studies all forces—social as well as financial—that affect employment and production, and before each January 20 makes its report to the President, who in turn utilizes that in drafting his annual economic report to Congress.

At the same time the Congressional Joint Economic Committee is making its own separate studies, holding hearings and preparing a background of information against which to judge the President's economic recommendations when they come before it. The Congressional committee, however, is wholly advisory; it does not itself draft legislation but makes public its annual report before each March.

Although this committee is denied legislating power, its influence often directs the course of legislation. For example, a strong, one-page report from this committee is credited with keeping Congress in session after start of the Korean war and thus preventing a scheduled decrease in taxes.

When it calls in witnesses, the Joint Committee attempts to obtain a broad cross-section of opinion—the liberal along with the conservative. For this reason, recent hearings under sponsorship of the Joint Committee attracted more than casual interest. They brought together conflicting general philosophies and controversial specific issues. In the health-welfare fields, the following were some of the views:

The question of **hospitalization for the retired aged** through the social security mechanism

was debated pro and con by the panelists. Two views:

Prof. Wilbur Cohen, University of Michigan—The former Social Security official maintains that the system can stand the drain of hospitalization for the aged. It could be done for one half of 1% of taxable income, he argued, and he would raise the latter to the first \$6,600 of income instead of the present \$4,200.

W. Glenn Campbell, American Enterprise Association—Congress should give the medical profession and the insurance industry a chance to work out this problem through traditional methods rather than institute a costly compulsory system with all its attendant damage to the effective practice of medicine.

Two other panelists expressed parallel views on the **broader and philosophical aspects of health and welfare**:

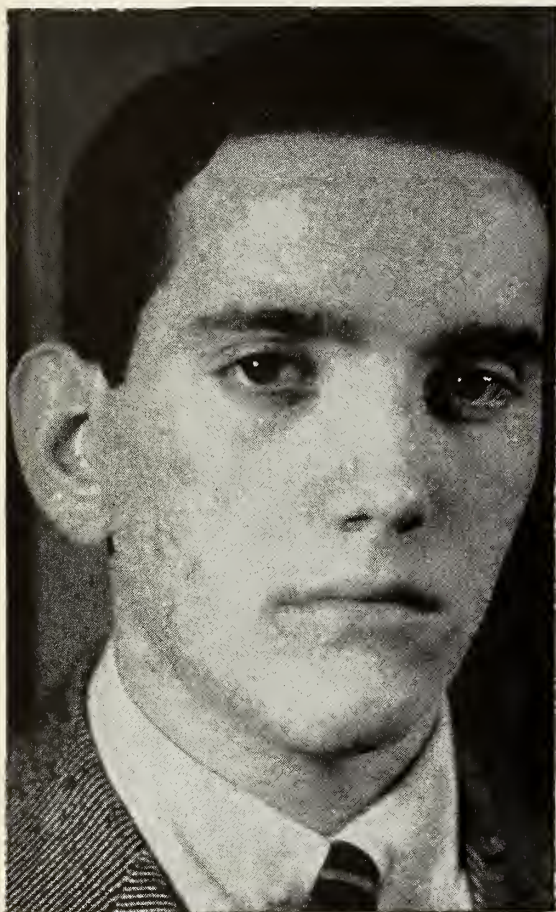
Secretary Folsom of HEW—The burdens of disease, disability, ignorance and insecurity cannot be escaped by under-investment in health, education and welfare. Such an under-investment would have a costly effect on private charities, budgets of governments, efficiency of industry and the purchasing power of consumers.

Prof. Clarence D. Long, Johns Hopkins University—An expansion of social welfare programs will have a very great stimulating effect on the economy, provided we play down those programs that involve mere charity and emphasize those that help people to help themselves.

On the day of the hearing on health, education and welfare, the panelists agreed that **no crash programs in education were called for** despite the scientific manpower shortages. Other comments on education:

Professor Paul J. Strayer, Princeton University—Either federal aid will be forthcoming on

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The Month in Washington (continued)

terms that can be acceptable to the states or we will suffer a general deterioration in the quality of education.

President Howard R. Bowen, Grinnell College—Federal aid should not be granted directly to colleges and universities but through intermediary non-profit corporations controlled by boards of trustees made up of distinguished citizens.

NOTES

A possible indication of legislation in 1958 comes from a December tour of southern medical schools by members of the House Interstate and Foreign Commerce Committee's health subcommittee. Among other things, they were concerned with the schools' need for more laboratories and classrooms.

* * *

The Department of Health, Education, and Welfare has started a 12-year study on the activities of a group of 3,000 newly retired men and women.

* * *

Community-wide chest X-ray campaigns to detect tuberculosis, long a popular public health device, now are in disfavor with U. S. Public Health Service. PHS recommends instead that tuberculin skin tests be used generally with chest X-rays reserved for selective groups likely to have high incidence of the disease.

* * *

Between July 1 and mid-December, almost half the population of the country had been taken ill with an upper respiratory condition, including Asian influenza.

* * *

In its first year of operation, Medicare spent \$43 million, with \$22 million going to civilian physicians and \$21 million to civilian hospitals; administrative costs ran about 3%. Some claims are still pending.

Invited to join some friends at a tavern, one mild-mannered fellow said he couldn't. "Got to go home and explain to my wife," he said.

"Explain what?" a bachelor in the crowd asked.

"How the heck do I know?" the first man answered in a resigned tone, "I'm not home yet."

Books: Reviewed

TEXTBOOK OF MEDICAL PHYSIOLOGY. Arthur C. Guyton, M.D., professor and chairman of the department of physiology and biophysics, University of Mississippi School of Medicine. 1030 pp., 577 illustrations. Price \$13.50. W. B. Saunders Company, West Washington Square, Philadelphia 5, Pa., 1956.

As noted by the author, this text is not prepared as a reference book for the physiologist but rather lends itself to use by the student and practitioner.

The single authorship undertaken by Dr. Guyton probably has disadvantage but this is heavily outweighed by the uniform perspective and integration of all subjects. All subjects are not equally well covered; however, no essentials are lacking and what might be lacking in thoroughness and detail is well replaced by clinical and pathological associations and applications. For example, in the chapter on neurophysiology, herpes zoster, along with several other common pathologic states, are concisely described. This type of presentation is very helpful in learning the important pathophysiologic and biochemical background to disease which is in essence what Dr. Guyton sets out to do.

The text covers all of the standard subject of human physiology but also has an introductory section on cellular physiology; a section on endocrinology that is brief but complete and a well written section on radiation with its many medical applications briefly covered. Within the section on respiration, there is a chapter on aviation and deep sea diving physiology.

Thus, as well as being an unusually readable standard physiologic text, this book makes an ideal review of basic physiology, biochemistry and biophysics for the practitioner.

JAMES GUTHRIE, M.D., Richmond.

Cowboy: "Do you want a horn on your saddle?"
Dude: "No. Doesn't seem to be much traffic out here."

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†Ayd, F. J., Jr.: The Treatment of Ambulatory and Hospitalized Psychiatric Patients with Trilafon, presented at Ann. Meet., Am. Psychiat. Assoc., Chicago, Ill., May 13-17, 1957.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

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Para-Cardiac Thymoma Simulating Pericardial Cyst

THOMAS C. MOORE, M.D.*

Muncie

A QUARTER OF A CENTURY ago James Ewing² stated that "no group of tumors has more successfully resisted attempts at interpretation and classification than those of the thymus." Ewing's statement is as true today as it was when it was first made. The histogenesis of these tumors has remained quite obscure. Even the nature of the rather remarkable association of myasthenia gravis with many of these tumors, first reported in 1901 by Weigert,⁸ is poorly understood.

The first attempt at operative removal of a thymoma was made through a neck incision in 1911 by Sauerbruch and was reported in 1913 by Shumacker and Roth.⁵ However, it was not until 20 years later that the first transthoracic procedure was carried out for removal of a thymoma, this also by Sauerbruch.⁶

The literature pertaining to thymic tumors was

reviewed in 1949 by Reid and Marcus.⁴ They were able to find reports of 296 cases of thymoma. Of these tumors, 255 were regarded as malignant and 41 as benign. Although myasthenia gravis was encountered in both groups of tumors, its incidence appeared to be higher in the benign group.

It has been emphasized by Seybold and his associates⁷ that some of the tumors recorded in the literature as malignant thymomas may not have been of thymic origin. They stated that some of these malignant tumors may have occurred through mediastinal spread of small cell bronchiogenic carcinoma, as mediastinal manifestation of a generalized disease of the lymphatic system or as a mediastinal teratoma. Accordingly, they have stressed the importance of limiting the use of the term thymoma to those slow growing tumors of the thymus which arise from both the epithelial and the thymocytic elements of the thymic parenchyma.

Because of the relative rarity of reported cases of thymic tumor, it has seemed desirable to re-

*From the Surgical Service, Ball Memorial Hospital, Muncie, Indiana, and the Department of Surgery, Indiana University School of Medicine, Indianapolis.

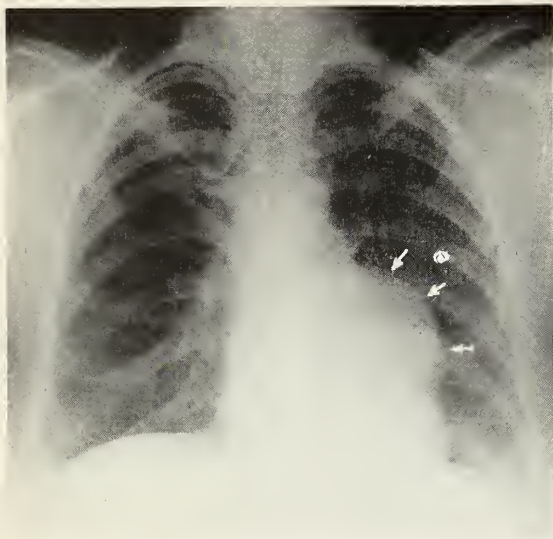


Figure 1. Roentgenogram of the chest showing the thymoma as an abnormality along the left border of the heart (arrows).

cord an unusual case of asymptomatic benign thymoma, without myasthenia gravis, in which the roentgen appearance of the tumor closely simulated that of a pericardial cyst.

CASE REPORT

The patient, a rather obese 33 year old married white woman, was admitted to the Ball Memorial Hospital on July 1, 1957 for removal of an asymptomatic para-cardiac mass in the left pleural space.

The mass had been discovered during an admission to the hospital in March of 1957 through a routine roentgen examination of the chest. The patient had been admitted to the hospital at that time for evaluation of complaints of upper abdominal pain and tenderness. Non-function of the gallbladder had been demonstrated radiologically. During this period, the patient was seen in consultation by Dr. Roy Behnke at the Indiana University Medical Center and was studied there in the Department of Radiology by Dr. William Loehr. Electrocardiographic tracings were interpreted as showing no evidence of cardiac disease. From these findings, the presence of a ventricular aneurysm was considered unlikely. Pericardial cyst was deemed a more probable cause of the paracardiac roentgen abnormality. There was nothing in the patient's past history or physical findings to suggest the existence of myasthenia gravis. The patient's acute symptoms were regarded as due to biliary

rather than intrathoracic disease. For this reason, cholecystectomy was recommended as the initial therapeutic step. Cholecystectomy, accordingly, was carried out. Acute obstructive cholecystitis with impaction of a large gallstone in the ampulla of the gallbladder was found at operation.

At the time of her second admission to the hospital, the patient was found to have recovered satisfactorily from her cholecystectomy. A roentgenogram of the chest revealed no change in the size and shape of the abnormal shadow along the left border of the heart (Fig. 1). Her blood pressure was 140/90 millimeters of mercury. The other findings on the physical examination were within normal limits. The hemoglobin was 14.5 grams and the red blood count 4.0 million. The white blood count was 9,800 with 39 per cent lymphocytes and 59 per cent neutrophils. No abnormal cells were seen. The blood serology was negative and the findings on urine examination were essentially within normal limits.

She was taken to the operating room on July 2 and a left thoracotomy was performed under endotracheal anesthesia, through the bed of the resected sixth rib. A combination of pentothal, nitrous oxide, cyclopropane and ether was used for anesthesia. Seventy milligrams of anectine were given prior to intubation of the patient. When the left pleural space was entered and adequate exposure was obtained, a solid tumor was identified near the base of the heart between the fibrous pericardium and the mediastinal pleura covering the pericardium. The mass was firm, though not hard, and appeared to be well encapsulated. It was not fixed to surrounding structures and was excised without undue difficulty. No additional masses were encountered. The opening in the mediastinal pleura over the pericardium was repaired with interrupted sutures of fine silk. The thoracotomy incision was closed and a rubber catheter, which was left in communication with the left pleural space during the closure, was withdrawn after aspiration was carried out. The patient recovered satisfactorily following operation and was discharged from the hospital on July 14. At no time during the postoperative period was there any clinical evidence of myasthenia gravis. The patient has continued to do well.

On gross examination, the tumor was found to

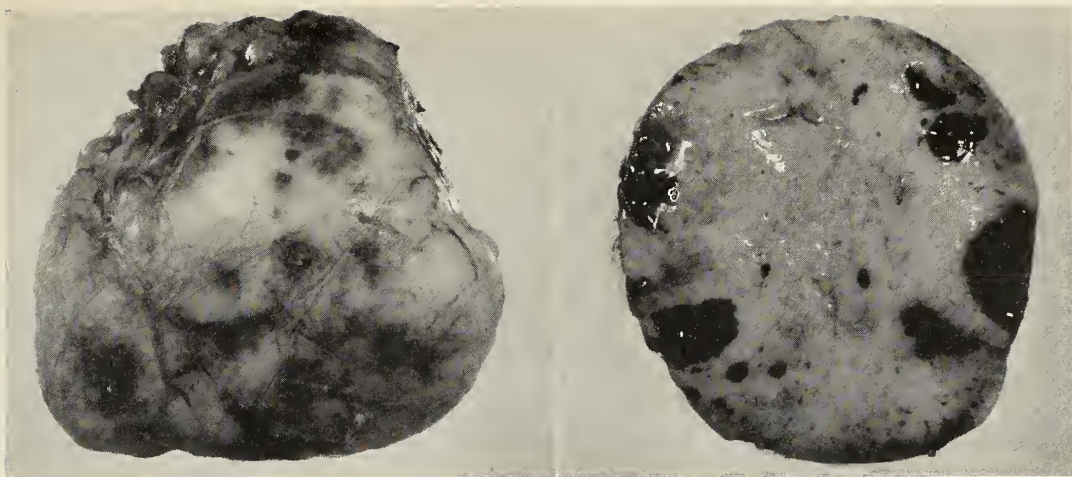


Figure 2. Photographs of the thymic tumor before and after transverse section.

be an oval shaped, gray, encapsulated mass which measured 8 by 7 by 4 centimeters (Fig. 2). It weighed 116 grams. A homogeneous gray color was encountered on sectioning the tumor. On microscopic study, the tumor was identified as a benign thymoma with thymocytes predominating (Fig. 3). Both thymic reticulum and thymocytes were identified. There was no evidence of cyst formation or calcification.

DISCUSSION

The presence of a para-cardiac thymoma was not suspected prior to operation as the explanation of the roentgen findings in this case. A pericardial cyst or an intrapericardial bronchogenic cyst was regarded as a more likely explanation of the roentgen changes along the left border of the heart. It was of interest that the tumor was benign and free of association with myasthenia gravis. The freedom of the patient from untoward reaction to the use of the curare-like drug anectine during operation on two occasions provided additional unintentional proof of the non-existence of myasthenia gravis in this case.

It has been estimated by Linskog and Liebow³ that 75 per cent of all patients with thymic tumors have myasthenia gravis. In a recent survey of the experience of the Mayo Clinic, Seybold and his associates found myasthenia gravis in 34 of 45 patients with thymic tumors. Despite this rather high incidence of myasthenia gravis in patients with thymomas, only 15 to 20 per cent of the patients with established myasthenia gravis have a demonstrable lesion in the thymus. The relationship between myasthenia and thymic

tumors is, indeed, perplexing and little has been discovered in recent years to clarify this relationship.

Thymomas appear almost exclusively in adults. They occur most frequently in the anterior mediastinum and distinctive roentgen features which would permit their diagnosis are seldom encountered. Occasionally, a case is reported in which the tumor causes a mistaken diagnosis of cardiac or pericardial disease. Such a case was reported in 1951 by Bernstein and his associates.¹ In their case, a large thymic tumor was mistaken for a pericardial effusion.

Mechanical symptoms, due to the presence of the tumor itself, seldom occur. Extension of malignant tumors, when it occurs, tends to be by direct invasion of contiguous tissue rather than by more distant dissemination through lymphatics or blood vessels. The majority of tumors are encapsulated and recurrence following com-

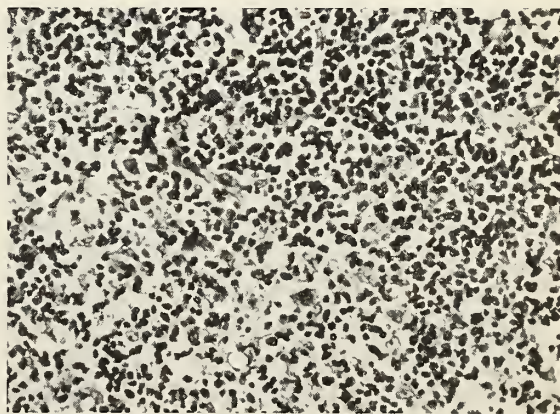


Figure 3. Photomicrograph of the tumor showing both thymocytes and thymic reticulum, with thymocytes predominating.

plete removal of the tumor is rare. Most of the tumors are firmly solid and either the thymocytic or the reticulum element may predominate microscopically.

SUMMARY

The occurrence of a benign para-cardiac thymoma without myasthenia gravis in a 33 year old white woman is reported. The tumor was asymptomatic and its roentgen appearance simulated that of a pericardial cyst. The tumor was a solid, well-encapsulated one and was free of calcium deposition and cyst formation. It was removed successfully and without difficulty through a left thoracotomy incision. Both thymocytes and thymic reticulum were encountered on microscopic study, with thymocytes predominating.

Acknowledgment: The author wishes to acknowledge the assistance of Dr. Morris Saperstein in the diagnostic study and management of this patient.

REFERENCES

1. Bernstein, A., Klosk, E., Simon, F. and Brodtkin, H. A.: Large Thymic Tumor Simulating Pericardial Effusion, *Circulation* 3:508, 1951.
2. Ewing, J.: Quoted by Reid, H. and Marcus, R., *Brit. J. Surg.* 36:271, 1949.
3. Lindskog, G. E. and Liebow, A. A.: *Thoracic Surgery and Related Pathology*, Appleton-Century-Crofts, Inc., New York, 1953.
4. Reid, H. and Marcus, R.: Thymoma, *Brit. J. Surg.* 36:271, 1949.
5. Sauerbruch: Quoted by Shumacker and Roth, *Mitt-Grenxgeb. Med. Chir.* 25:746, 1913.
6. Sauerbruch: Quoted by Adler, H., *Arch. Klin. Chir.* 189:529, 1937.
7. Seybold, W. D., McDonald, J. R., Clagett, O. T. and Good, C. A.: Tumors of the Thymus, *J. Thoracic Surg.* 20:195, 1950.
8. Weigert, C.: *Neurol. Zbl.* 20:597, 1901.

Safe Office Gynecology

GLEN E. HAYDEN, M.D.*

WILLIAM J. DIECKMANN, M.D.†

Chicago

THE PATIENT comes to the doctor for diagnosis and treatment, and time and money are saved if as many as possible of the necessary procedures are performed in the doctor's office; however, with safety for both. Because of the constantly increasing cost for hospitalization, more and more diagnostic and therapeutic procedures will be performed in the doctor's office.

VAGINITIS characterized by varying degrees of discharge which may cause pain, pruritis and odor is due to: trichomonas, Monilia (yeast), gonococcus or non-specific bacteria. Always think of a foreign body, especially in children. The diagnosis is made by hanging drop, smear, or culture. The treatment of trichomonal infection is the insertion of veterinarian capsules number 12 filled with beta lactose. One is inserted each night and as difficulty is experienced in inserting these capsules due to the failure to dissolve, they are used on alternate nights. Once every two weeks or every week, depending on the severity of the infection, the vagina is thoroughly cleansed with soap and water, swabbed with 95% alcohol, then with pyroligneous acid and finally the vagina is filled with Lassar's paste. Monilia vaginitis is treated by the patient injecting Acigel (ricinoleic acid) every night. Every two weeks or at weekly intervals, depending upon the severity, the cervix and upper third of the vagina are painted with tincture of iodine or

Lugol's solution and the lower two-thirds and vulva are painted with dilute Lugol's solution. In some cases, tampons soaked with 0.5-1.0% gentian violet are inserted into the vagina to be removed in 24 hours. The non-specific vaginitis is treated by 20 minute vaginal douches with water at 115° F, once or twice daily. No vaginal tampons of any sort should be used during the menstrual period by patients with any form of vaginitis. The infections due to trichomonas are resistant, and usually require two to six months to cure, although relief can usually be achieved within a period of one to two weeks. The yeast infections should always suggest the possibility of diabetes mellitus and the urine should be examined and, if necessary, a fasting blood sugar obtained. The non-specific infection should be treated for at least two months before any operative procedures such as trachelorrhaphy are performed.

ABNORMAL BLEEDING before the menopause should always suggest pregnancy, and after the menopause should always suggest malignancy; the exact diagnosis is the responsibility of the physician. Cytological examination of the vaginal and cervical smears is of value primarily in determining whether or not a malignancy is present in the vagina, cervix or uterine corpus. A confirmed report of malignant cells by a competent cytologist warrants investigation of the cervix or of the endometrium by biopsy or curettage. It does not warrant hysterectomy.

RETROVERSION, RETROFLEXION or a better term, RETRODISPLACEMENT of the uterus, is a very common finding and there are no symptoms or signs in many patients. However, some women may be sterile, have backache, have dyspareunia, or have painful defecation because of a retrodisplaced uterus. The association of symptoms with the displaced uterus depends primarily on whether or not the

* Assistant professor of obstetrics and gynecology, Chicago Lying-in Hospital, University of Chicago.

† Died August 15, 1957, while serving as professor of obstetrics and gynecology, University of Chicago, the School of Medicine.

Dr. Hayden presented the paper at the annual convention of Indiana State Medical Association, October 7, 1957, at French Lick, Indiana.

From the Department of Obstetrics and Gynecology of the University of Chicago and the Chicago Lying-in Hospital.

symptoms are relieved by the replacement of the uterus and maintenance in its proper position by a pessary. The uterus may be replaced (1) bimanually, (2) Küstner's maneuver, (3) be replaced with the patient in the knee-chest position or the patient may use the knee-chest position 6-8 times daily for a minute each time and return at the end of a week (she must be taught how to open the vagina while in the knee chest position), (4) an ice collar bag may be inserted into the vagina, the patient placed in a high Trendelenburg position and one to two pounds of mercury slowly poured into the bag. The weight of the mercury will push the uterus to the brim of the promontory where it can usually be caught with the abdominal hand and pulled forward. This procedure is particularly useful in the pregnant retrodisplaced uterus which is not coming forward, for it causes no trauma. If the pain becomes too severe, the patient is lowered and the mercury drained out. Finally (5) the uterus can be replaced under anesthesia which may be intravenous or inhalation, and of course, could be used in the office.

If a retrodisplaced uterus has been replaced, a Smith, Hodge, Thomas, or Findley type of pessary is inserted to keep it in position. The pessary may be left in place for three months with the patient taking warm water douches three times per week.

UTERINE PROLAPSE is treated with the ordinary hard doughnut, soft doughnut, Menge, Gellhorn or rubber ball (purchased at the dime store). These pessaries should be removed once a month unless the patient is able to remove them herself and take a cleansing douche.

CYSTOCELE without uterine prolapse can be treated in most instances by the Gehring pessary. URINARY INCONTINENCE can occasionally be partly corrected by inserting a Smith or Thomas pessary upsidedown. Pessaries can be molded so that they will cause pressure on the urethra, thereby preventing urinary incontinence (dentist can make the pessary).

OPERATIVE PROCEDURES—There may be an associated pelvic mass and the corpus uteri cannot be located. In such cases, a sterile sound can be introduced and the direction and length of the uterine canal determined.

In certain cases of severe DYSMENORRHEA, the cervix can be dilated to 5 mm. four

to five days before the expected period and frequently after three or four such dilations, the patient has no further dysmenorrhea.

Biopsies of the cervix are obtained at the cervico-mucosal junction with a long-handled knife or long scissors; a punch biopsy can be obtained in the office and a tampon or Tampax used to control the bleeding. In the multipara patient and occasionally in the primipara, the cervix can be curetted with a small curette without any anesthesia. In the multipara, the endometrium can be curetted without any difficulty. In both types of patient there are various curettes for obtaining specimens of the endometrium but these should not be used where cancer is suspected; in such cases, the uterine cavity must be thoroughly but gently curetted.

CAUTERIZATION of the cervix is being used less frequently and probably will, in time, be discarded completely. CONIZATION of the cervix is not a proper procedure for the office.

CONDYLOMATA ACUMINATUM are no longer treated by surgery or radium but are best treated by applying podophyllum ointment. Care must be taken not to apply too much and it should be removed at the end of 15 minutes.

PHIMOSIS is a condition which has had little recognition in the female. However, in many patients the prepuce will be found adherent to the clitoris and in some cases the labia minora have become adherent so that it is difficult to expose the clitoris. Some of these patients have chronic infection in this area. Careful freeing of the glans and attention to personal hygiene cures the condition. This is particularly important in young girls.

GONORRHEAL VAGINITIS and SYPHILIS (chancre, condyloma latum, gumma) will respond to the specific treatment. CHANCROID, GRANULOMA INGUINALE, and LYMPHOPATHIA VENEREUM are usually not difficult to diagnose if one suspects their possibility and carries out the usual smears or serological test. Treatment is somewhat more difficult.

STERILITY Patients—In these patients, the cervical canal always should be sounded to determine its patency and a Rubin's test carried out with syringe-cannula or with one of the numerous apparatuses available. If facilities for x-ray or fluoroscopy are available a lipiodol

test is carried out in the roentgenologist's office. Usually the Rubin and/or lipiodol test is not performed until one has examined the husband's sperm and determined that he is not the complete cause of the sterility. If he has any viable sperm, even though the count is very low, the patency of the tubes should be determined.

SUMMARY

Thirty years ago many diagnostic and even

operative procedures were performed in the doctor's office or patient's home. Then they were transferred to the hospital, but the pendulum is swinging back to the doctor's office for three reasons: (1) The procedure can be carried out safely; (2) The cost is much less; (3) Most gynecologic patients have children and are unable or at least find it difficult to have someone look after the children while they spend a night or two in the hospital.

MANY MEDICAL DISCOVERIES ARE "HAPPY ACCIDENTS"

Most "accident-prone" individuals are considered a liability in their work, but there are some "happy accident-prone" people who are pretty important.

They're the researchers, scientists, and doctors who accidentally discover some important thing while looking for something else, according to a special article in a recent *Journal of the American Medical Association*.

Among the most famous of medicine's "happy accidents" are Fleming's discovery of penicillin when he left a Petri dish uncovered and van Leeuwenhoek's discovery of bacteria when he focused a magnifying glass on a drop of water instead of on a fly's leg. Out of these grew the "penicillin age" and the science of bacteriology.

This ability to make some valuable or pleasant discovery without deliberately looking for it is called serendipity.

The most recent serendipitous event to make headlines was Dr. Winston H. Price's discovery of a common cold vaccine. This researcher at the Johns Hopkins School of Hygiene and Public Health was not looking for a common cold preventive, but was working on isolating influenza viruses.

While he and his associates had unintentionally isolated a cold virus, it took a high degree of perception, combined with thorough laboratory technique, to recognize the finding, verify it, and make the vaccine, the article said.

"Discoveries made by accident are never pure luck," the article quoted Dr. Robert Stormont, director of the A.M.A. Division of Councils on Therapy and Research, as saying. "They come about only because the men who make them are alert enough to fathom their usefulness."

Some of medicine's happy accidents include:

The conquest of smallpox after Edward Jenner recalled the boast of a former milkmaid that she was immune because she had had cowpox—which then became the agent for mass immunity against smallpox.

The development of the stethoscope after a Paris physician, Rene Theophile Laennec, saw children tapping messages to each other along opposite ends of a discarded plank. He recognized in the game the principle of the stethoscope.

The discovery of saccharine when a chemist forgot to wash his hands before lunch. Having just worked with a strange chemical, he wondered about the sugary taste of his roast beef sandwich.

Serendipity occurs in medical practice as well as in the laboratory. For instance, many a family doctor, checking a patient's minor ailment, finds evidence of an unrelated serious disorder that can be treated in an early stage.

Participation of increasing numbers of high school and college students in athletic activities with a resulting increase in the number of athletic injuries has focused attention on a relatively new field of medicine—the prevention and treatment of injuries sustained in athletic endeavors.

The four papers published here were presented at a Conference of Coaches and Physicians on Athletic Injuries held in Indianapolis on October 24, 1957. Each deals with a special type of injury.

Orthopedic Injuries in Athletics: Treatment and Prevention

WILLIAM H. NORMAN, M.D.

Indianapolis

FAR TOO OFTEN physicians, trainers and coaches seem to be working independently or even against each other rather than in complete harmony. The colorful language and terminology of the athletic stadiums and field houses has tended to separate these groups rather than bring them together. There is also the feeling of many that the medical profession is not assuming the proper responsibility in the problems of athletic injuries. Many physicians feel they have been completely overlooked. Meetings and discussions like this will bring us closer together.

Some statistics show that over 60 percent of the injuries in college athletics consist of sprains, strains and contusions and only 11 percent fractures and dislocations. Many times the doctor will feel that such minor injuries do not require his professional treatment or consideration. This calls for a better understanding between us.

There has been a gradual decrease in the incidence of injury in sports during the last few decades. If sports are to be of lasting benefit this decrease becomes a must. Occasionally there has been a misunderstanding of the over-cau-

tiousness of the medical control of an injured star. It is important and vital that we reduce the permanent crippling injuries received in games played as a sport. Recurrent injuries result in permanently weakened ligaments and unstable joints. By strapping or restrictive means certain recurrences can be reduced. Rigid support for the injured such as tape, and a more elastic support for prevention are considerations.

Certain factors are vital in injury prevention; namely, coaching, conditioning and medical supervision of all contact work, making possible early and adequate treatment.

It is well known that there is a nervous fatigue entirely distinct from muscle fatigue and resulting from prolonged anxiety, from monotony of work and from numerous other causes. It may be anxiety about a coming contest, a complicated game such as football, which may lead to a condition of nervous exhaustion. This nervous exhaustion contributes to "over-training."

Certain rules have been changed to reduce the number as well as severity of injuries. Equipment has been changed such as use of helmets to reduce the number of head injuries.

Follow-up care of the injured is important. This includes physical therapy which Dr. Manning will discuss in more detail later.

Physical fitness is an old subject. The Greeks, Romans and Egyptians gave much time to this state. Physical fitness is the development of the body to a state or condition so that a given amount of physical work can be produced when desired with a minimum of physical effort. This efficiency depends upon a mutual development of the muscular, respiratory, and circulatory systems integrated and coordinated by the activity of the central nervous system. We do know there are certain persons who are "born" athletes and others who are not. This superiority is due to better control of the central nervous system over muscular activity.

The amount of physical training in any given sport should vary with the maximum physical work capacity demanded. The first essential in a course of physical training is to make certain by a thorough medical history and physical examination that there are no pathological lesions of the pulmonary, vascular and excretory systems which might interfere with heavy muscular exercise. A survey of musculo-skeletal system should also be done, especially to evaluate previous or recurrent injuries.

Sprains are by far the most common injuries. Most of us have experienced a sprain of one or more joints at some time in his life. A sprain is a partial or complete tear or a stretching of one or more ligaments about a joint caused by a sudden twisting or wrenching of the bones which constitute that joint. The pathology of a sprain and the process of repair takes place in several stages—tearing of the tissues about a joint affect the joint fluid, synovial membranes, and tissue about tendons, and infiltration with fibroblasts and lymphoid cells near bony attachments of the ligaments.

Since hemorrhage is one of the first phases in injury the early treatment should be focused toward control of hemorrhage and extravasation of fluid in tissues. This includes compression and cold applications and rest. Repair by scar tissue is not the same as the normal tissue it replaces.

It has been said "Once a sprain, always a sprain." Not once but many times patients say to me, "I would have gotten well much sooner if the ankle had been broken." In the treatment of fractures and dislocations we emphasize again

and again the importance of soft tissue injury evaluation and treatment.

Injuries to muscles and tendons produced by muscular contractions are of great importance. These may be the plantaris, the hamstrings, the rectus femoris, the supraspinatus, the iliopsoas and the Achilles. It is very important to differentiate between a muscle tear and deep vein thrombosis.

Contusions may be classified as superficial, muscle joint or visceral.

Myositis ossificans is a frequent complication of a muscle contusion, especially of the thigh. Early treatment consists of rest, cold applications and later heat therapy to hasten rapid absorption of the hematoma and effusion. Enzyme preparations may be considered. Myositis ossificans seldom requires surgical intervention and if it does only after it thoroughly matures.

POINTS ILLUSTRATED

The remainder of my paper consisted of slides and discussion. The following injuries were discussed and I only wish to present a short summary of the important points.

1. The distribution of injuries varies considerably with the type of sport, climate and other factors, but knee injuries predominate and usually are followed in frequency by thighs, ankles, shoulders, hands and face.

2. It is often difficult to completely evaluate the extent of an injury to a knee immediately following an accident. Differentiation between ligamentous and cartilage injury and the extent of injury must be made to institute proper treatment and advice on subsequent participation in sports. It always must be remembered torn muscle or tendon tissue is replaced by fibrous scar tissue which results in a weakening of the involved part. Conservation of an injured knee meniscus is important, but likewise, it is just as important to determine if surgery is indicated and if so do it early to prevent further insult to the knee joint.

3. Dislocation of the shoulder occurs commonly in athletics and recurrence is a frequent disability. It should be remembered that the younger the patient the greater the incidence of recurrence. Proper post-reduction care is important but not a guarantee against such complication.

4. Sprains of the ankles were classified into

three groups, namely, a) mild, b) moderately severe, and c) severe. The mild sprain is manifested by one small area of localized swelling and pain (this type could be treated by novacaine injection). The usual form of treatment consists of early cold applications and later heat and support if necessary.

Moderately severe sprains of the ankle are more severe than the mild and this is manifested by more than one area of swelling and pain of more intensity. These sprains are treated by cold applications followed by some form of heat and support.

The third type of sprain or the severe type in which the collateral ligaments of the ankle are torn and in some cases allow subluxation of the astragalus are best treated by a rigid support, namely, a plaster boot or walking boot.

Attention was also called to the uninterrupted time necessary for ligamentous tissue to heal completely.

5. Discussion regarding definition, causes and treatment of such often spoken-of conditions as "shin splints," "glass arm," "pitcher's elbow," and "tennis elbow."

Early treatment of these conditions often will prevent further disability and retirement of some of our well known athletes. We now have drugs which assist us in treatment of these conditions.

6. A short discussion with slides was given regarding the common fractures seen in athletic injuries.

REFERENCE

Thorndike, Augustus: Athletic Injuries.

Utilization of Physical Measures in the Treatment of Athletic Injuries

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Indianapolis

THIS PARTICULAR PORTION that I am speaking of is the utilization of physical measures in the treatment of athletic injuries. I am very certain that most of you could tell me a great deal more than I can tell you. This is the part which you do a great deal of, and I am sure you are vitally interested in it.

Dr. Dennison asked me a little bit ago, "How do you keep from getting nervous when you get up in front of these people?" I told him I didn't know too good a method, but I had heard about

one in which you looked around the audience and of all the people you saw there you picked out the most dignified and important looking gentleman in the crowd and imagined exactly how he would look in the most undignified situation. If you don't mind, I will take just a minute to pick my man. I've got him spotted, so it's all right now!

The majority of athletic injuries do need a great deal of help that can be given by physical measures. The many sprained and strained muscles and joints, and contusions and blows to the soft parts, will respond rather promptly if they are treated promptly. Most of the orthopedic injuries that Dr. Norman spoke about are speeded for full recovery and left with the least amount of disability if they are treated by the

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physical measures that we have at our disposal; those that you use consistently day after day. Briefly, let me enumerate some of these things that we use.

We use heat, cold, massage, active and passive exercises, electrical stimulation, traction, taping, wrapping, splinting and braces. Those are the particular things considered to be the physical measures.

Now in talking about heat, let me name a few types of heat. There is the infra-red lamp, the heating pad, the hot water bottle, hot packs like the hydracolorators, paraffin baths, long and short wave diathermy, ultrasound, and last, but not least, there are heat liniments.

You ask, "What's the difference in one type of heat from another?" Basically, they are all the same—they are all heat. They create warmth. They sometimes do it by different methods. A heat lamp, or heating pad, or hot pack, will penetrate the heat for about a quarter of an inch into the tissues, and work mainly by increasing the heat in the skin and barely beneath the skin to the point where it will also increase the blood supply deeper, and thereby increase the heat locally. Then you get into the long wave diathermy machines which will penetrate perhaps one-half an inch into the tissues. From then on into the short wave diathermy which will penetrate perhaps up to one inch. Then, last, the ultrasound, which will penetrate two to three inches into the tissues, and by the vibration of the tissues create enough heat locally, deep in, to reach the spot that you want to reach. So heat, whether you rub it on with liniment, and irritate the skin to create heat, or whether you put on a hot pack, or whether you do it with one of the fancier apparatuses, depends greatly on how deep you want that heat to penetrate.

There is a great deal of difference between the types of massage that might be given. For instance, if you had a massively injured muscle where there has been a partial tear, like one of your boys bringing a knee up into the thigh of another one, tearing some of the fibers and creating a lot of hemorrhage in that tissue, you might want to reduce the amount of hemorrhage there; after you had applied some cold, to cut down on the edema and bleeding that was occurring, you might want to have massage on it after a few days. If you give vigorous massage, deep, heavy massage, you are very apt to start

the bleeding all over again. You are doing more damage than you are good. But you may want him to have gentle massage, just enough to stimulate the blood supply. There is a difference in massage.

The active and passive exercises that could be given—the active exercises being the ones the athlete does himself, and the passive kind the ones you do for him. Most of us, and I am sure you are included in this, are a little opposed to the passive exercises, because frequently massage of a sore joint or a sore muscle can be carried too far. It doesn't hurt you a bit when you move the joint, but it does him. You may carry it a little bit too far, and reinjure the boy. So, most of us lean very heavily on active exercise therapy.

Electrical stimulations are used after rather severe injuries, perhaps to nerves, in which there is a lack temporarily of nerve supply to a muscle. Perhaps you give some electrical stimulation to contract the muscle to prevent some of the fibrosis which ordinarily occurs in these muscles.

TREATMENT OF SPRAINS

One of the most frequent injuries which Dr. Norman has already discussed is the sprain. In sprains of a mild nature, we would all feel that the immediate application of cold packs should be given to diminish the amount of hemorrhage (bleeding that occurs into the area); the amount of effusion—that's the excessive joint fluid—and the amount of edema (the swelling fluid) that gets out into the tissues. Cold packs ought to be instituted at once and carried on perhaps for a few hours, followed by compression bandaging. After a day or two has passed, then you probably would progress to some heat and some massage. Moderate sprains are similarly treated, but they take a little bit more time. The severe ones usually require some orthopedic treatment of a surgical nature, as surgical repair and immobilization, followed again by heat, massage and an exercise program.

The major early goal in sprains is to minimize the amount of bleeding into the tissues and the amount of edema. Now, what's edema? Well, edema results when the liquid part of the blood (the watery part of the blood) leaks out through the blood vessels into the tissues and makes a massive amount of swelling in most of the joint areas. After minimizing this, you will want to

mobilize the joint to get rid of what little hemorrhage and edema has occurred in order to prevent the excessive scarring that occurs in the course of healing, with accompanying stiffness, pain and susceptibility to reinjury of the joint. the more scarring occurring about the joint, or about the ligament that has been torn, the more apt you are to have a reinjury. Most sprains of any real magnitude, as you would realize, would need wrapping and strappings in all future athletic endeavors in order to prevent reinjury. The lesser ones, if they are treated carefully, on a program similar to that outlined, probably will heal quickly and your boys will be back playing for you within a week or so.

Frequently, the edema and hemorrhage from a sprain, or contusion, can be helped by injections of Hyaluronidase, which is a medicine that can be injected into the area where there is a lot of hemorrhage or edema, and it will tend to make it leave, letting the body pick up the fluid and take it away. After that, a very snug wrapping is to be applied.

Following most of the orthopedic injuries of the athlete, a considerable amount of help can be given. The joint effusions, the hemorrhage and the stiff joints after being immobilized in a cast, or tapings, for a long period of time, or surgery on a joint to take out a knee cartilage, the weakness of muscles associated with the injury and the disuse . . . those things must be corrected to return your athlete to a maximum degree of efficiency and to prevent reinjury. He is no good to you the second time he is hurt. You necessarily want all these joints returned to full motion. The muscles must be restored to full strength, and all the tissues must be returned to as near normal as possible.

Suppose we discuss a few of these particular things. Brought up in a small town—it was so small that they didn't even have a football team—we had outdoor basketball, followed by indoor basketball. Therefore, we had two seasons of basketball. In playing out on these dirt courts along about this time of year, or even into November, we were quite likely to get muscle injuries, particularly after sitting on the bench for a while. The coach would say "get in there **and get going,**" so we would get in and get going and the first thing you knew one of us would get "whacked" on the thigh with a knee, or pushed a little too hard, and we would end up with a

muscle tear, sprain or strain. With some of these injuries he let the boy go on playing.

Let me relate one of my own personal experiences. I got a knee in a thigh and it made a knot on the side of my thigh, and it was a king-sized knot. My dad was a doctor, but he didn't know much about athletic injuries, and had much less interest in them. He said, "You will be all right if you stay off of it a couple of days, and don't play." So I stayed off of it for two days, and then I went back. It didn't bother me too much the first day. We had a night game, and it was pretty chilly. The coach put me in after we had warmed up, let me play a little while, and took me out. He then put me back in again and I made an abrupt stop. That was the end of it. The muscle just pulled in two. There I was, I couldn't straighten my leg out; no thigh muscle to straighten it out. If that leg had been treated on the first injury the way you and I know is proper, by immediately applying some cold for a short period of time, an hour, two or three hours, to minimize the amount of bleeding that occurred into that muscle, minimize the amount of edema that occurred from the liquid part of the blood leaking into the tissue, and then after a few days to have had some heat, and some massage on it, it probably would have been all right in a very short time. As it was, the bleeding and edema that occurred in the muscle, and the minor reinjury day after day, had softened the muscle until it was so soft that when a good hard strain was put on it, it gave way and pulled in two completely.

Those are the things that either put your athlete on the bench, wearing a crutch for a medal, or keep him going for you.

After your boys have had a broken arm, Dr. Norman or I, the bone "carpenters," carpenter them a little bit and get the bone fixed up, put it in a cast, hold it for several weeks until it heals and then we take the cast off and there the boy is with a little stiffness in his elbow and maybe a lot of stiffness in his wrist, with a hand that is not very strong, as the muscles are shrunken up because of not having been used. You can't use him then. He is no good to you because the arm is no good. With a program of heat to limber up the joints a little bit, and get the circulation going, followed immediately by some good active exercises to

strengthen those muscles, and to limber up the joints, he will be back doing a good job for you relatively soon. If you disregard how much damage is done to the boy originally, or how well he will get eventually, you must at least think of how quickly you can get him back to normal. You can either cut that time of getting back to normal to a week or two, or you can prolong it during the whole season by letting him go on and get well as best he can.

HEAT WITH EXERCISE

Most of the heat that is used is given primarily in conjunction with some exercise program to limber him up good and get the circulation going right. The heat by itself on an old injury is not too beneficial, but it does add tremendously to increasing the blood supply, the limberness of the ligaments, and the flexibility of the muscles to the point that you can give them a good work-out to strengthen them.

A lot of knees that have been injured and have been immobilized, or held still by tapings, strappings, braces or casts for a great length of time, have a little thigh muscle that is not any bigger than a 10c hamburger. You want it to

be as big as a \$4 steak, so the solution there is a series of progressive resistance exercises.

Probably many of you have DeLormer weights and use the DeLormer method of progressive resistance exercises by which more and more strain is put on the muscle until it does strengthen over a period of days. That is most beneficial because you want those muscles to be as near normal as possible before you put them back to doing an active exercise routine for you on the football field or the basketball floor.

Sometimes athletes have need for traction apparatus. Some of your boys may have painful necks from a hard blow on the neck, or have gotten a little cold in the neck, so to speak. They may not have had their neck injured at all, but one of your best halfbacks or quarterbacks going around with his head held at a stiff angle is not worth a "tinker's dam" to you, so you may need to use some traction on his neck, a little heat and massage to get him limber enough to go out and play a good game.

All these things are the physical means by which we can help boys return as quickly as possible to as near normal as possible, so that they may carry on their athletics and have as little permanent disability as we can possibly give them.

Neurological Situations Related to Athletic Injuries

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SPORTS MEDICINE poses problems peculiar to the field and makes it quite different from those of other types of medicine.

Psychologically, the athlete tends to ignore painful injuries, hoping to return quickly to competition. The eyes of the coach, the trainer, teammates, fans, the press, and parents are all centered on him. Necessarily, ailing athletes are put back into the game much sooner than those injured in civil practice. Otherwise, by mid-season, there would be few on the varsity team, thinking in particular about football. The athlete's intense desire to get back into the game works effectively in producing functional recovery following accident.

Traumatologic study has led to several striking findings referable to acute head injuries in sports.

Grave injuries are uncommon in athletics, but occasional deaths have occurred, which have been due mainly to intracranial hemorrhages.

Brain concussion was described by one author as being "An essentially transient state due to head injury, which is of instantaneous onset, manifests widespread symptoms of purely paralytic kind, does not as such evidence structural cerebral injury, and is always followed by amnesia for the actual moment of the accident." (Trotter)

Others feel that an effective blow to the head may bring about a sudden change in cell structure, of what is known as the reticular mechanism of the brain.

Blows to other regions of the body, such as

the carotid sinus and solar plexus, may produce unconsciousness.

Similarly, an unexpected head blow may bring about excessive stimulation of the labyrinths and vestibular systems (the apparatus of balance) so as suddenly to overcharge the reticular mechanism.

Injuries to the medulla may cause loss of consciousness, independent of the effect of circulation and respiration.

Brain wave tracings in these injured persons show a general slowing trend and sometimes so-called local areas of disturbance.

The abruptness of acceleration and deceleration of the head may have a direct relationship to the duration of loss of consciousness.

A GRAPHIC COMPARISON

The mechanism of injuries of the brain can best be illustrated by imagining that we have before us a type of large earthenware crock filled with jello. Jello is a semi-solid material simulating the consistency of the human brain. The crock substitutes nicely as the skull.

Certain points can be graphically represented this way by having the operator slide the crock of jello down the length of a counter some 8 to 10 feet in length. The gradual starting of this combination with one's hand or by gravity, and the gradual stopping of it by loss of momentum, show the surfaces of jello and crock to be in contact.

However, let us imagine that the crock is started in the usual smooth fashion by the previous experiment, but that it suddenly strikes a solid wall at the end of its excursion. One readily notes then that the forward part of the semi-solid mixture becomes compressed because of abrupt deceleration, and the after part sepa-

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rates from the crock because of a continuation of its forward movement. Under these circumstances, the jello "has suffered a concussion."

In real life, this type of injury is serious enough actually to disrupt blood vessels that might bridge from the actual brain to the skull membranes. This forms a hemorrhage or hematoma, one of the complications of concussion. The compressed area may often turn into a bruised portion of brain, or contusion of its structure. This kind of accident takes place in the athlete who is in a standing position to begin with and is thrown or falls against an opponent or other solid object.

Another illustration with the jello and crock would be to hit the crock while it is not in motion with a rubber hammer. Being hit on the head with a baseball or being hit while in a standing position by another player results in much less commotion to the brain cells than when the brain and skull are in motion, as in a fall, before hitting a solid object.

"Knocked out" would refer to a state of unconsciousness sustained by the athlete, which might come about through no actual contact of forceful nature against the injured person's skull. Fainting might be classed as a part of this category. Commonly, this is thought to be on the basis of temporary anemia of the brain. In a like fashion, in a pile-up, the air can be knocked out of the individual's lungs, causing thereby a temporary anoxia of the brain, resulting in memory loss.

Concussion of the brain is brought about by a blow to the head of the individual, usually sustained by contact with another player or with a hard immovable object on the field or in the gymnasium, including either the ground or the floor. In these instances, the patient is quite inert, is entirely unconscious, and may be breathing quietly or snoringly. The eyes, for the most part, are closed, and the pupils equal. In light stages of concussion, pinching the skin of the arms or legs causes the injured athlete to move his extremities defensively. Moist respirations, caused by mucus and secretions of the mouth and nose contained in the larger bronchial passages, sometimes present a problem.

The consensus of opinion among neurosurgeons is that after a cerebral concussion, one should at least be away from contact sports for a minimum of three days.

Grogginess is a state of muscular flaccidity without loss of consciousness. The athlete is said to be "out on his feet." It is in this state that severe damage can occur; for instance, poor tone of the neck muscles permits an abnormally wide range of movement of the head to occur at each contact.

Traumatic asthenia is characterized by the feeling of weakness, lack of initiative, fatigability, and sometimes depression.

Punch drunkenness is more widely known, being the subject of ill placed humour in sketches, in films and cartoons, and in the fight or boxing profession as "punchy, goofy, slap-happy, slug-nutty, and cutting paper dolls."

Should an athlete be put back into the game if "knocked out"? Actually, it would be much wiser if the knocked-out athlete were not put back into the game. If, however, this state of unconsciousness was due to having the wind knocked out of him, and if after an interval of time his pulse, respirations, movement of extremities, and state of consciousness seemed completely normal, he should actually suffer no lasting ill effects. If the injury came about by a blow on the head, certainly he should not re-enter the game.

Surprisingly enough, there is a great tendency toward recurrence of concussion after the first one has occurred.

Sometimes a coach wonders when an athlete is knocked out if he should be allowed to go to sleep. When such a question is asked, we feel that the trainers and coaches are really encroaching on the field of the neurosurgeon—since one of our standing orders in a case of concussion is to test the state of consciousness by noxious stimulation, either by pinching the skin or sticking a pin into the extremities every few minutes to detect deepening coma.

Actually it is better if a knocked-out athlete is not allowed to sleep.

The best way to transport one who has been knocked out is to roll the athlete on a stretcher "like a log" and to maintain him in a semi-prone position. The head should be slightly below the level of the body and feet so that gravitational forces and manual cleansing will carry the blood or vomitus out of the nose and mouth and upward and away from the breathing passages. The athlete who is unconscious, no matter his size, must be treated as a tiny infant in its

first few days. Every physiological activity must be looked after for him.

Breathing is often difficult and noisy. The chin must be elevated from the chest to keep the windpipe from being compressed, as would occur if the neck were acutely bent downward. Breathing, of course, is much easier when the patient isn't lying "flat-out" on the chest. He is turned "like a log" in the event there happens to be an associated fracture of the neck or back. Constricting clothing about the neck, chest, and abdomen or extremities, should be cut loose. If there should be evidence of blueness of the lips, fingernails, ears, or skin, and difficulty in breathing, oxygen, as carried in the usual ambulance, should be applied to the mouth and nose by a suitable mask while he is in transit. If there is urinary incontinence, the presence of blood should be noted, as it might refer to rupture or bruising of the kidney from the accident which provoked the unconsciousness.

PROPER TRANSPORTATION

Another question might be answered by explaining the symptoms of a broken neck and how the case should be transported. This kind of injury is possibly more dangerous than any other of the athletic types. A broken neck can occur with or without injury to the spinal cord, which passes through the affected vertebrae. If the spinal cord is not injured, the primary purpose of those who move the patient should be not to inflict an injury on this most vital nerve structure by bending the neck forward, backward, twisting it, or moving it sideways. The chin and the back of the head should be grasped in one person's hands, and while the neck is in a neutral position, gentle traction should be maintained. The neck must make the same movement at the same time as the axial portion of the thoracic and lumbar spine. If the spinal cord has been involved, there is a paralysis of the legs and possibly of several or all movements of the arms. A high neck injury may cause breathing to be difficult, and on inspection there may be no visible heaving of the rib cage on breathing. This means that the diaphragm has lost its nerve supply, so that it might be necessary to give the gentlest degree of artificial respiration. It is well to assign one individual to hold the head while the patient is being placed on the ambulance cart, and then

to accompany the athlete into the vehicle for transportation to a hospital. Attempts at putting on halter apparatus or traction or of applying plastic or leather collars are hazardous.

Describe the symptoms of a broken back.

When a fracture occurs below the neck, the arms are spared and all normal functions remain. Neither, in that instance, is there evidence of difficulty in breathing. However, there may be complete inability to use the legs, and if pricked with a pin or if some of the tendons in the ankle are pinched vigorously, no response to pain is brought out. Here, again, the method of transportation is always to keep the patient rolling in a longitudinal direction to avoid acute bends of the spine which may injure the vital spinal cord.

When there has been a fracture of the neck or the back, often there is a considerable degree of pallor of the skin, and often shallow breathing, rapid pulse, sweating and clamminess, which are the signs of surgical shock. The best method of combating this situation during the short period of transportation is to lower the head some 12 inches or more below the general level of the body and feet and then to apply warm blankets. This is an emergency condition and demands haste in hospitalization.

THE SLIPPED DISC

The slipping of an intervertebral disc in either the neck or the lower spine is not an infrequent complication of competitive sports. Sometimes the athlete is aware at the moment that something "snapped" in his spine, but most likely he notes severe and incapacitating pain in either one of the upper extremities or one of the lower extremities.

The intervertebral disc, which is a shock absorber between the vertebrae, extrudes through a herniation of ligaments which hold it into place and encroach on the spinal nerve as it attempts to emerge through a bony canal. Attempts at traction, bedrest, braces, and muscle relaxants are usually to no avail. Surgical excision of the lesion puts the player back into the game within 30 days.

Generally speaking, the incidence of sport accidents is one of diminishing nature after the first half of the year. The reason for this is apparent in the fact that the athlete is then "toughened up" and has become indoctrinated

with the tricks and combinations of the plays of his opponent in his particular sport.

Other injuries peculiar to sports are cyclist's palsy—which also occurs in parallel bar work and is due to pressure on the deep branch of the ulnar nerve between the hand bones.

Median and ulnar neuritis has been noted in javelin and discus throwers. The injury is due to movements of the wrist and elbow causing

a see-sawing of the nerves under ligaments and between muscles. Fractures frequently injure nerves of the extremities.

SUMMARY

In kaleidoscopic fashion, a presentation of injuries of the brain, spine, and to some extent peripheral nerves, has been incorporated in this sports medicine review.

Cardiovascular Situations Related To Athletic Injuries: Their Prevention and Treatment

A. D. DENNISON, JR., M.D.

Indianapolis

DOCTOR TOPPING, Doctor Mericle, fellow panel members and coaches: It is a distinct privilege to speak to this group which represents something truly American and ennobling to our youth. I am only sorry that I am not a gastrointestinal specialist, as there are probably more ulcer cases collected in this group than a stomach specialist would see in his office in five years. But my interest has been in the cardiac field and certainly from that point of view you should be a healthy group.

In the preparation of this talk I contemplated a good deal on just what a coach is. It seems to me he is a pleasantly interesting combination of a man with a chronically husky voice from yelling at his charges, a "Tum" or "Bisodol" chewing individual with an acid stomach or even a frank ulcer, a man with a distraught wife who never knows when to put the evening meal on, a somewhat battered individual with an unsympathetic athletic director hovering over him, perhaps a frustrated male rapidly developing a

paunch because he gave up pushing the opposing tackle around to push a baby carriage.

Certainly you have real problems in your work and I am happy that athletic injuries are relatively uncommon in the cardiovascular field. But it is not beyond the realm of experience to have serious, dramatic and even lethal injuries occur in this area. Reliable hearsay and newspaper evidence indicates that Ezzard Charles was struck a violent blow over the cardiac area by Joe Louis and suffered a contusion of the heart muscle with resultant abnormal electrocardiographic changes. He was attended by a well known New York cardiologist and kept out of the ring until the electrocardiographic pattern had returned to normal and he had sufficiently recovered. Direct blows to the anterior cardiac region by a baseball, golf ball, or tennis ball traveling at high speed, by heavy falling or swinging objects which strike at great velocity or blows by the fist, may cause non-penetrating cardiac trauma. Immediate death has resulted

from a direct blow over the heart and there have been boxing fatalities in which this occurred. Ventricular fibrillation was the reasonable explanation given. Reassuring is the report* that post-mortem examinations of 64 cases of sudden death associated with athletic activity revealed that the athletic training and the muscular effort preceding this had in no case contributed to the catastrophe.

A STAR PERFORMER

This magnificent organ, the heart, has tremendous reserve power. It is spoken of seriously in the pulpit, lightly in the rumble seat, abstractly in the anatomy dissection room, and poignantly in the consultation room. We accept its second by second beating, minute by minute activity, hour by hour faithfulness, year in and year out persistency until one day we are faced with its partial breakdown in older age and then we become conscious of its limitations, but also of its faithful support in the past.

In evaluating the athlete, his heart, what it can stand, how much the coach can drive the individual and his circulatory apparatus, what injuries it is subject to, one must first assume that we are dealing with a heart that is apparently free from disease. One cannot overstress the important aspects of the pre-seasonal physical examination. Here can be screened out, without detailed study, organic heart disease which in the young person usually means either congenital or rheumatic heart disease. Indeed, if the problem is subtle or occult and the examining physician misses an organic defect it is surprising how some young people, in spite of valvular or congenital defects, are able to carry out quite strenuous athletic pursuits, all in ignorance. Such is the wonderful reserve power of the heart muscle. A long distance runner had complete heart block and was unhampered. I recall treating an older man who played vigorous doubles in tennis with complete heart block with a heart rate of 32 beats per minute.

What is the power of this heart muscle? The output of the heart has been estimated at from 4 to 6 liters (a liter being approximately a quart) of blood per minute at rest. This is known to increase during physical exertion, to as much as 24 liters per minute; a 4 to 6-fold increase in capacity. A good average output during exercise is 20 liters per minute. This is the result of training. The heart of the seden-

tary individual cannot step up its cardiac output so efficiently. This is what we do when we go into training, improving muscle tone of the extremities, breathing capacity and heart capacity. Naturally a coach wonders whether he can do a young man's heart and circulation any harm by driving him too hard. It can be stated categorically that competitive and other sports will not damage the healthy heart. The fear of causing damage to an athlete's heart is unfounded and the "athletic heart" is a mere myth, a cliché which has arisen in medical terminology and for which there is no support. The well known English cardiologist, Dr. Terrence East, may be quoted as follows, "It is my belief that in a healthy heart anatomical changes are not produced by athletics." The father of modern cardiology, Sir Thomas Lewis, has stated, "The burdens imposed by physiological acts upon the heart, however heavy these burdens may be, never exhaust the heart reserve." Finally, Dr. H. L. Smith of the Section on Cardiology of Mayo Clinic called the term "athletic heart" a most unfortunate one. His statement is as follows, "The normal heart is no more likely to be injured by strenuous exercise than is any other organ or muscle of the body, and participating in athletic sports will not produce an 'athletic heart', for such an entity does not exist." How these terms such as "military heart", "industrial heart", "athletic heart", "beer drinker's heart", and the "fibroid heart" (so-called heart disease in the woman who has fibroid tumors of the womb) crept into medical literature is hard to say. But once in, it is difficult to uproot them from medical terminology.

LEAST LIKELY TO FAIL

It may therefore be stated that careful cardiovascular study and research indicates that the so-called "athlete's heart" is a figment of the imagination, that the normal heart cannot be overtaxed except as an extreme rarity. It is also a reasonable premise to state that in an athletic event the heart is the part least likely to break down and strain in athletes is almost always confined to those taking part when suffering from some infection. This point should be emphasized for the coaches who so sorely need men to play during this "flu" epidemic. It is not considered wise to project these men back into strenuous competitive sports while a respiratory infection is in the waning phase. It is important to bear

in mind the transient but nevertheless harmful effects of the toxins of minor infections on the heart muscle. These may be met with as the result of an infection of the throat, or some vague illness that can only merit the designation influenza.

When one discusses cardiovascular injuries it must be stated in all fairness that with the vast number of young men taking part in sports throughout the United States the incidence of cardiovascular injuries is truly small. My own personal experience with traumatic heart disease or heart disease due to injury has been mainly with steering wheel injuries. We know that when a car is involved in an accident the steering wheel may press against the driver's anterior chest wall and squeeze the heart between the vertebral spine and the breast bone and ribs. This is a very real injury and it behooves our orthopedic specialists to run electrocardiographic tracings after auto accidents when sternum or ribs are fractured or when there has been bruising over the front of the chest wall.

A perusal of the medical literature indicates that when cardiovascular injuries do happen, though infrequently, they are dramatic, sometimes lethal and sometimes occult. Dr. Claude S. Beck, well known cardiac surgeon, mentions in an article on Non-Penetrating Heart Injuries in the *A.M.A. Journal* of January 12, 1957, that one of his colleagues was compelled to operate on a young man who received an injury to his chest in a football game. A hemorrhagic effusion developed in the pericardial sac, the sac in which the heart is encased, and it was necessary to open the cavity and evacuate the bloody fluid. The patient recovered. Dr. Beck also discussed the case of a 57 year old man who was struck accidentally over the precordium by a golf ball. Three days after the blow he sustained a coronary episode. As mentioned previously in this paper, a direct blow to the anterior chest wall by a baseball, golf ball or tennis ball traveling at a high rate of speed may cause a contusion of the myocardium—an actual bruising of the heart muscle. One of the dangers of a bruised heart is the fear of development of a cardiac aneurysm or bulge, and more frighteningly, the development of delayed rupture of the heart with death. This usually occurs about the second week after the injury. A bruise actually may rupture at any time within 6 weeks, but the greatest period of softening is at two weeks. Thus anyone who

has had a serious blow over the front of the chest wall should be evaluated with an electrocardiographic tracing for any abnormality and should contusion be diagnosed the athletic effort ceased and bedrest carried out from 4 to 6 weeks.

Intense blows over the normal heart have been known to cause irregularity of the heart, sudden death, as in the boxing fatality reported by Jokl, rupture of a valve, contusion of the heart muscle, blood in the sac around the heart and even rupture of the heart itself. It has been proved experimentally in the autopsy room by a number of observers that heart valves can be ruptured by a blow over the chest wall which does not produce any visible external injury. Rajasingham met with a case of a young woman with hemopericardium following a blow with a fist. A small amount of blood was aspirated by needle from the sac around the heart and the rest of it absorbed naturally. It is important to realize and remember that there may be no visible external bruising, no fracture of the bones of the thorax, particularly in young people with elastic, yielding chest wall and yet the heart may be injured by this springing action of the chest wall backwards, squeezing the heart against the vertebral column. When in doubt about a lad who has been hurt in the chest it would be best to seek medical opinion, especially with an electrocardiographic tracing. As it was previously mentioned in the case of Ezzard Charles, the electrocardiographic tracing bore out the diagnosis of contusion of the heart muscle.

SUMMARY

What then can we as physicians and coaches do to prevent cardiovascular injuries to our athletes? I believe the answer is fourfold, brief, simple and to the point.

1. The pre-season physical examination is imperative, should be thorough, and boys with normal hearts may be accepted for athletic endeavors.

Any exceptions to this rule should be approved by a cardiologist working in this field. I know of one lad playing on the freshman team at Speedway who underwent an operation one year ago for the correction of a congenital heart difficulty. His operation resulted in a completely normal situation. I know of a boy with congenital heart disease whom we allowed to try out for the football team at Westlane Junior High School,

coached by Mr. Spilley and Mr. McNichols. Early in the season he sustained a fracture and thus was sidelined. He is going to be limited to baseball in the future. These decisions were made after thorough study, electrocardiographic evaluation, fluoroscopic examination, and in the first case consultation with a heart surgeon, discussion with the family, and consideration of psychologic aspects.

2. Boys with respiratory infections should not be allowed to play in competitive sports until they are well over the infection. If there has been a subtle involvement of the heart muscle by the infection, and well there can be with respiratory infections, actual, true primary cardiac strain may ensue.

3. A graded program of training and conditioning should be carried out so that when the actual playing season occurs the individual's cardiac reserve will have been built up from that of a previously sedentary individual to one whose cardiac reserve may stand up and excel itself in meeting the demands of competitive sports.

4. Finally, should suspicious injuries to the front of the chest ensue, medical advice and an electrocardiographic tracing are most desirable.

The coach of today need not worry about cardiovascular injuries or strain if these four points are considered—the preliminary physical examination, the benching of boys with respiratory infections, the good early season condition-

ing program, and attention to minor but possibly occult injuries.

In the final moments of this discussion perhaps something should be said regarding the question as to whether sports in the middle age do cardiac harm. The answer to this in the vast majority of cases is a domestic one. Marriage, a young family, and a new home with grass to mow, leaves to rake and ashes to haul, may be the limit of the former half-miler. The athlete is of the physical build which in many cases tends to run to fat when he gives up athletics for marriage and parenthood. There is no substitute for an active, sane, sound sports life. Indeed, the athlete was probably better fit when he was a bachelor and not as well fed, as when married and with fewer opportunities for exercise. Some men frankly degenerate physically in middle life. It may be said that one of the many disciplines of life is to push away from the table, keep the abdomen flat, and maintain a sensible program of exercise. When we say that Joe has "gone to pot", we literally mean Joe has developed a middle-age pot belly.

Gentlemen, cardiovascular injuries and heart strains are not common. God in His infinite wisdom has provided you and me with a superbly competent organ, the heart. It is almost an instrument of perpetual motion. It is endowed with tremendous reserve. It is encased in a protective bony cage. It can stand the wear and tear of life, anger, anxiety, deep emotions, athletics, violence, heartaches, and disappointments without breaking down. It only asks to be examined once in a while, to be built up slowly to heights of increased efficiency, to be rested when burdened with infection, and to be rested when possibly injured or diseased. It is for these reasons that many of us have chosen to devote our lives to the field of cardiology.

* Jokl, Ernst: *Advances in Physiology of Exercise*, Part III. The Heart of the Athlete. *Journal of Health, Physical Education, Recreation*, November 1955.

Complete bibliography can be obtained from the author.

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PATIENTS REPORT ON NURSING CARE

THE OLDER PATIENT in a small hospital is likely to have the fewest complaints about the quality and quantity of nursing care.

A survey conducted recently among the patients of 60 general hospitals in the United States has come up with some interesting and possibly useful findings. The Public Health Service with the cooperation of the American Hospital Association interviewed approximately 9,000 patients to discover what the patients griped about and why.

It has long been the impression that the difficulties of administering a hospital vary with the size of the hospital more than with any other tangible factor. This correlation is not of a simple arithmetical ratio but more of a geometric ratio. When the size of a hospital is doubled one does not have twice as much difficulty; the increase is more apt to be on the order of three- or fourfold.

It also has been felt for a long time that the


dividing line between hospitals in so far as size and difficulties are concerned was at the 300-bed level. At less than 300 bed capacity, so the old saying goes, the troubles are noticeable but soluble; at more than 300 beds they are more apt to be stupendous.

The survey corroborated these long standing impressions. Patients in hospitals with less than 300 patients reported the least number of omissions of nursing care; patients in hospitals with more than 300 patients reported the most omissions.

The age of the patient apparently influences the result considerably. Only 24 percent of the patients under the age of 20 reported complete satisfaction with their care, while 40 percent of patients over the age of 60 said that all their needs were met.

The survey also was concerned with the basic reasons for dissatisfaction on the part of pa-

Continued



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1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

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NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

TABLETS: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

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tients. The authors found that a nurse seldom spent more than a few minutes with each patient daily. They estimated that the average professional nurse spends about 26 percent of her time on activities with patients.

The study showed that the desires of the patients varied with their ages. The older patient wanted a variety of food, easily digestible and attractively served, while the younger person was more interested in the quantity of food and how filling it was.

The older patient was concerned with small details of comfort; the younger person seemed to be preoccupied with avoiding boredom, and liked to have more people around him.

Noise, as from radio and television, bothered the older patient, younger patients resented being asked to turn off radio and television sets. Older patients were annoyed by an excessive number of visitors, the younger ones liked more visitors than they were allowed.

It was possible to demonstrate a variation in the level of satisfaction according to the sex and marital status of patients. Men were more

satisfied than women. Married patients were more satisfied than single ones.

The authors do not advance any explanation for one survey finding. 35 percent of all the males questioned registered complete satisfaction with their care. The women patients were less easily satisfied. Out of their group only the obstetrical patients were as happy as the males, with almost exactly the same proportion expressing complete satisfaction. Excluding obstetrical patients, the women had a satisfaction percentage of 29.7.

Like many fact-finding surveys, this one has produced proof for some general impressions, and has also highlighted some hitherto unpublished facts. Inasmuch as everyone, hospital administrators, patients and doctors alike, are agreed that tranquility in the hospital and good patient care are conducive to early recovery on the part of the patient, it is to be hoped that a study of this excellent survey by all concerned will make for improvement in a situation which, while not bad at all, could tolerate some change for the better.

FIT FODDER FOR PATIENTS?

THIS LITTLE SQUIB might be of interest,—it was to the *Bulletin* of the Erie County (New York) Medical Society, who plucked it from *Medical Economics*, via Colorado:

"How can a doctor start a malpractice suit against himself? By placing *Medical Economics* or the A.M.A. *Journal* in his reception room. . . ."

This warning appeared recently in the monthly newsletter of Colorado's state medical society. And Lansing Chapman, publisher of *Medical Economics*, quotes it with approval in his magazine's October issue. It's "a point we ourselves have made many times," he comments. There are many reasons why professional journals DON'T BELONG IN WAITING ROOMS, he notes, and the malpractice articles they contain are one of the most important. He continues:

"Malpractice is the topic that doctors most want to read about, according to our readership surveys. The reason's obvious: In our present claims-conscious era, facts about malpractice are the doctor's best defense. But the best defense can be undermined if you pass these articles along to your patients. . . . Certainly such articles don't make appropriate reading for sick people waiting to see you. . . ."

"As a controlled-circulation magazine, *Medical Economics* is not available to the general public—except as individual doctors are making it so," Mr. Chapman concludes. "We hope they'll stop."

You may, or may not, agree, but it should do no harm to call this to your attention.

GOOD NEWS FOR STROKE VICTIMS

THE PUBLIC AFFAIRS COMMITTEE, 22 East 38th St., New York, 16, a nonprofit educational organization, has just released a pamphlet suitable for patients, on the subject of cerebrovascular accidents. The release is at a fortunate time, considering the interest en-

gendered by the President's small stroke. Single copies of the pamphlet may be obtained by addressing the committee. The single price is 25 cents. Quantity prices may be obtained by addressing the committee.

DISTINGUISHED REPORT STILL A MODEL

INTEREST in the 50th anniversary of The JOURNAL has brought to light a well written and extremely interesting case report, entitled "Complete Avulsion of the Scalp and Skin Grafting." The article was written by Dr. H. V. Blosser, of Fort Wayne, and appeared in the December, 1911 issue of The National Eclectic Medical Association Quarterly, published in Cincinnati.

"On April 9, 1908, Miss L., a healthy girl, twenty-three years of age, while working in a laundry under a revolving shaft, climbed on a chair to oil a squeaky bearing of the shaft. In so doing, her hair, which was very abundant, became caught in the shaft. Instantly, she was taken off her feet and after being thrown once around the shaft, was dropped on the floor minus the entire covering of her skull, the line of separation being from the bridge of the nose, taking about half of the upper part of the covering of the eyelid, all of the eyebrows, and extending backward in almost a straight line level with the junction of the external ear with the scalp—clean-cut—as if done with a knife, downward and backward from the ears on a line corresponding to the edge of the hair to the nape of the neck. There was no loss of consciousness and no excessive bleeding. A portion of the clothing had been torn away and there were some minor external bruises from contact with the shaft and the floor."

Dr. Blosser described how he applied an emergency dressing and called Dr. J. E. McOscar in consultation. Due to the pleading of the girl's friends, an attempt was made, contrary to the doctors' better judgment, to cleanse and graft the avulsed scalp in place.

The free graft included the occipito-frontalis muscle and all the tissues of the scalp down to the periosteum. Its very thickness doomed it to failure. A partial and temporary take was observed in the thinner portions, but eventually the entire graft sloughed, along with patchy areas of the outer table of the calvarium.

With the passage of time granulations developed and the process of skin grafting was begun. This was a pioneering procedure and apparently many of the now commonly known rules of skin grafting were developed for the first time, at

least in the experience of Drs. Blosser and McOscar.

Due to the depleted general condition of the patient it was thought inadvisable to use a general anesthetic or even at first any local anesthetic for removal of grafts. Consequently small free grafts were obtained from friends and relatives. Some of these grew, but as is well known now, were destined to eventually melt away.

During the numerous grafting operations some small areas were covered with grafts from the patient, and when this was observed, the remaining grafts were all obtained in this way.

The only local anesthetic available was by the freezing method with ethyl chloride. Later when the patient improved in strength, the grafting was attempted with ether anesthesia. This method was abandoned because the anesthesia apparently caused profuse bleeding from the granulations.

Chloroform was found not to cause such free bleeding, and was used for the completion of the grafting. After eight months the granulating area was completely covered with viable grafts. Small plastic procedures were necessary to correct contractions which involved the corners of the eyelids.

Dr. Blosser comments on the meagerness of the literature on this subject at that time. After the patient was almost well, a reference in the December, 1908 issue of *Surgery, Gynecology and Obstetrics* was available to him. This article confirmed many of the points which he had learned by his own experience.

Dr. Blosser concludes his case report by reviewing the rules for partial thickness free grafts. He describes how the donor and recipient sites are prepared, how the grafts are cut with straight razors, how they are placed, dressed and cared for. He cautions against any omissions in technique which might lead to infection, and advises careful treatment of infection if it should develop.

This is a case report of which anyone would be justifiably proud today. It is a masterpiece of tireless attention to detail, careful observation of the progress of the patient, and excellent medical writing, which shines all the more brightly when viewed against the limited knowledge of such matters 50 years ago.

The President's Page

TO THE YOUNG MAN OF MEDICINE

HAVE A PROPER CONCEIT of oneself and of one's affairs when making a beginning in practice. Each has a high opinion of himself at first, particularly he with least reason. Each dreams himself a fortune and imagines himself a prodigy. Hope wildly promises everything and he is imbued with the idea of fulfillment within the year.

In the pursuit of the dream, perspective in the correlation of service and reward is not present, for there is no experience upon which to base a sense of value. The wise man understands what things are worth because he recognizes the good in everything and how much it takes to make things good. Only a fool is scornful of everything through ignorance of what is good, and through bad choice of what is no good.

Until experience is obtained upon which proper judgment can be predicated, it would be well to aim high, but not so high as to make attainment an object in itself. To get this proper conceit of oneself is absolutely necessary, for without experience it is very easy to confuse conjecture with fact, and there is no greater panacea against all that is foolish than understanding.

The value of one's service to another is not always the value set upon it by the purveyor, but the worth of the service to the recipient. For that reason the rewards for service should be determined objectively through experience, considering not only the expectations of the physician, but also his abilities, the customs of the place, and the consideration of the patient. Wherefore let every man know what is the sphere of his abilities and his place, and thus be able to make the picture of himself coincide with the actual.

W. C. Jorjune M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

Dear, Dear Doctor,

Love is the motivating force behind the accomplishments of your Medical Auxiliary. What the public thinks about you and your profession, individually and collectively, is our vital concern. It is the basic reason that we are organized.

So—in 1931, when you, through the American Medical Association, asked us to work on the promotion and distribution of *Today's Health* (then called *Hygeia*), we took the job willingly. We have been selling subscriptions ever since—and selling more each year! For the year ending in March 1957, the Woman's Auxiliary to the ISMA sold over 4,000 subscription years. Under the *Today's Health* chairmanship of Mrs. Jack Shields last year, Indiana won a first prize of \$40 at the AMA convention in New York City.

The value of *Today's Health* in your reception room as a public relations vehicle will be evident to you the first time you glance through it. Bear in mind that the magazine was not published for *you* to read, but rather for your patients to read. It was designed to convey reliable medical information on a non-professional level. Much information is getting to the public about the medical profession through the sensationalism of popular magazines which are striving for newsstand appeal. It is regrettable that *Today's Health*, important as it is, does not have newsstand appeal. National magazine distributors are quick to recognize its value, but believe circulation must be built up through subscription sales. Newsstand sales are not profitable at the present time.

"Therefore," says Mr. Enlow, Circulation Director, "the American Medical Association must continue to depend upon the help of our Auxiliaries to maintain and increase the circulation."

As circulation increases, advertising rates and advertisers will increase. The increased revenue will make possible the purchase of better manuscripts for articles, which will in turn mean increased circulation to the point where the magazine will be self-supporting.

A new full-time editor-in-chief began his duties on November 15. James Liston was formerly the medical editor for *Better Homes and Gardens* in Des Moines, Iowa. Dr. Bauer was relieved of his duties as part-time editor-in-chief in order to devote full time to his work as director of the AMA Bureau of Health Information.

Beginning January 1, 1958, the Woman's Auxiliary will be the only organization offering *Today's Health* for half price. You will no longer be able to subscribe directly at the reduced rates.

Assume your share of this public relations project right now, Doctor, by calling your county Auxiliary president to find out who your *TH* chairman is. We're waiting for your subscription.

Sincerely,

Barbara M. Reed

Mrs. Robert F. Reed, Mishawaka

State *Today's Health* Chairman

A.M.A. House of Delegates Proceedings Reported in Summarized Form

The following report was issued by the A.M.A. Secretary-General Manager, George F. Lull, M.D., from Philadelphia at the conclusion of the Eleventh Clinical Meeting, December 3-6, 1957. It covers some of the highlights of action taken but is not intended to be a detailed report.

FLUORIDATION of public water supplies, free choice of physician, the Heller Report on organization of the American Medical Association, the Forand Bill providing hospital and surgical benefits for Social Security beneficiaries, guides for occupational health programs covering hospital employees, distribution of Asian influenza vaccine and guides for the medical rating of physical impairment were among the variety of subjects acted upon by the House of Delegates at the American Medical Association's Eleventh Clinical Meeting held December 3-6 in Philadelphia.

Dr. Cecil W. Clark of Cameron, Louisiana, was named 1957 General Practitioner of the Year after his selection by a special committee of the Board of Trustees for outstanding community service. Dr. Clark, 33-year-old country doctor who was a medical hero during Hurricane Audrey last June, was present at the meeting to receive the gold medal which goes with the annual award.

Speaking at the opening session on Tuesday, Dr. David B. Allman of Atlantic City, A.M.A. President, called for "more freedom, not less, in America and in the medical profession." Dr. Allman urged the delegates to embark on local action campaigns to enlist full community support in opposition to the Forand Bill, a pending Congressional proposal which would provide hospital and surgical benefits for persons who are receiving or are eligible for Social Security retirement and survivorship payments. The Forand Bill, he said, is "cut from the same cloth" as national compulsory health insurance and "emanates from the same minds."

Total registration at the end of the third day

of the meeting, with half a day still to go, had reached 5,375, including 2,562 physician members.

FLUORIDATION OF WATER

In settling the most controversial issue at the Philadelphia meeting, the House of Delegates approved a joint report of the Council on Drugs and the Council on Foods and Nutrition which endorsed the fluoridation of public water supplies as a safe and practical method of reducing the incidence of dental caries during childhood. The 27-page report on the study which was directed by the House at the Seattle Clinical Meeting one year ago contained these conclusions:

"1. Fluoridation of public water supplies so as to provide the approximate equivalent of 1 p.p.m. of fluorine in drinking water has been established as a method for reducing dental caries in children up to 10 years of age. In localities with warm climates, or where for other reasons the ingestion of water or other sources of considerable fluorine content is high, a lower concentration of fluoride is advisable. On the basis of the available evidence, it appears that this method decreases the incidence of caries during childhood. The evidence from Colorado Springs indicates as well a reduction in the rate of dental caries up to at least 44 years of age.

"2. No evidence has been found since the 1951 statement by the Councils to prove that continuous ingestion of water containing the equivalent of approximately 1 p.p.m. of fluorine for long periods by large segments of the population is harmful to the general health. Mottling of the tooth enamel (dental fluorosis) associated with this level of fluoridation is minimal. The

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Dartal is useful whenever the physician wants to ameliorate psychic agitation, whether it is basic or secondary to a systemic condition.

In extensive clinical trial Dartal caused no dangerous toxic reactions. Drowsiness and dizziness were the principal side effects reported by non-psychotic patients, but in almost all instances these were mild and caused no problem.

Specifically, the usefulness of Dartal has been established in psychoneuroses with emotional hyperactivity, in diseases with strong psychic overtones such as ulcerative colitis, peptic ulcer and in certain frank and senile psychoses.

Usual Dosage • In psychoneuroses with anxiety and tension states *one 5 mg. tablet t.i.d.*
• In psychotic conditions *one 10 mg. tablet t.i.d.*

importance of this mottling is outweighed by the caries-inhibiting effect of the fluoride.

"3. Fluoridation of public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable where the water supply contains less than the equivalent of 1 p.p.m. of fluorine."

FREE CHOICE OF PHYSICIAN

Acting on the issue of free choice in relation to contract practice, the House passed a resolution which reaffirmed approval of previous interpretations of the Principles of Medical Ethics by the Association's Judicial Council and directed that they be called to the attention of all constituent associations and component societies. One Council opinion, issued in 1927 and reaffirmed in Philadelphia, stated that the contract practice of medicine would be determined to be unethical if "a reasonable degree of free choice of physician is denied those cared for in a community where other competent physicians are readily available." The resolution also cited a Council opinion, published in the October 19, 1957, issue of *The Journal of the A.M.A.*, which stated that the basic ethical concepts in both the 1955 and 1957 editions of the Principles of Medical Ethics are identical in spite of changes in format and wording. This opinion added that "no opinion or report of the Council interpreting these basic principles which were in effect at the time of the revision has been rescinded by the adoption of the 1957 principles."

The 1927 Council report also pointed out that "there are many conditions under which contract practice is not only legitimate and ethical, but in fact the only way in which competent medical service can be provided." Judgment of whether or not a contract is ethical, the report said, must be based on the form and terms of the contract as well as the circumstances under which it is made.

In another action related to the issue of free choice, the House adopted a resolution condemning the current attitude and method of operation of the United Mine Workers of America Welfare and Retirement Fund "as tending to lower the quality and availability of medical and hospital care to its beneficiaries." The resolution also called for a broad educational program to inform the general public, including the benefi-

ciaries of the Fund, concerning the benefits to be derived from preservation of the American right to freedom of choice of physicians and hospitals as well as observance of the "Guides to Relationships Between State and County Medical Societies and the UMWA Welfare and Retirement Fund" which were adopted by the House last June.

THE HELLER REPORT

Acting on the report of the Committee to Study the Heller Report on Organization of the American Medical Association, the House reached the following decisions on ten specific recommendations:

1. The office of Vice-President will be continued as an elective office.

2. The offices of Secretary and Treasurer will be combined into one office to be known as Secretary-Treasurer, and that officer will be selected by the Board of Trustees from one of its number.

3. The duties of the Secretary-Treasurer will be separated from those of the Executive Vice-President.

4. The office of General Manager will be discontinued, and the new office of Executive Vice-President will be established. The latter, appointed by the Board of Trustees, will be the chief staff executive of the Association.

5. The Council on Medical Education and Hospitals and the Council on Medical Service will continue as standing committees of the House of Delegates, but their administrative direction will be vested in the Executive Vice-President.

6. The voting members of the Board of Trustees will be limited to 11—the 9 elected Trustees, the President and the President-Elect. The Vice-President and the Speaker and Vice-Speaker of the House of Delegates will attend all Board meetings, including executive sessions, with the right of discussion but without the right to vote.

7. The House disapproved of the proposal to elect the Trustees from each of nine physician-population regions.

8. The office of Assistant Secretary will be discontinued, and a new office of Assistant Executive Vice-President will be established.

9. The Committee on Federal Medical Services will be retained as a committee of the Council on Medical Service and will not become a part of the Council on National Defense.

10. The Speaker of the House will appoint a joint and continuing committee of six members, three from the Board of Trustees and three from the House, to redefine the central concept of A.M.A. objectives and basic programs, consider the placing of greater emphasis on scientific activities, take the lead in creating more cohesion among national medical societies and study socioeconomic problems.

The accepted recommendations were referred to the Council on Constitution and By-laws with a request to draft appropriate amendments for consideration by the House at the 1958 annual meeting in San Francisco.

THE FORAND BILL

The House condemned the Forand Bill as undesirable legislation, approved the firm position taken in opposition to it and expressed satisfaction that the Board of Trustees has appointed a special task force which is taking action to defeat the bill. In a related action, giving strong approval to Dr. Allman's address at the opening session, the House adopted a statement which said:

"It is particularly timely that our President has so forcefully sounded the clarion call to the entire profession for emergency action. With complete unity, definition and singleness of purpose, closing of ranks with all age groups and elements of our organization we must at this time stand and be counted. Thus we can exert the physician's influence in every possible direction against invasion of our basic American liberties in the form of proposed legislation alleged to compulsorily insure one segment of the population against health hazards at the expense of all."

HEALTH PROGRAMS FOR HOSPITAL EMPLOYEES

A set of "Guiding Principles for an Occupational Health Program in a Hospital Employee Group" was approved by the House. The guides were developed by a joint committee of the American Medical Association and the American Hospital Association and already had been formally approved by the A.H.A. They include these statements:

"Employees in hospitals are entitled to the

same benefits in health maintenance and protection as are industrial employees. Therefore, programs of health services in hospitals should use the techniques of preventive medicine which have been found by experience in industry to approach constructively the health requirements of employees.

"It is essential that employee health programs in hospitals, as in industry, be established as separate functions with independent facilities and personnel. The fact that hospitals are engaged in the care of the sick as their primary function does not alter the necessary organizational plan for an effective occupational health program."

ASIAN INFLUENZA VACCINE

The House considered three resolutions dealing with the Asian influenza immunization program and then adopted a substitute resolution calling attention to "certain inadequacies and confusions in the distribution of vaccines" and directing the Board of Trustees to seek conferences through existing committees "with a view to establishing a code of practices regulating the future distribution of important therapeutic products, so that the best interest of all the people may be served." The resolution pointed out that the American Medical Association already has a joint committee with the American Pharmaceutical Association and the National Association of Retail Druggists, in addition to a liaison committee with the Drug Manufacturers Association.

MEDICAL RATING OF PHYSICAL IMPAIRMENT

The House accepted a 115-page "Guide to the Evaluation of Permanent Impairment of the Extremities and Back" which was developed by the Committee on Medical Rating of Physical Impairment as the first in a projected series of guides. The delegates commended the committee for doing "a superb job on this difficult subject" and expressed pleasure that the guides will be published in *The Journal* of the A.M.A. The guides are expected to be of particular help to physicians in determining impairment under the new disability benefits program of the Social Security Act.

MISCELLANEOUS ACTIONS

Among a wide variety of other actions, the House also:

Continued

Directed that a new committee be established in the Council on Industrial Health to study *neurological disorders in industry*;

Noted with approval the establishment of the American Medical Research Foundation, which will initiate and encourage necessary *medical research* and correlate and disseminate the results of studies already under way;

Decided that informational materials which are sent to A.M.A. delegates should also be sent to all *alternate delegates*;

Affirmed that it is within the limits of ethical propriety for physicians to join together as partnerships, associations or other *lawful groups* provided that the ownership and management of the affairs thereof remain in the hands of licensed physicians;

Instructed that the appropriate committee or council should engage in conferences with *third parties* to develop general principles and policies which may be applied to the relationship between third parties and members of the medical profession;

Urged state medical society committees on aging and insurance to make continuing studies of *pre-retirement financing of health insurance* for retired persons;

Endorsed a suggestion that the Committee on Federal Medical Services sponsor a national conference on *veterans' medical care* during 1958;

Asked the Board of Trustees to study the feasibility of having the Association finance a

thorough investigation of the *Social Security* system by a qualified private agency;

Suggested that physicians and their friends make a vigorous effort to obtain Congressional enactment of the *Jenkins-Keogh Bills*;

Approved the "Suggested Guides to Relationships Between Medical Societies and *Voluntary Health Agencies*";

Strongly recommended that a completely adequate and competent medical department be established in the *Civil Aeronautics Administration* directly responsible to the CAA Administrator, and

Congratulated the General Electric Company for its medical television presentations on the subject of *quackery*.

OPENING SESSION

At the Tuesday opening session Rear Admiral B. W. Hogan, Surgeon General of the U.S. Navy, presented the Navy Meritorious Public Service Citation to Dr. Dwight H. Murray of Napa, Calif., immediate past president of the Association. Contributions to the American Medical Education Foundation, for financial aid to the nation's medical schools, were presented by four state medical societies: California, \$143,043.25; Utah, \$10,390; New Jersey, \$10,000, and Arizona, \$8,040. The Interstate Post Graduate Medical Association of North America gave \$1,000, and the Illinois State Medical Society announced that it was adding \$10,000 to the \$170,450 presented at the New York meeting last June.

SOCIAL SECURITY SAYS: "The following table shows the present tax rates and the scheduled increases: (on \$4200 wage base)

Calendar year	Employee	Employer	Self-Employed
1956 -----	2%	2%	3%
1957-59 -----	2-¼%	2-¼%	3-¾%
1960-64 -----	2-¾%	2-¾%	4-⅛%
1965-69 -----	3-¼%	3-¼%	4-⅞%
1970-74 -----	3-¾%	3-¾%	5-⅝%
1975 and after -----	4-¼%	4-¼%	6-¾%

In Other Words: A recent announcement stated that the Social Security system is in trouble. Benefit funds are melting as applications pour in at a rate in excess of Federal estimates. HEW Secretary M. H. Folsom was quick to say that expenditures may exceed income in 1959, but higher taxes in 1960 will cover the deficit. Check the chart above for proof that our children will be paying the bills for our benefits.

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ACHROSTATIN V CAPSULES contain 250 mg. tetracycline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin.

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Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

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Indiana Attendance at A.M.A. Interim Session Reported in Bulletins

A DAILY BULLETIN reporting news of the convention was published during the December 3 to 6 interim session in Philadelphia. In addition to news of the program and other events, registrants were listed from each state.

The three issues of the paper list the following Indiana physicians as attending:

The official delegation included Indiana Delegates to A.M.A. E. S. Jones, Hammond; Earl W. Mericle, Indianapolis; Wendell C. Stover, Boonville; and Gordon B. Wilder, Anderson. Delegates from various A.M.A. sections included two from Indiana, Dr. Lester D. Bibler, Indianapolis, delegate from the Section on General Practice; and Dr. Lall G. Montgomery, Muncie, delegate from the Section on Pathology and Physiology.

Other physicians attending the meeting were Drs. Charles R. Alvey, Muncie; Carl A. Bunde,

Indianapolis; Richard Challer, Fort Wayne; Stanley M. Chernish, Indianapolis; William D. Dannacher, Wabash; E. T. Gaddy, Indianapolis; Carl M. Hostetler, Goshen; Wilbur J. Irish, East Chicago; R. V. Kron, Evansville; Forrest R. LaFollette, Hammond; Frank L. Lyman, Evansville; Don H. McKeeman, Fort Wayne; Cleon A. Nafe, Indianapolis; Kenneth L. Olson, South Bend; D. T. Ramker, Hammond; Raymond M. Rice, Indianapolis; Herbert A. Schiller, South Bend; R. L. Sensenich, South Bend; W. D. Snively, Evansville; R. A. Solomon, Indianapolis; Irvin H. Sonne, Jr., New Albany; J. I. Streepey, New Albany; M. C. Topping, Terre Haute; Harry E. Voyles, New Albany; Elmer L. Wallace, New Albany; and Nelson A. Wolfe, New Albany.

James A. Waggoner, executive secretary of I.S.M.A., also attended the three-day meeting.

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Two-Day PG Course on Lung Disease and Pulmonary Function Offered by I.U.

CONTINUING its series of 1957-1958 postgraduate courses, Indiana University School of Medicine will present a two-day course on Lung Disease and Pulmonary Function at the Indiana University Medical Center on January 27 and 28.

Faculty members scheduled to present the lectures are Drs. Roy H. Behnke, Warren Coggeshall, Hunter Soper, and Ralph Wilmore.

Housing and food service is available on the Medical Center campus for those who may wish to stay at the Center during the two days.

Full details may be obtained from the Director of Postgraduate Education, Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis 7.

The program for the four sessions follows:

January 27

MORNING SESSION—9:00 a.m.

1. Concept of Pulmonary Insufficiency
2. Pulmonary Function: Tests and Their Application
3. Lung Volumes:
 - a) Vital capacity and its subdivisions
 - b) Residual Volume and Functional Residual Volume
 - c) Total Lung Volume
4. Bronchspirometry

AFTERNOON SESSION—1:30 p.m.

5. Pulmonary Ventilation
 - a) Tidal volume and minute volume
 - b) Dead space
 - c) Alveolar ventilation: Tests
6. Oxygen
 - a) Dissociation curve and methods
 - b) Deviations from normal and their significance
7. Carbon Dioxide, Acid Base Balance and pH
 - a) Respiratory alkalosis
 - b) Respiratory acidosis and CO₂ narcosis

January 28

MORNING SESSION—9:00 a.m.

1. Control of Respiration
2. Pulmonary Circulation
 - a) Anatomy
 - b) Flow, pressure, resistance
 - c) Regulation
3. Ventilation: Blood Flow Ratios
4. Alveolar Capillary Membrane and Diffusion

AFTERNOON SESSION—1:30 p.m.

5. Cor Pulmonale: Concept and the Electrocardiogram
6. Mechanics of Breathing
 - a) Dyspnea
 - b) Inspiration and Expiration
 - c) Tests
7. Artificial Respiration
8. Therapeutic Concepts

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American Medical Association Tells Why It Opposes the Forand Bill

THE AMERICAN MEDICAL ASSOCIATION has announced that it will strongly oppose any federal legislation which would provide hospitalization and medical benefits under the Social Security program.

Such benefits under Social Security have already been proposed under terms of a bill, H.R. 9467, which was introduced by Rep. Aime Forand (D-R. I.) in the closing days of the recently adjourned session of the 85th Congress.

"This proposal is clearly 'socialized medicine' for a segment of the American people," said Dr. David B. Allman, Atlantic City, president of the American Medical Association. "The enactment of this legislation will permit the federal government to withdraw Social Security taxes on a compulsory basis from almost the entire working population and use those taxes to reimburse hospitals and physicians for services rendered to all persons eligible to receive old age and survivors benefits."

It is estimated that there are approximately 12 to 13 million persons in these categories.

"The American Medical Association has repeatedly opposed compulsory health insurance and is unequivocally opposed to this new version," Dr. Allman said.

He stated that the nine-member A.M.A. Board of Trustees had appointed a special Task Force to conduct an intensive research study of the health status of the population over the age of 65.

The chairman of this committee is Dr. George M. Fister, of Ogden, Utah. Besides Dr. Fister, committee members are: Drs. Frank C. Coleman, Des Moines; Robert L. Novy, Detroit; George F. Gsell, Wichita, Kan., and James Duffy Hancock, Louisville, Ky.

The committee, which has already held two meetings, appointed Mr. Walter Polner, Chicago,

of the staff of the A.M.A. Bureau of Medical Economic Research, to conduct the research study. He will collect and collate data and opinions bearing on the following questions:

- (1) What is the extent of the problem?
- (2) What are the economic resources of the persons affected?
- (3) What are voluntary insurers doing and planning to meet existing needs?
- (4) To what extent does public assistance meet the need?
- (5) What is the relationship of the family to the aged persons in this group. Specifically, what are the resources and obligations of children and grandchildren to the aged?
- (6) What is the incidence of hospitalization and illness by age groups?
- (7) What is the relative status of voluntary measures for the care of the over-65 age group today as compared to the situation five or ten years ago?

The answers to these and other questions, Dr. Allman said, will be incorporated in the Association's testimony before Congress and will be used in A.M.A.'s educational efforts in behalf of the American people.

DR. FISTER COMMENTS

Commenting on the American Medical Association's stand, Dr. Fister said:

"The pressure for expansion of the Social Security System into the area of health and medical care benefits is formidable. Congressman Forand has expressed his gratitude to the AFL-CIO for assistance in framing the bill. Many members of Congress will inevitably sup-

Continued

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port such legislation because of pressure from their constituents, particularly those over 65, who will be favorably impressed by the immediate benefits to be gained.

"On the other hand, the strength of the opposition to this precipitate and revolutionary proposal is also great. Allied with the American Medical Association in its opposition are the American Farm Bureau Federation, the National Retailers Federation, the United States Chamber of Commerce, the life insurance and health insurance industries, the National Association of Manufacturers and innumerable other organizations and individual citizens who are opposed to government intervention into medical and other private affairs. These organizations and individuals will again indicate their strong opposition to the nationalization of hospitals and medicine, just as they did in 1950.

"State and county medical societies throughout the country are already working with state and local affiliated bodies of national organizations and other influential groups, whose policies are such that they would be expected to oppose socialized medicine.

"This is being done because the A.M.A. feels that an informed and aroused public opinion is the only real safeguard against such ill-advised legislation as the Forand bill."

**A.M.A FAVORS THE
VOLUNTARY WAY**

Dr. Fister said today's Social Security proposal is "nothing more than the old national compulsory health insurance scheme in new dress, and the A.M.A. has always been opposed to compulsory health insurance.

"The A.M.A. has supported and promoted voluntary health insurance and other voluntary measures designed to promote individual and family economic security and responsibility. Progress in this direction has been phenomenal. Let's not take hasty action; there is no immediate problem. This picture is too complex. What we must do is study the problem carefully. Government intervention would be fatal."

* * *

This legislation has been referred to the House Ways and Means Committee, of which Mr. Forand is a member.

Many organizations and individuals will again indicate their strong opposition to the national-

Continued



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relief in minutes . . lasts for hours

In the common cold, nasal allergies, sinusitis, and postnasal drip, one timed-release Triaminic tablet brings welcome relief of symptoms *in minutes*. Running noses stop, clogged noses open—and *stay* open for 6 to 8 hours. The patient can breathe again.

With *topical* decongestants, “unfortunately, the period of decongestion is often followed by a phase of secondary reaction during which the congestion may be equal to, if not greater than, the original condition. . . .”^{*} The patient then must reapply the medication and the vicious cycle is repeated, resulting in local overtreatment, pathological changes in nasal mucosa, and frequently “nose drop addiction.”

Triaminic does not cause secondary congestion, eliminates local overtreatment and consequent nasal pathology.

^{*}Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

Each double-dose “timed-release” TRIAMINIC Tablet contains:

Phenylpropanolamine hydrochloride	50 mg.
Pyrilamine maleate	25 mg.
Pheniramine maleate	25 mg.

Dosage: 1 tablet in the morning, afternoon, and in the evening if needed.

Each double-dose “timed-release” tablet keeps nasal passages clear for 6 to 8 hours — provides “around-the-clock” freedom from congestion on just three tablets a day

first—the outer layer dissolves within minutes to produce 3 to 4 hours of relief





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Also available: Triaminic Syrup, for children and those adults who prefer a liquid medication.

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running noses . . .   and open stuffed noses orally

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1 November 1957

ization of hospitals and medicine, just as they did in 1950, if the matter is brought to their attention. This process of alerting medicine's friends is under way nationally.

State and local medical societies can immediately take similar action with local affiliated bodies of national organizations and other influential groups, whose policies are such that they would be expected to oppose socialized medicine.

One individual already at work to help defeat H.R. 9467 is Elwood N. Thompson, president of the First Trust Company of Lincoln, Nebraska, and a hospital trustee, who was sufficiently disturbed after reviewing the Forand bill to have sent a personal letter to all hospital trustees in Nebraska and copies to the administrators of 3,500 voluntary general hospitals throughout the United States.

Copies of his letters follow:

11 November 1957

To the Hospital Administrator Addressed

Dear Sir:

I take the liberty of sending to you for the attention of the members of your hospital's Board of Trustees, a communication recently mailed to all Nebraska people who like me serve as Trustees of the voluntary hospitals in our state.

The response to this letter has established that far too few of us who are interested in and responsible for the welfare of voluntary hospitals have any notion of the serious threat posed by such legislation as the Forand Bill. Because an informed and aroused public opinion is the only real safeguard against ill-advised legislation, I have been urged to convey the enclosed message to hospital administrators and trustees outside my home state.

I sincerely hope that you will discuss the Forand Bill, and similar proposals that threaten the future ability of our hospitals to serve well, with your Trustees and that individually and through your associations you will express your strong opposition to such schemes to your Senators and Congressmen.

Sincerely yours,
Elwood N. Thompson

I am writing you because I believe that you, as a hospital trustee, will be interested in a matter that has given me great personal concern in recent months. My interest in the problems of hospitals and the medical profession stems in no small part from my service as a trustee and chairman of the Finance Committee of Bryan Memorial Hospital of Lincoln. I take this means of calling to your attention impending Federal legislation that threatens the continued well-being of our voluntary general hospitals, because I hope that you and your associates will exert your influence against the enactment of the Forand Bill (HR 9467).

This bill and others of similar import will be considered when Congress reconvenes in January, 1958. They would greatly accelerate the intrusion of the Federal government into the entire area of health-care financing. The Forand Bill provides for payment of the costs of hospital, nursing home and surgical care for persons eligible to receive Social Security benefits.

I cannot quarrel with the objective of adequate health care for our aged citizens. But, I do strongly question that the answer to this need should be sought through a Federal program . . . particularly, a Federal program that was not designed for this purpose.

I am frank to say that my concern is born out of my background and experience in business, in Federal administration and from personal observation of the deficiencies of national health plans in England and on the Continent.

I am deeply troubled by the general philosophy and approach inherent in the Forand Bill. In the first place, I feel that the health care problem of the aged should be analyzed and solutions sought from the local standpoint—and not on a Federal level. I fear for the future of the voluntary hospital and its historic role, as a local community institution, should such legislation be enacted.

With enactment of Federal legislation of this type, execution of the program will require establishment and enforcement of national standards. With such standards must come minimum and maximum conditions for

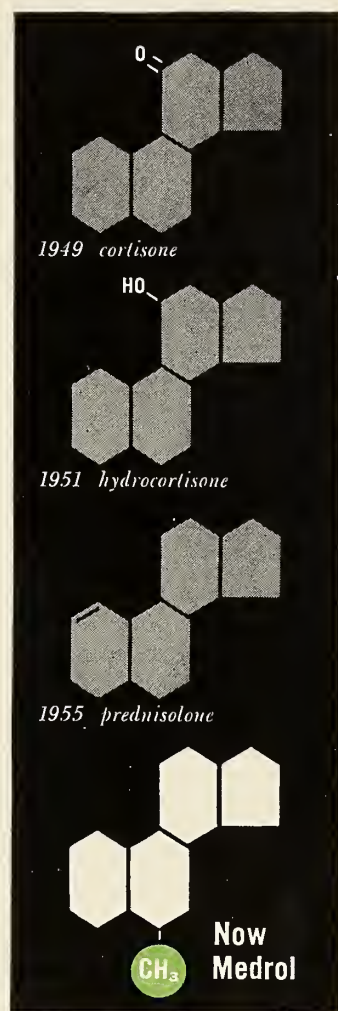
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payment of Federal funds. Under such a situation, the traditional local autonomy of the hospital and the free exercise of professional judgment by the physician—which have been their strengths—will be considerably weakened, if not destroyed.

Furthermore, it should be remembered that the financing of health care has made tremendous strides in recent years through voluntary health insurance. This is particularly true of health insurance for our older citizens. There is every reason to believe that even greater progress will be made in future years.

The American people have rejected decisively the concept of compulsory national health insurance and socialized medicine when the issue has been presented to them forthrightly. But, as a nation, we are in grave danger of having such a system fastened on

us a bit at a time by such legislation as the Forand Bill. With the Federal restrictions, proper and necessary under a government plan, a comprehensive compulsory Federal medical care plan would become inevitable. This is the basic issue.

The voluntary approach is working and is adequate to solve our health care problems. Why abandon it now?

I hope that you will discuss this bill at your hospital meeting, with members of your medical staff, and will feel moved to express yourself strongly against legislation that can do irreparable damage to the voluntary hospital.

Meanwhile, I would welcome your views and comments.

Sincerely yours,
Elwood N. Thompson

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American Hospital Association Gives Its Views on the Forand Bill

FOLLOWING is a letter written by President Tol Terrell to members of the American Hospital Association concerning the Forand Bill which is now pending in Congress. Mr. Terrell, who is administrator of Shannon West Texas Memorial Hospital, San Angelo, Texas, expresses the association's policy in this important legislative matter. Attached to his letter, dated December 2, was a Statement on Financing of the Hospital Needs of the Retired Aged as approved by the Board of Trustees of the American Hospital Association.

Dear Member:

We understand that material concerning the Forand Bill (H.R. 9467) and the use of the Social Security mechanism to meet the health needs of the aged has been sent to hospitals and their chiefs of staff throughout the nation.

I am sending this letter to all members of the American Hospital Association so that your Association's position in regard to this may be explained as clearly as I can do it. Administrators may wish to distribute copies of this to their trustees and medical staff and additional copies can be obtained from the Association.

The Association has been extremely active in the exploration of the problem of financing hospital care for the retired aged and for possible solutions. It has been studying the problem calmly, looking at all aspects of it, listening to all points of view, and bringing to it all the statesmanship we could muster. It intends to continue this approach.

Let me give you some of the background.

The report of the independent Commission on Financing of Hospital Care in 1955 spotlighted the special hospital problems of the aged. The Association promptly appointed a special committee. After months of diligent work, a policy statement was approved by the

Board of Trustees and referred to the House of Delegates which ratified it in September 1955. This policy supported federal and state matching grants to underwrite, from general tax funds, a portion of the premium for voluntary health insurance for the aged.

Little support for the Association's position was forthcoming and no action was taken. It seemed apparent to the Board that another look had to be taken at the whole problem. Therefore, another committee was named early in 1957. This committee was given a free hand to formulate a new and more acceptable approach, if one could be found. Once again, representatives of all sorts of groups, with varying points of view, were consulted. Several months after the committee had begun its task, the Forand Bill was introduced in the Congress. The committee quite properly added the Forand Bill to its field of study.

There were various basic positions the Association could take: simple reaffirmation of the 1955 policy; complete hands-off; support of legislation to force improvement of insurance coverage for the aged group, and, finally, support of the Social Security mechanism as the mechanism through which hospital services for the retired aged should be funded.

Your Board of Trustees has just finished an exhaustive discussion of this problem. It has approved a statement which is appended to this letter and also has approved the appointment of a special committee of hospital trustees to assist in formulation of a policy.

I believe the Association must oppose those things it deems not in the public interest. I believe it has an obligation to propose alternatives. The Association's influence is directly related to its adherence to this philosophy that opposition alone is not enough.

We are mindful of the gravity of the problem and of the importance of the position finally

taken by the Association. Being so mindful, we intend to pursue our established policy of seeking, as calmly and as wisely as we can, a solution which is in the best interests of the patients our hospitals serve.

We welcome the comments and the assistance of all of our membership in this matter.

Tol Terrell
President

STATEMENT ON FINANCING OF THE
HOSPITAL NEEDS OF THE
RETIRED AGED

Approved by the Board of Trustees
November 27, 1957

Studies by special committees of the American Hospital Association during the past three years have confirmed that retired aged persons face a serious problem in financing their hospital care. This burden contributes to the indigency and pauperization of many such persons.

Two years ago, the Association concluded after careful study that federal funds would be required if a satisfactory solution were to be found. As a result, in September, 1955 the House of Delegates adopted a policy of federal and state matching grants to underwrite, from general tax funds, a portion of the premium for voluntary health insurance for the aged.

Because of lack of support for this approach and because the problem was continuously growing in dimensions, the Association appointed a new committee early in 1957 to study the entire problem and all possible solutions.

This committee concluded that, although federal participation was still necessary, the federal-state subsidy approach was no longer a satisfactory one for the following reasons:

a. The improbability of obtaining enough federal and state funds to meet the problem in any significant degree due to present budgetary restrictions of the federal government and opposition to the establishment of any new federal grant programs.

b. The probability that this approach would

necessitate the imposition of a means test, unacceptable to many.

c. The real possibility that the program would lead to interference with hospital operations.

The American Hospital Association believes that the Forand Bill (H.R. 9467) is not a suitable solution to the problem of financing the hospital needs of the retired aged. Among its major objections to the Forand Bill are the following:

a. Eligibility of aged beneficiaries is based on attainment of prescribed ages without regard to their employment status and thus invites a progressive reduction of these age levels with the ultimate possibility of a total program of government-financed hospital care.

b. The bill makes possible the provision of care for other than health reasons.

c. The bill provides inadequate safeguards against governmental interference with the actual operation of hospitals. Such interference would most likely hamper evolution of patterns of hospital service to the detriment of patient care.

SUMMARY

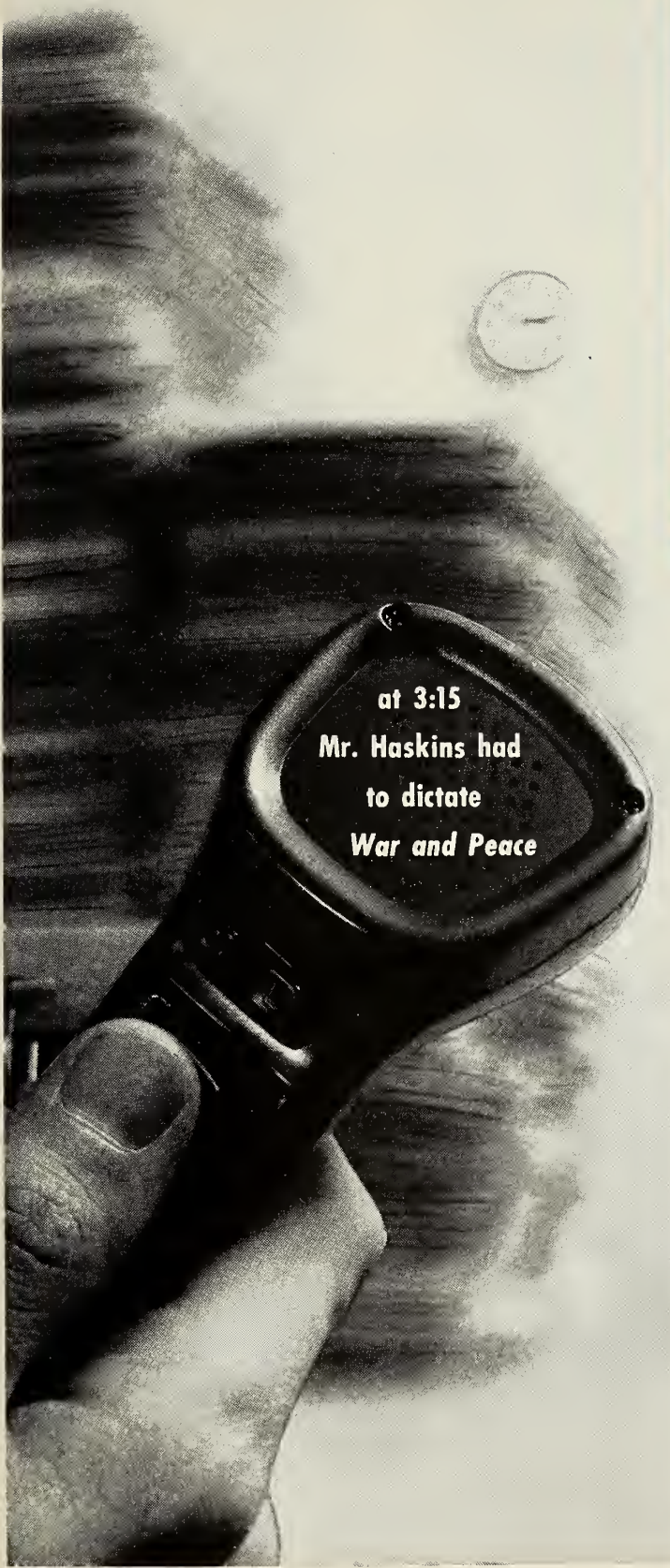
In summary:

1. The American Hospital Association is convinced that retired aged persons face a pressing problem in financing their hospital care.

2. It believes that federal legislation will be necessary to solve the problem satisfactorily. It has, however, serious misgivings with respect to the use of compulsory health insurance for financing hospital care even for the retired aged.

3. It believes that all possible solutions must be vigorously explored, including methods by which the dangers inherent in the Social Security approach can be avoided.

4. It believes that the use of Social Security to provide the mechanism to assist in the solution of the problem of financing the hospital needs of the retired aged may be necessary ultimately. However, it believes that every realistic effort should first be made to meet these needs promptly through other mechanisms utilizing existing systems of voluntary prepayment.



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1. Comparative Effects of Various Rauwolfia Alkaloids in Hypertension; submitted for publication.



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SOME FACTS ABOUT SOCIAL SECURITY

Social security has been changed many times in the 22 years since the original law was enacted. The size and variety of benefits, the tax rates, the tax base, coverage—all have been radically changed. There is no reason to believe that another 22 years will not see just as radical changes. The "soundness" of social security depends on compulsion, high employment, and no wars.

In the first five months of the 85th Congress, the lawmakers introduced more than a hundred bills designed to broaden the Social Security Program in one way or another. Such open-handed proposals invariably win acclaim, and more tangible rewards at the polls, for their sponsors. But the alarming fact is that years ahead of schedule, the growth of the Old Age & Survivors Insurance Trust Fund has come to an end. At the moment it is paying out more than it is taking in. This unexpected deficit should serve as a red flag to the Treasury, the taxpayer, and all those who are looking forward one day to receiving retirement checks of their own. However generous its motives, even a federal pension fund cannot go on incurring obligations which exceed its resources.

American medicine would do well to study the plight of physicians in Britain and France before accepting financial arrangements that would make them sitting ducks for capture by Government.

"A dangerous thing about Social Security in the United States," said Ray D. Murphy, president of Equitable Society, "is that the American people have not yet come to realize that more can be given only by taking more. The nation simply does not get something for nothing in Social Security."

OASI is a system under which the active workers and their employers are contributing the taxes necessary to pay benefits to their fellow citizens on the benefit rolls. The active workers now covered under the system must look for their own old-age benefits, not in any large measure to the Trust Fund, which is only a moderate buffer fund to cover temporary excess of benefit payments over tax receipts, but mainly to the willingness of the next generation of active workers to pay the increased taxes out of which the retirement benefits will come.

Long term results of the trend toward Big Pensions and its sponsor Big Government are to be feared. Rewards by government for long life to all the people begins a leveling or averaging process that destroys individuality and initiative. It encourages the welfare state by placing responsibility for a great portion of our people solely in the hands of government.

Since Bismarck introduced socialized medicine in

SOCIAL SECURITY

Continued

Germany three quarters of a century ago, the threat of socialized medicine through the extension of so-called social insurance has been ever-present in Western civilization. One nation after another has succumbed to the drive to extend the compulsory system of taxation called social insurance to finance a vast program of medical and hospital care for taxpayers and nontaxpayers. The history of developments in this field in foreign countries should alert the medical profession to the usual consequence of federal social security program.

The late Robert A. Taft classified the Social Security Act as our greatest single step toward socialism. Every argument which has ever been used to support social security can be used with equal validity to support socialized medicine by changing a few words. If you ask for the one, prepare to get both. It is planned that way.

Those who sponsor social security regard professionals as a source of income and admit that most of them will never claim any benefits. Professional people are to be the source of funds to pay the "benefits" of others.

To support socialistic practices in regard to retirement funds requires that, for the sake of consistency,

socialized medicine also be supported. If one believes that the federal government should tax everyone to provide an income for each upon retirement or disability, one must also believe that the same government should, with equal propriety, tax everyone to provide medical care for all!

How high will the social security tax go? No one knows. But in South America some countries are paying tax rates as high as 25% of payroll. In France, the tax rate is 35% of much of their payroll and is one of the principle reasons for the failure of the French economy to make a postwar comeback.

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As a result, one significant fact is often overlooked: ATARAX (hydroxyzine) does not fit into any of these three categories. Indeed, by any logical criterion, it belongs in a class by itself.

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In reviewing your own experience with tranquilizers, remember that ATARAX is in a class by itself; that you cannot judge it by your results with any other drug. To get to know ATARAX at first hand, prescribe it for the next four weeks whenever a tranquilizer is indicated. See for yourself how it compares.

*Documentation on request

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Parenteral Solution—25-50 mg. (1-2 cc.) Intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

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M. S. Sidell M.D.

Medical Director



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Three New Exhibits Planned by AMA for Bookings in 1958

TO REACH more and more Americans with authentic up-to-date health information, the AMA's Bureau of Exhibits announces a number of major plans for 1958. First, a new exhibit titled "How We Breathe" will be ready for bookings after January 1, 1958. This exhibit will present a three dimensional model of the organs involved in breathing—the nose, pharynx, larynx, bronchial tubes and lungs. Other features include actual preserved human lungs; a unit to demonstrate the mechanism of breathing and the part played by the diaphragm and rib cage, and a section showing the exchange of oxygen from the lungs to the blood and carbon dioxide from the blood to the lungs.

Two other exhibits also are well along in the planning stages: (1) the brain and nervous systems, featuring a human brain embedded in

plastic, and (2) the endocrine system. Further details will be announced later.

Finally, small editions of the popular "Life Begins" exhibit are being built, incorporating most of the information in the large exhibit but displaying only one fetus embedded in plastic. Other fetuses in varying stages of development will be shown pictorially. This type of exhibit is extremely lightweight and should prove most attractive to those medical societies far away from Chicago.

No doctor, of course, is ever going to give any human being physical immortality, nor stretch the human life span much beyond what it is now. But most doctors today have it within their power to eliminate many of the ills which were very common only a generation ago.

—Cliff Ward in Fort Wayne News-Sentinel



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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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Clinical Research with Report of Findings by GP's Advocated

THE CAUSE of medical research would be greatly strengthened if more general practitioners conducted clinical investigations and reported their findings, Dr. Hart Van Riper, medical director of Geigy Pharmaceuticals, stated at a medical meeting in Detroit. Dr. Van Riper spoke at the Michigan Academy of General Practice's 11th Fall Postgraduate Clinic.

Despite the number of professional journals and the backlog of papers confronting most medical editors, he said, "far too many published papers consist of reviews of previously published articles with a summary and conclusion by the

author based on inadequate clinical experience and a failure to subject his findings to a really critical analysis."

The general practitioner can play an important role in this respect by studying, analyzing and reporting his clinical experience, Dr. Van Riper pointed out.

These reports would serve a two-fold purpose, he said. First, they improve the physician's own medical knowledge and thereby the quality of his medical practice. Second, they provide clinical material which "contributes to our total fund of knowledge."

Dr. Van Riper stressed that clinical research is now virtually confined to medical centers and teaching hospitals.

"There remains in the hands of the general practitioner a wasted resource that, if properly cultivated, could contribute tremendously to our total medical understanding of disease and its treatment," he declared.

He cited as an example the opportunities afforded for clinical investigation by new drug developments. For the five-year period, 1952-56, the Food and Drug Administration made effective an average of 372 new drug applications each year.

Physicians interested in trying new agents have available to them basic data sheets providing them with all pertinent information on the agent.

"This data affords the physician the opportunity to exercise his own critical judgment in the selection of cases to be included in his studies," Dr. Van Riper stated. While the chances of untoward reaction of the patient is minimal, "there remains the climate for pursuing the latent instinct to acquire new knowledge and ultimately to contribute to our total sum of scientific information."

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Basic Principles in General Surgery, Two Weeks, April 7
Treatment of Varicose Veins, March 3, April 7
Gallbladder Surgery, Three Days, March 31
Surgery of Hernia, Three Days, April 3
General Surgery, Two Weeks, May 5; One Week, February 10
Fractures & Traumatic Surgery, Two Weeks, March 17
Breast & Thyroid Surgery, One Week, May 5
- GYNECOLOGY & OBSTETRICS—**
Office & Operative Gynecology, Two Weeks, March 17
Vaginal Approach to Pelvic Surgery, One Week, March 10
General & Surgical Obstetrics, Two Weeks, February 24
- MEDICINE—**
General Review Course, Two Weeks, May 12
Electrocardiography & Heart Disease, Two Weeks, March 17
Gastroscopy & Gastroenterology, Two Weeks, March 3
Hematology, One Week, June 2
Gastroenterology, Two Weeks, April 14
- PEDIATRICS—**
Two-Week Intensive Course, May 12
- DERMATOLOGY—**
Clinical & Didactic Course, Two Weeks, May 5
- RADIOLOGY—**
Diagnostic X-Ray, Two Weeks, March 3
Clinical Uses of Radioisotopes, Two Weeks, May 5
- UROLOGY—**
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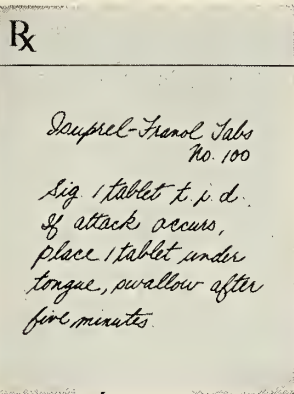
prel HCl (10 mg. for adults, 5 mg. children), the most potent broncho- ator known, makes up the outer ing. In a sudden attack, the patient s the tablet under his tongue. Relief rts in 60 seconds. A unique feature he "flavor-timer." As the Isuprel is sorbed a lemon flavor appears. When disappears — about five minutes later the patient swallows the tablet.

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Fromer, J. L., and DeRisio, J.: *Lahey Clin. Bull.* 10:45, -Dec., 1956.

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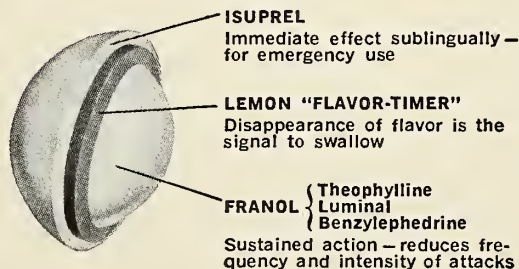
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Five Guest Speakers to Join Faculty for Annual Heart Symposium February 12-13

FIVE OUT-OF-STATE SPECIALISTS will join seven members of Indiana University School of Medicine's faculty to present the 7th Annual Heart Symposium under the joint sponsorship of the Indiana Heart Foundation and Indiana University. Dates for the program to be given at the Medical Center are February 12 and 13.

Guest speakers will be Dr. Adolf L. Sahs, professor and chairman of the Department of Neurology, University Hospital, State University of Iowa; Dr. Wallace B. Hamby, professor of neurological surgery, University of Buffalo School of Medicine and attending neurosurgeon at Buffalo General and Children's Hospitals; Dr. Sibley W. Hoobler, associate professor of internal medicine, University of Michigan Medical School; Dr. John H. Moyer, professor and chairman of the Department of Internal Medicine, Hahnemann Medical College and Hospital, Philadelphia; and Dr. Hylan A. Bickerman, assistant clinical professor of medicine, Columbia University, College of Physicians and Surgeons, and visiting attending physician, Columbia Research Division, Goldwater Memorial Hospital.

I. U. faculty members who will participate are Drs. Orville T. Bailey, professor of neuropathy; Roy H. Behnke, assistant professor of medicine, and chief of medicine, Veterans Administration Hospitals of Indianapolis; Mark L. Dyken, senior resident in neurology; Robert F. Heimburger, director of the section of neurological surgery, and associate professor of surgery; John F. Ling, assistant in medicine; Bill L. Martz, assistant professor of medicine; and Alexander T. Ross, chairman and professor of the Department of Neurology.

The program for the two-day symposium will be:

Wednesday, February 12, 2-5 p.m.

Part I: The Lungs and the Heart

Chairman, Dr. Ling

Some Interrelations between Cardiac and Pulmonary Disease with Special Reference to Pathophysiological Mechanisms

Dr. Bickerman

Treatment of the Cardio-Pulmonary Patient

Dr. Behnke

Panel Discussion

Drs. Behnke, Bickerman and Ling

Thursday, February 13, 9 a.m.-5 p.m.

Part II: Hypertension

Chairman, Dr. Martz

Prognosis in Hypertension

Dr. Hoobler

Treatment of Hypertension and the Effect of Blood Pressure Reduction on Vascular Degeneration

Dr. Moyer

Panel Discussion

Drs. Hoobler, Moyer and Martz

Lunch

(Announcement to be made)

Part III: Intracranial Hemorrhages

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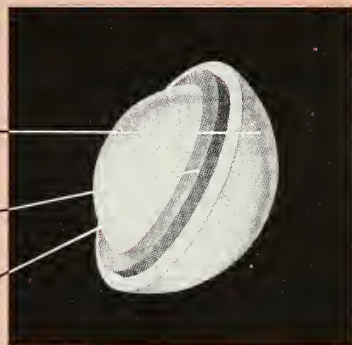
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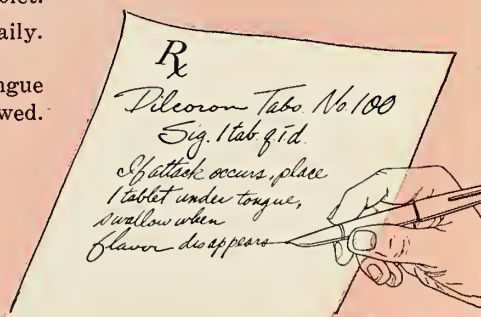
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*Therapeutic dose: 1 tablet held under the tongue
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Family Physicians May Help Prevent Mental Disease

"MOOD ALTERING DRUGS" combined with good nutrition may help prevent mentally ill patients from being committed to mental hospitals, a Michigan psychiatrist said recently.

Writing in the *Journal* of the American Medical Association, Dr. John T. Ferguson, Traverse City, Michigan, said general practitioners "may well take the lead in preventive psychiatry" through the use of drugs and good nutrition and the practice of the art of medicine.

He reported on the use of various neuropharmacological agents among patients with chronic mental illness at Traverse City State Hospital. The study has been conducted for four years.

In that time the new drugs, "together with the art of medicine as practiced by family doctors," have brought about many changes in the patients and the hospital.

The number of wards for disturbed patients has been reduced from four to one and the number of open wards has been increased from three to four. The housekeeping is excellent, the nursing care has improved, and shock, sedation, and seclusion have been practically eliminated. The patients have taken a new interest in life and the atmosphere of the wards has become a happy one, although the number and type of personnel remains the same.

At the start of the program, only tranquilizers were used, but it was found that they helped only the overactive patients. Then analectics (drugs that increase activity) were given to the more repressed patients. Eventually combinations of these drugs were given.

They produced what may be called a "deep-change" in the patients, Dr. Ferguson said. It

is a change within the patient that enables him to respond to other treatment methods and to participate in a rehabilitative program.

AID TO OLDER PATIENTS

The combination of tranquilizers and analectics was especially effective in confused, disoriented, and mildly overactive elderly patients, although the reasons for it are not understood, he said. The improvement does, however, give the hope that further research and newer drugs will soon make it possible for doctors to lessen, control, and "even prevent mental changes now associated with senility," Dr. Ferguson added.

Early in the program a direct parallel was noted between the physical well-being of patients receiving drugs and their rate and degree of improvement. Therefore, all medical and surgical problems of the patients were found and treated.

In addition, special diets and extra feedings high in minerals and vitamins were begun. Patients who had reached a "plateau" in improvement on drugs alone improved further when they were given supplementary diets. This was especially marked among elderly patients.

As the patients became more manageable, the attitude of the staff also changed. This brought about better understanding and more considerate treatment, which in turn benefited the patients.

In conclusion, Dr. Ferguson pointed out that the drugs by themselves or even when incorporated into a total hospital program will not empty the mental hospitals of the country. However, "by combining them with nutritional therapy, family doctors may hope to prevent commitment of mentally ill patients encountered in their home and office practices."

Miners Protest Medical Cutback in Letters to President, Paper Reports

APPARENTLY physicians aren't the only ones objecting to the restrictions imposed by the United Mine Workers of America Welfare and Retirement Fund on its beneficiaries.

The Cleveland *Plain Dealer* recently told of the miners' dissatisfaction with the fund.

The story said that 9,000 miners in four southeastern Ohio counties had written to John L. Lewis, national UMW president, calling his attention to the dissatisfaction and asking for a solution to the problem.

"The point at issue is a cutting of the list of doctors and hospitals approved for payment by the union's welfare and retirement fund," the story said, adding:

"Of 11 hospitals to which miners in the Cadiz, Ohio, area would find it convenient to go or take their families, only four are on the welfare fund's approved list. The cutback was made in October."

The story quoted a UMW local president as saying "the situation is critical."

"Even when all the hospitals were approved they were quite crowded, the president was quoted as saying. "Now, except in emergencies, a miner needing to get into a hospital has to wait anywhere from 10 days to three or four weeks for admission if he wants to have the fund pay the bill."

As recently as the A. M. A. clinical session in Philadelphia, the House of Delegates approved a Colorado resolution which said "the Fund has, throughout the U. S., arbitrarily further abrogated the right of the Fund's beneficiaries to a free choice of physicians and hospitals, effective October 15, 1957."

One "resolve" of the resolution, as adopted by the House, "condemns the current attitude and method of operation of the UMWA Welfare and Retirement Fund as tending to lower the quality and availability of medical and hospital care to its beneficiaries."

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Deaths . . .

Hattie L. Wilkerson, M.D., 97, who practiced medicine for 37 years in Monticello and Idaville before her retirement, died on November 11 in the home of a daughter in Crivitz, Wisconsin, where she had been bedfast for two years.

Dr. Wilkerson was born in Burnettsville and was graduated from Curtis Physio-Medical Institute at Marion in 1891. Her father, Caleb Scott, and her husband, William Wilkerson, were both physicians.

Burial was in Monticello.

Raymond J. Ives, M.D., 72, Francesville physician for 47 years, died suddenly November 12 from a heart attack suffered while transacting business in the Pulaski County courthouse. He had a heart condition but had been active.

Dr. Ives was a native of Illinois, a graduate in 1908 of Hahnemann Medical College and Hospital, Chicago. He would have observed his fiftieth year in the practice of medicine in the spring.

In addition to his medical practice, Dr. Ives had served as Pulaski county coroner and was a member of Salem township advisory council.

He was a member of Pulaski County Medical Society and the Indiana State Medical Association.

Victor F. Kling, M.D., 49, Michigan City, died November 14 after a three weeks' illness with heart disease.

He was a native of St. Joseph, Michigan, received his degree in medicine from Stritch School of Medicine of Loyola University, Chicago, in 1935 and served his internship and residency in urology in the University Hospital, Ann Arbor, Michigan.

From 1942 to 1946 Dr. Kling served as a major in the USAF in charge of the department of urology of Air Corps Regional Hospitals.

He was a member of LaPorte County Medical Society, the Indiana State and American Medical Associations and the International College of Surgeons. Dr. Kling had served as secretary of

his county society, had been a delegate to state convention and served on several ISMA committees.

John S. Morrison, M.D., Lafayette physician for many years, died there on November 20. He was 88 and had retired.

Dr. Morrison, a Fifty Year Club member, had practiced in Lafayette for more than 50 years. He was reported to have performed the first successful Cesarean section in Lafayette.

Dr. Morrison was a graduate of the Medical College of Ohio at Cincinnati where he received his degree in 1897. He was licensed to practice in Indiana in 1900.

He was a senior member of Tippecanoe County Medical Society and of the Indiana State Medical Association and member of American Medical Association.

John C. Armington, M.D., 80, Anderson physician for 55 years, died in his home in that city November 26. He had been ill for one year, and had remained in active practice until that time.

Dr. Armington was a member of a family of physicians. His father, Dr. Charles L. Armington, was a pioneer Madison county physician, his grandfather and his brothers were physicians, and three of his sons are physicians. They are Drs. Charles and Robert Armington of Anderson, and Capt. Fred Armington of the Navy Medical Corps, Great Lakes Training Station, Illinois.

A veteran of both the Spanish-American War and World War I, Dr. Armington was active in veterans' organizations as well as several fraternal groups.

He was a member of Madison County Medical Society and the Indiana State Medical Association. He became a Fifty Year Club member of I.S.M.A. five years ago.

Guy Gibson Campbell, M.D., who had spent much of his professional life in foreign

countries, died December 2 at his home in Dyer.

Born in Pennsylvania in 1890, Dr. Campbell was graduated from Jefferson Medical College in Philadelphia in 1913. During World War I he served as a physician aboard a U. S. Army transport. Following the war he was appointed medical officer of the British North Borneo government and the Saping and Melalap rubber estates where he served through 1932. He was cited by that government for work among the natives. From 1932 to 1937, Dr. Campbell was in practice in Wheeler and East Gary. In 1937 he went to West Africa as medical director for a rubber plantation and was later decorated by the Liberian government for his services there. From 1942 to 1944 he was in practice in the United States but in 1944 Dr. Campbell returned abroad, this time as director general of medical services for the Imperial Government of Ethiopia. He spent four years there, serving as personal physician to Emperor Haile Selassie. He was also decorated by the Ethiopian government. Before returning to this country, Dr. Campbell spent two years in South America. Since then, he had been in practice in Munster and lived in Dyer.

Dr. Campbell was a member of Lake County Medical Society, the Indiana State and American Medical Associations, and was a Fellow of the Royal Society of Tropical Medicine and Hygiene and of the American Geriatrics Society.

Hubert E. Judy, M.D., 31, Indianapolis surgeon, died on December 4 shortly after being found in an unconscious condition in the garage at his home.

Dr. Judy was born in Wabash county. He was graduated from Indiana University School of Medicine in 1952, then served his internship at Seaside Memorial Hospital, Long Beach, California. Returning to Indiana he entered a residency in surgery at Indianapolis General Hospital which he completed in July, 1957. He had entered private practice since that time.

Dr. Judy was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations.

Don D. Bowers, M.D., 55, Indianapolis gynecologist and cancer specialist, died following a cerebral hemorrhage on December 5. He was

stricken at his home and died soon after being admitted to St. Vincent's Hospital.

Dr. Bowers was born in Huntington. He was graduated from Indiana University School of Medicine in 1926. He returned to Huntington where he established his practice and remained there until 1935 when he returned to Indianapolis. In his 22 years in practice in Indianapolis as a specialist he had gained recognition in his chosen field and a wide acquaintance throughout the state through his great interest in the work of the Indiana Division of the American Cancer Society. He served as vice-president for several years and talked to groups all over Indiana on the advancements in treatment and new discoveries in cancer research.

Dr. Bowers was a champion swimmer at I.U. and retained his interest in the sport. He was past president of the Indiana Amateur Athletic Union and had officiated at state and national swimming events.

Dr. Bowers was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations and the American College of Surgeons.

John M. Palm, M.D., 48, Brazil, was killed in a head-on automobile crash December 6 five miles east of Terre Haute. Dr. Palm was alone in his car. Passengers in the other car were also from Brazil. A teenage girl was killed and her companion critically injured. Medical authorities indicated Dr. Palm may have suffered a heart attack. He had been in St. Louis recently for observation.

Dr. Palm was born in Clay County and had spent his life there with the exception of his years in medical training and from 1941 to 1946 when he served as flight surgeon in the Mediterranean theatre with the U. S. Air Force. He had three years of active overseas duty and his war record earned him a Presidential Citation, the Distinguished Flying Cross, European, African and Middle East Service medals with one silver and four bronze stars, and many other medals of recognition. He was discharged with the rank of lieutenant-colonel and had retained his interest in military affairs by serving as lieutenant-colonel in the Air Force Reserve and medical officer with the Indiana National Guard Jet Air Force at Hulman Field, Terre Haute.

He returned to Brazil at the end of his wartime service and had built a practice which ex-

tended far beyond Clay county. Two weeks before his death he had moved into his new medical building in Brazil.

Dr. Palm received his medical degree from Indiana University School of Medicine in 1935, and served his internship and residency at Indiana University Medical Center.

Since 1938 he had served 12 years as Clay County Medical Society secretary, 7 years as delegate to state convention and had been president of his county society during 1957. He had also served on several state committees during the last 20 years.

He was a member of military, fraternal, service club, agricultural and church groups in addition to his memberships in Clay County Medical Society, the Indiana State and American Medical Associations, and the American Academy of General Practitioners.

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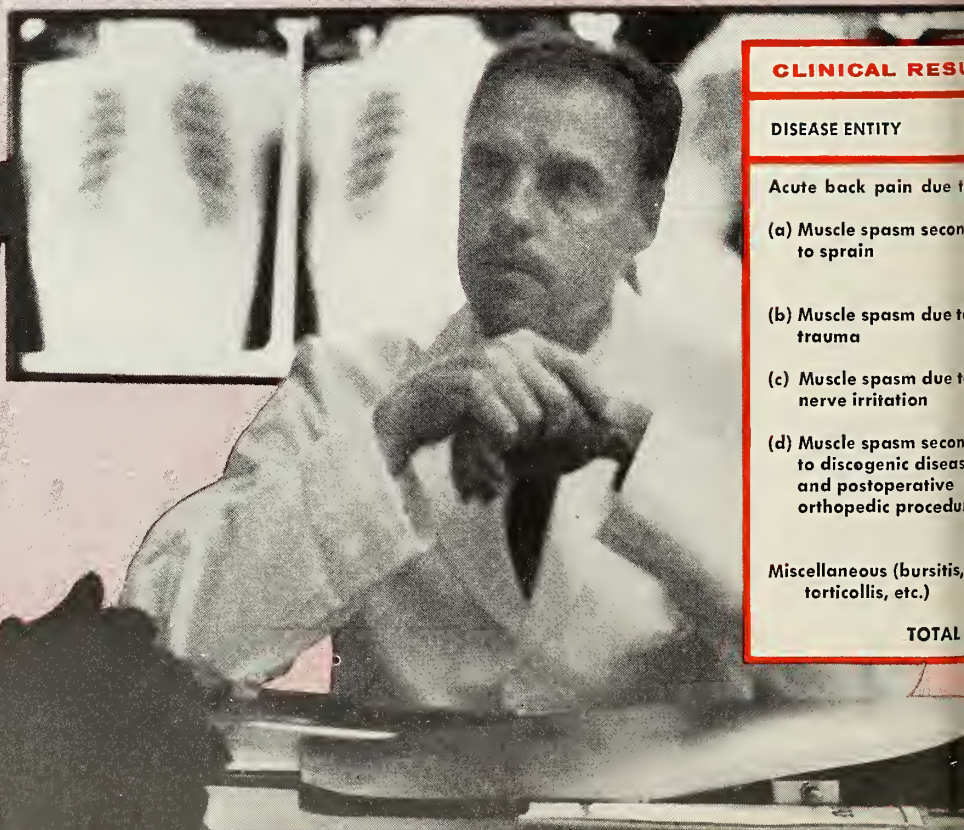
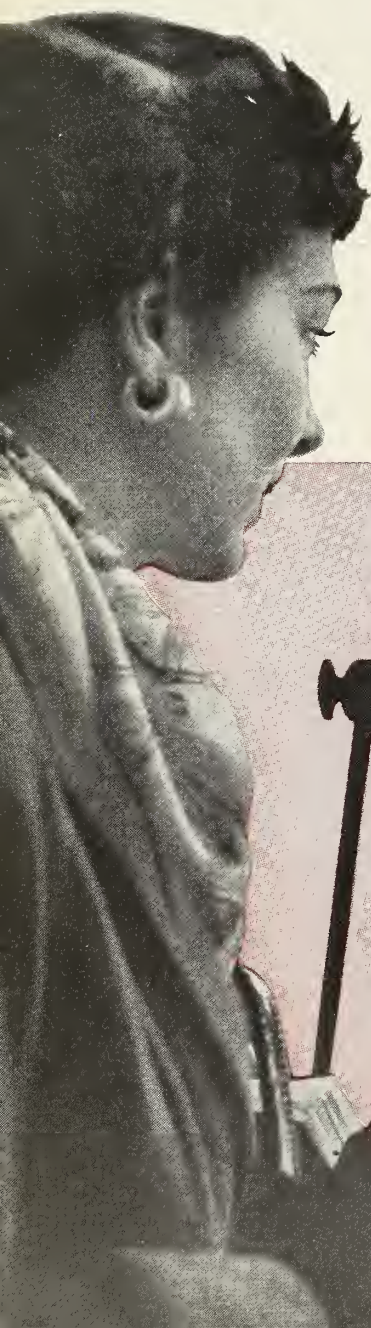
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DISEASE ENTITY

Acute back pain due to

(a) Muscle spasm secondary to sprain

(b) Muscle spasm due to trauma

(c) Muscle spasm due to nerve irritation

(d) Muscle spasm secondary to discogenic disease and postoperative orthopedic procedure

Miscellaneous (bursitis, torticollis, etc.)

TOTAL

NEWS NOTES—from State and Nation

American College of Physicians Names Six Indiana Doctors

Dr. Bill L. Martz, Indianapolis, was named a Fellow of the American College of Physicians by the Board of Regents at the November 9-10 meeting in Philadelphia. Eligibility for the fellowship is based on Board certification, service for three years as an Associate of the College, membership in local, state and national medical societies, professional growth and several other requirements.

The College named the following Indiana physicians Associates: Drs. John Henry Ivy, Elkhart; Robert William Briggs, Indianapolis; Max Markley Earl, Kokomo; Robert Cornwall Bolin, Lafayette; and John Henry Mader, Richmond.

The new Associates will have a maximum of 10 years to qualify for advancement to Fellowship.

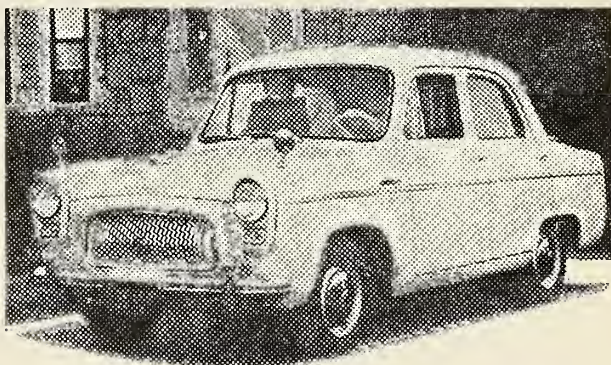
Dr. Robert L. Irick, who had been in general practice in Auburn since July 1, has accepted a residency at General Hospital, Indianapolis. Dr. Irick received his medical degree from Indiana University School of Medicine and after a year's internship went to Auburn with Dr. John Hines where he maintained offices in the Hines building. Dr. and Mrs. Irick and their daughter are now living at 2132 Winfield avenue, Indianapolis.

Dr. Will Moore, Muncie, was the guest speaker at an early December meeting of the Randolph County Health Council in the Winchester High School gymnasium. About 300 persons were present to hear Dr. Moore's discussion on health.

Dr. T. J. Bruegge, Kokomo surgeon, moved his office December 1 to a recently constructed

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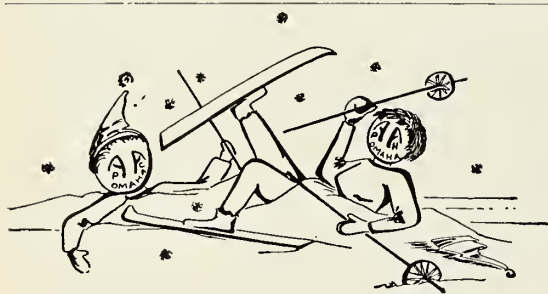
medical office building at 2108 West Sycamore street, Kokomo. Earlier, Dr. T. R. Crawford, physician, and Dr. P. L. Perkins, surgeon, had moved to the new building.

Dr. William Freeby, who recently completed three years military service, is now associated in the practice of medicine with Dr. Harold F. Zwick, Decatur. He is a graduate of DePauw University and the Indiana University School of Medicine.

Plans are under way for a new medical building, Drs. Zwick and Freeby said. The modern office structure will be completed by early summer.

Dr. Donald K. Winter has returned to the general practice of medicine with offices in the Wilson Building, 422 North Street, Logansport. Dr. Winter has specialized in anesthesiology for the last several months.

Dr. Paul A. Clouse, Evansville, spoke on "Medical Aspects and Common Facts About the Atomic Bomb" at a recent meeting of East Side Optimist Club in Evansville.



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Dr. Thomas E. Carneal Is Honored by Winamac Club

On November 26 Dr. Thomas E. Carneal attended the meeting of the Winamac Kiwanis Club as he had since he had helped organize the club. It was a complete surprise to him that on that particular day he was the guest of honor.

In recognition of his 37 years in practice in Winamac Dr. Carneal was presented an inscribed parchment tribute of appreciation which read: "IN APPRECIATION, Presented to Dr. T. E. Carneal as a token of love, honor and appreciation for your many years of faithful service to God and humanity in this community through the practice of medicine, as you placed duty to the sick above all other considerations."

Dr. Carneal, in responding to the tribute, recalled incidents in the early years of his practice and contrasted older methods of treatment and surgery with current practices.

On motion of Dr. H. J. Halleck a resolution was passed to place, through regular channels, the name of Dr. Carneal in nomination for the "Physician of the Year Award" of Indiana State Medical Association.

Dr. James A. Chase has opened new offices at 104 South Main street, Ligonier, for the general practice of medicine. He had been associated with Dr. Paul L. Webster for the last 17 months. Dr. Webster will remain in his present quarters on Cavin street, Ligonier.

Dr. Gordon S. Fessler, Rising Sun, member of the ISMA Committee on Mental Health, represented the association at a November 22-23 national conference on mental health in Chicago.

Dr. Max L. M. Boone, a native of Peru, has returned to that city to be associated in the general practice of medicine with Dr. R. E. Barnett at 65 North Miami street. Dr. Boone received his medical degree from Indiana University School of Medicine and served his internship at Brooke Army Hospital, San Antonio, Texas. He was a captain in the Medical Corps. Dr. and Mrs. Boone and their two young sons are now living in Peru.

Continued



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Postgraduate Course in Diabetes Scheduled for January 22-24

The American Diabetes Association will offer its Sixth Postgraduate Course in Diabetes and Basic Metabolic Problems in Atlanta, Georgia, January 22, 23 and 24, 1958. The lectures will be held in the auditorium of the Academy of Medicine, Fulton County Medical Society. Dr. Charles H. Best, of Toronto, will speak on insulin and glucagon in a discussion on the pancreas during the Wednesday morning session, the opening day of the course. Dr. John H. Warvel and Dr. Franklin B. Peck of Indianapolis are members of the course's faculty. The fee for the three-day course for members is \$40, for non-members \$75. Further information and registration forms may be obtained by writing the American Diabetes Association, 1 East 45th St., New York 17.

Maternal and Infant Care Congress Dates Announced

All physicians are invited to attend the Second Illinois Congress on Maternal and Infant Care to be held at the Hotel Pere Marquette, Peoria,

Illinois, February 4 through 6, 1958. A program and registration forms may be obtained by writing the Congress in care of the Hotel Pere Marquette.

Dr. Abe H. Leff, who recently completed two years service as a commander in the U. S. Navy Medical Corps, has resumed the practice of medicine in Indianapolis with offices at 3120 North Meridian street. Before entering service he had maintained offices for eight years at 712 East 52nd street. Dr. Leff is a 1943 graduate of I. U. School of Medicine and served his internship and residency at Indianapolis General Hospital. Dr. and Mrs. Leff and their three children live at 160 Pennridge Drive, Indianapolis.

Dr. Lester D. Bibler, Indianapolis, attended the Southern Medical Association meeting in Miami, Florida, November 10 to 14. Mrs. Bibler accompanied him.

Dr. Elton Heaton, who is associated in practice with Dr. F. P. Williams, Huntingburg, was the subject recently of a feature story in the Louisville *Courier-Journal* which described the life of the Indiana physician and his family in Morocco where they lived for two years while Dr. Heaton served as a lieutenant in the U. S. Navy.

Fluid, Electrolyte and Nutritional Balance Course Planned

The School of Medicine of the University of Oklahoma will conduct a three-day postgraduate course on the problems of fluid, electrolyte and nutritional balance. The program will be presented at the Medical School in Oklahoma City on February 6, 7 and 8, 1958. Nine nationally prominent investigators will participate. Registration is open to all physicians. The registration fee is \$25. Members of the Armed Forces, interns and residents may attend without charge. Interns and residents should present a letter from the Chief of Staff of their hospital. Information may be obtained by writing to the Division of Postgraduate Education, University of Oklahoma School of Medicine.

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Indianapolis Officer Visits Germany on Special Tour

Col. Maurice I. Marks, Indianapolis surgeon, completed a two-week tour of active service in mid-November during which he and five other key reserve officers visited United States Air Forces bases in Germany, France and England. It was the thirty-sixth group of Air Force Reserve officers to make such a trip.



Colonel Marks

headquarters before leaving for the United States.

Dr. K. R. Manning Indiana's Nominee for President's Award

His activities as medical director of Crossroads Rehabilitation Center since 1952 were recognized recently when Dr. K. R. Manning, Indianapolis, was selected by the Governor's Committee for Employment of the Physically Handicapped as Indiana's nominee for the annual award made by the President's Committee. The award will be made to a physician who has made an exceptional contribution to public understanding of the employment capabilities of the physically handicapped.

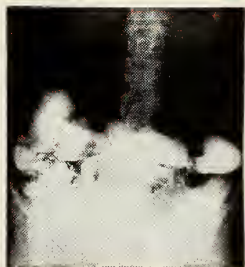
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College of Chest Physicians Sets March 3-7 for PG Course

The Council on Postgraduate Medical Education of the American College of Chest Physicians will sponsor the 11th Annual Postgraduate Course on Diseases of the Chest at the Warwick Hotel, Philadelphia, on March 3 to 7.

The most recent advances in the diagnosis and treatment of chest diseases, medical and surgical, will be presented. Tuition fee is \$75 including the round table luncheons.

Further information may be obtained from the Executive Director, American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

Next scheduled examinations (Part II) oral and clinical for all candidates for certification by the **American Board of Obstetrics and Gynecology** will be conducted at the Edgewater Beach Hotel, Chicago, by the entire Board from May 7 through May 17. Notice of the time for each candidate's examination will be sent him in advance. Candidates who participated in Part

I examinations will be notified of their eligibility for Part II examinations soon by the Office of the Secretary, Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, Ohio.

Smith, Kline & French Foundation Reports on Its Activities

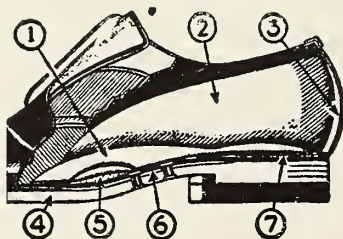
The SKF Foundation was established in December, 1952 by Smith, Kline & French Laboratories. Since that time grants have been made in the fields of basic research in medicine and related sciences, education, mental health, community improvement and buildings. Approximately one and one-half million dollars was disbursed by the foundation during the first four years of its existence. Purdue University received grants totaling \$8,000 in 1953, 1954 and 1956 for graduate fellowships in pharmaceutical research. Indiana University received a grant of \$5,000 in 1955 for investigative work on structure of alkaloids and natural products.

The twenty-first annual meeting of the **New Orleans Graduate Medical Assembly** will be held March 3, 4, 5, 6, 1958 with headquarters at the Roosevelt Hotel. The four-day scientific program will feature top-flight guest speakers representing all specialties. A postclinical tour by air to Mexico from March 7 to 18 is planned. Further particulars may be secured by writing Dr. Maurice E. St. Martin, Secretary, 1430 Tulane Ave., New Orleans, 12.

Dr. Allen D. Scales is now associated in the general practice of medicine with his father, Dr. A. B. Scales, and Dr. H. K. Stork in Huntingburg. He was recently released to inactive duty status in the U. S. Naval Reserve after serving on active duty for three and one-half years. Dr. Scales is a 1954 graduate of the University of Illinois School of Medicine. He served his internship at the U. S. Naval Hospital in San Diego. He has had duty aboard the aircraft carrier Yorktown as flight surgeon, and served in Japan with a patrol bomber squadron.

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College of Radiology to Meet in Chicago in February

The annual meeting of the American College of Radiology will be held February 7 in the Drake Hotel, Chicago.

Election of a president and vice-president and two chancellors is on the agenda.

Annual reports of officers and standing committees will be received and acted on.

Members and Fellows are invited to attend a luncheon at noon and the annual banquet and convocation in the evening. All events will take place in the Drake.

On the two days preceding the meeting the Board of Chancellors will hold its mid-winter meeting, the Councilors will meet on the same two days, and on February 6 the Chancellors and Councilors will hold a joint dinner meeting with the Chicago Roentgen Society.

Indiana Man Named to Menninger Directorship

Dr. Robert E. Switzer, former resident of Cromwell and a 1943 graduate of Indiana University School of Medicine, has been named director of the Child Psychiatry Service at the Menninger Foundation, Topeka, Kansas.

Dr. Switzer joined the Menninger staff in August 1956 after completing 13 years service in the U. S. Navy. His final assignment was that of Chief of Neuropsychiatry in the U. S. Naval Hospital, Portsmouth, Virginia.

Dr. Switzer and his family now live at 123 Greenwood Street, Topeka.

Dr. Thomas N. Davis III resigned January 1 as medical director of the Hammond office of the Lake County Mental Health Clinic and has opened an office at 5246 Hohman Avenue, Hammond, for the private practice of adult and child psychiatry.

Tom Hendricks, for many years executive secretary of Indiana State Medical Association and now field secretary for AMA, has been released from St. Luke's Hospital, Chicago, where he was taken after suffering a heart attack several weeks ago. He is now recuperating at his home, 48 East Schiller Street, Chicago, Illinois.



Officers of the Indiana Medical Assistants Association who are serving during 1957-1958 are pictured in top photograph. They are, left to right, Bettye Fisher, Evansville, president; Jeanne Woods, Indianapolis, president-elect; Marie Theobald, Indianapolis, secretary; and Margaret Logsdon, Evansville, treasurer.

They will conclude their year in office in May at the annual meeting of the organization.

During the first year of the Indiana chapter, the Medical Assistants have organized branches in several Indiana cities and have sent an official delegation to the national meeting in San Francisco.

The group in lower photograph was taken in the Marott Hotel, Indianapolis, at the time of the official organization of the new association. Delegates from several cities in Indiana attended the two-day session.

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District Meeting Reports

THIRTEENTH COUNCILOR DISTRICT

Treatment of severe injuries, especially those suffered in automobile accidents, was the topic of a panel discussion at the November 20 meeting of the Thirteenth Councilor District Medical Society in South Bend. The scientific session was held in the South Bend Medical Foundation building with 75 physicians from St. Joseph, Elkhart, LaPorte and Marshall counties attending.

Dr. James M. Wilson, South Bend, was moderator of the opening panel which included discussion of shock and its role in injuries of the kidney and urinary tract, bone injuries, abdominal, chest, brain and nerve injuries. He said the problem of treating persons injured in auto crashes has become more serious in that area since the northern Indiana Toll Road was built.

Dr. Myer Stumer, Michigan City orthopedic specialist, said the frequency of compound fractures in auto accidents has increased since the high speed highway opened.

Dr. Charles Liddell, Michigan, said spleen and liver injuries are most common in the abdominal area; and Dr. L. O. Rupe, Elkhart, spoke of chest injuries.

Dr. Charles Baran, South Bend brain surgeon, discussed brain and nerve injuries, resulting from accidents.

At the annual election of officers for the district, Dr. R. L. Bender, Elkhart, was named president; Dr. Richard W. Holdeman, South Bend, vice-president; and Dr. James M. Wilson, South Bend, secretary-treasurer. Dr. Robert Denham, South Bend, was named Blue Shield representative for the district.

The annual banquet of the society was held in the Bronzewood Room of the Hotel LaSalle.

Addressing the district meeting, Dr. M. C. Topping, Terre Haute, president of Indiana State Medical Association, said "There has been a revolutionary change in the practice of medicine during the past generation." He discussed socio-economic changes, ideologies, the encroachment of third parties in the practice of medicine, and advocated increased support of Blue Shield programs.

Speaking of the trend, Dr. Topping said "There will never be a return to the old system and standards of practice. Fighting for outmoded principles is to use the parlance of the present, reactionary. What can we do? I believe that once having accepted the premises I have delineated, however repugnant they may be, we have no choice but to go along with the tide, but through our organization, to steer it and so shape the trend as it applies to medicine, to maintain freedom of practice."

Principal speaker at the banquet was Maj. Gen. Ralph F. Stearley, USAF, retired, who discussed the need for an enlarged air force and spoke of Communist ambitions for world domination. General Stearley now lives in Brazil, Indiana.

Dr. Raymond E. Nelson, South Bend, outgoing district president; Dr. O. E. Wilson, Elkhart, outgoing secretary-treasurer; Dr. G. O. Larson, LaPorte, district councilor, and Dr. Kenneth L. Olson, president-elect of Indiana State Medical Association, were other officers attending the affair. James A. Waggener, ISMA executive secretary, was also present.

Women of the District Auxiliary met in the South Bend Country Club with Mrs. Wendell C. Stover, Boonville, State president of the Woman's Auxiliary, as a special guest.

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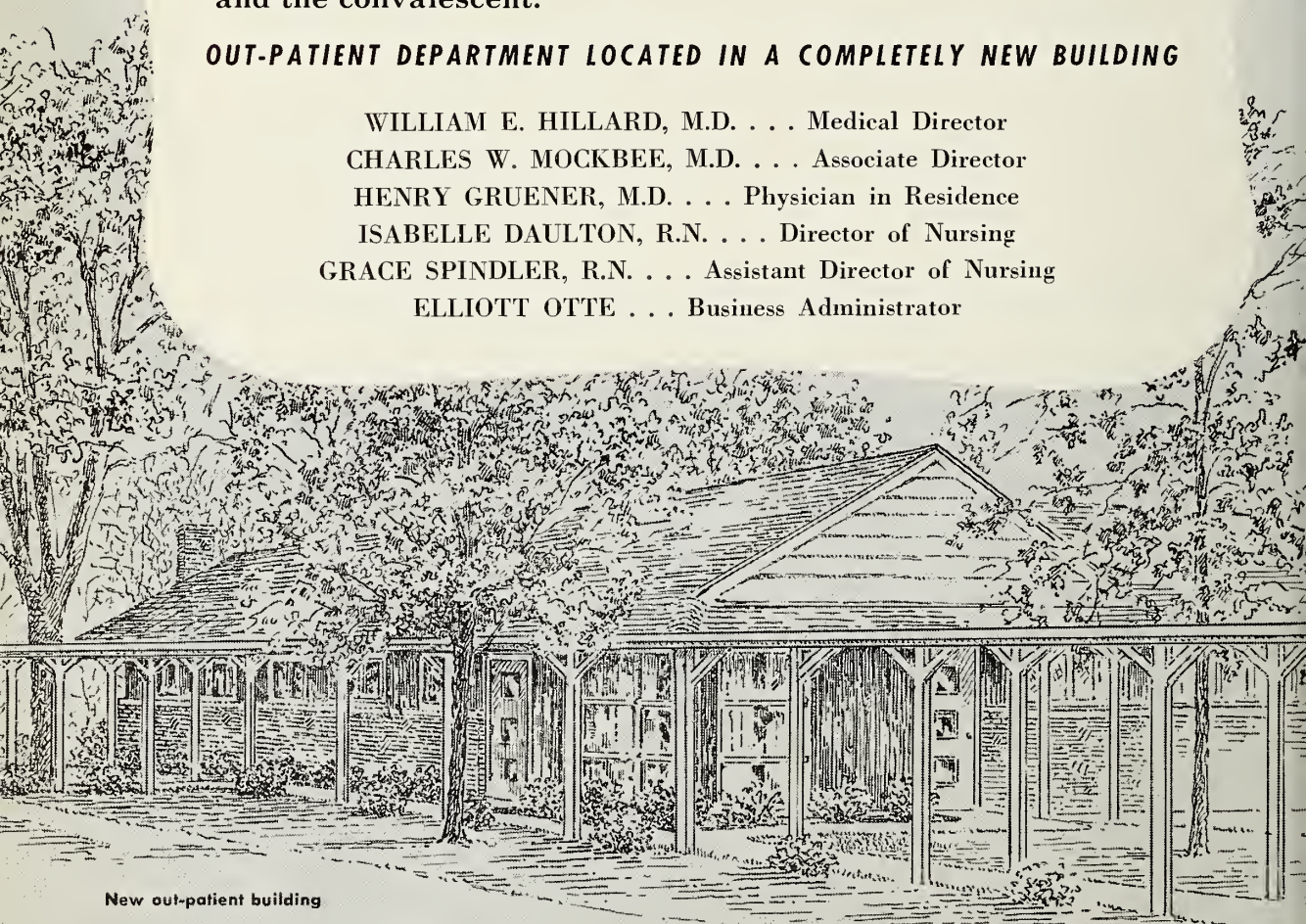
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News from the County Societies

Boone County Medical Society members met in Witham Memorial Hospital, Lebanon, December 3, for their regular monthly business meeting and scientific session.

Guest speaker was Dr. H. W. Eikenberry, Indianapolis, member of the Indiana State Board of Medical Registration and Examination.

Fourteen members attended the meeting.

Twenty-three members of **Cass County Medical Society** attended a dinner meeting December 2 in the Ben-Hur restaurant, Logansport.

A talk on "New Dental Techniques" was given by Dr. O. O. Watts.

A routine business meeting followed.

Dr. J. L. Steinem, Connersville, presented a paper on "Differential Diagnosis of Abdominal Trauma" before members of **Fayette-Franklin County Medical Society** on December 10. The meeting was held in the Connersville Country Club with 15 members present.

At the annual election of officers, Dr. Herbert N. Smith, Brookville, was named to head the society during 1958; Dr. C. L. Poston, Laurel, was elected vice-president; and Dr. Joseph L. Steinem, Connersville, elected secretary-treasurer.

Dr. Francis B. Mountain, Connersville, and Dr. Perry F. Seal, Brookville, were elected delegates to the state convention.

Alternate delegates chosen were Drs. Gerald T. Watterson, Connersville, and H. N. Smith, Brookville.

Dr. and Mrs. Theodore C. Person entertained six members of **Fountain-Warren County Medical Society**, their wives and Mrs. Max N. Hoffman in their Veedersburg home December 5. Following dinner there was a general discussion of a fee schedule and officers were elected for the coming year.

Sixteen members of **Gibson County Medical Society** held a combined society and staff meet-

ing in Gibson General Hospital in Princeton on December 11. Routine business was transacted by the two groups following dinner.

A film on "Nephrosis in Childhood" was viewed by 18 members of **Henry County Medical Society** at their meeting November 21 in the Henry County Hospital, New Castle.

Their next meeting was scheduled for January 16.

At a joint meeting of the **Huntington County Medical Society** and the Huntington County Bar Association on December 3 the film "Medical Witness" was shown following dinner in the Hotel LaFontaine.

Twenty physicians and 14 attorneys attended the dinner meeting.

An all-county team of officers for 1958 was elected at the November meeting. Dr. Edward D. Plasterer, Huntington, was named president of the society; Dr. Lawrence C. Webb, Warren, is vice-president; and Dr. B. Trent Cooper, Rona-
noke, will serve as secretary-treasurer.

At a recent meeting of **Jefferson-Switzerland County Medical Society** Dr. Robert O. Zink, Madison, was named president for 1958; Dr. Ralph M. Pratt, Jr., Madison, was named vice-president; and Dr. Wallace E. Childs, also of Madison, was elected secretary-treasurer.

Delegates and alternate delegates to ISMA state convention will be elected at the January meeting of the society, which was scheduled for January 6.

Guide Lamp Division of General Motors at Anderson was the location for the November 18 meeting of **Madison County Medical Society**. C. A. Michel, general manager, and Dr. W. L. Baughn, plant physician, acted as official hosts for the evening.

Prior to the dinner meeting, the physicians were taken on a tour of the Guide Lamp Divi-

sion. Dinner was served in the Anderson Country Club with Guide Lamp management acting as host. Dr. Baughn was in charge of arrangements.

Dr. Charles R. Disney, medical director of General Motors Technical Center, Warren, Michigan, was the after-dinner speaker.

The business session which concluded the evening was in charge of Dr. Walter Aagesen, president of the medical society.

Annual meetings of **Indianapolis (Marion County) Medical Society** and the Levey Medical Memorial Foundation were held December 10 in the Empire Auditorium. All members of the society are also members of the Foundation. Dr. Homer G. Hamer, president of the Levey Foundation, presided at that meeting and then turned proceedings over to Dr. James M. Leffel, president of the society.

The following physicians were elected to membership: Drs. George H. Belshaw, Albert F. Cunningham, Joseph R. Cipparone, Almon L. Schut, Sophocles D. Marty, Harvey Meulbroek,

John C. Parker, Jack Kenzler, Frank J. Curran, Jr., and Edward Shipley.

With two tickets nominated and no nominations from the floor, the annual election was then held.

Dr. Irvin W. Wilkens was named president-elect and will assume office in January 1959. Other officers for 1958 are Dr. Harry Pandolfo, president; Dr. Kenneth G. Kohlstaedt, vice-president; Dr. C. Powell Van Meter, secretary-treasurer; and Dr. Robert L. Rudesill, library committee.

The following physicians were elected to three-year terms on the Council: Drs. Harry G. Becker, Loren H. Martin, James O. Price, Joseph E. Ball, Matthew Cornacchione, W. Stanley Garner, Richard M. Nay and John B. White, Jr.

Delegates elected for three-year terms were Drs. Floyd A. Boyer, Charles F. Gillespie, James M. Leffel, D. S. Megenhardt, Earl W. Mericle, Russell J. Spivey and John W. Beeler.

Alternate delegates, also elected for three years, are Drs. James M. Gosman, Robert M. Hansell, Donald H. McCartney, Warren S.

Continued

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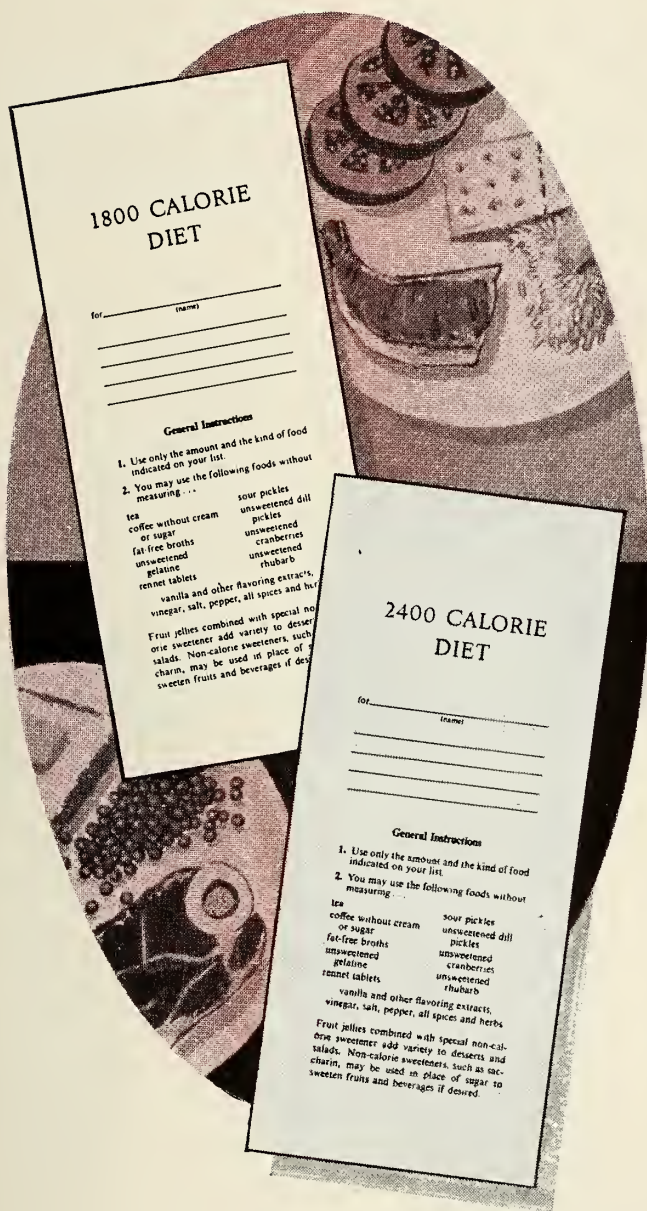
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2. You may use the following foods without measuring . . .

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or sugar
fat-free broths
unsweetened
gelatine
rennet tablets

sour pickles
unsweetened dill
pickles
unsweetened
cranberries
unsweetened
rhubarb

vanilla and other flavoring extracts,
vinegar, salt, pepper, all spices and herbs
Fruit jellies combined with special non-calorie sweetener add variety to desserts and salads. Non-calorie sweeteners, such as saccharin, may be used in place of sugar to sweeten fruits and beverages if desired.

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unsweetened
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sour pickles
unsweetened dill
pickles
unsweetened
cranberries
unsweetened
rhubarb

vanilla and other flavoring extracts,
vinegar, salt, pepper, all spices and herbs
Fruit jellies combined with special non-calorie sweetener add variety to desserts and salads. Non-calorie sweeteners, such as saccharin, may be used in place of sugar to sweeten fruits and beverages if desired.



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Plans for the annual dinner-dance were discussed. The affair will be held January 11 in the Indianapolis Athletic Club.

Members of **St. Joseph County Medical Society** and the Michiana Veterinary Medical Association met together in the Bronzewood Room of the Hotel LaSalle, South Bend, on November 26 for dinner.

It was the first joint meeting of the two groups and its success indicated the affair may become an annual event. Sixty-seven physicians and 35 veterinarians attended.

Frank Kral, D.V.M., of the University of Pennsylvania School of Veterinary Medicine, spoke following dinner on "Skin Diseases Transmissible from Animals to Man".

The next meeting of St. Joseph County Medical Society will be held January 28 in Morris Inn, South Bend.

Dr. Willard T. Barnhart, Evansville, was elected president-elect of **Vanderburgh County Medical Society** at the annual meeting December 10 in the Hotel McCurdy, Evansville. He will assume office January 1, 1959, succeeding Dr. Patrick J. V. Corcoran, who became president January 1.

Other 1958 officers elected were Drs. Pierce MacKenzie, treasurer; E. W. Austin and Herbert Dieckman, directors; Charles P. Schneider and John Alexander, delegates to I.S.M.A. Alternate delegates named were Drs. Robert Kessler and John Sterne. Dr. George Willison was named to the board of censors.

The retiring president, Dr. W. Russel Springstun, made his report of activities during his year in office.

Dr. M. C. Topping, president of Indiana State Medical Association, was honored at a dinner in the Pine Room of Hotel Deming, Terre Haute, on October 18 when members of the **Vigo County Medical Society** were hosts.

Approximately 100 physicians and their wives attended the affair. Dr. J. R. Haslem, president, served as master of ceremonies.

Dr. Topping, a Terre Haute native and practicing orthopedist, talked on "Current Trends in Medicine."

The Vigo County Society presented a beautiful silver platter to Dr. Topping in recognition of his elevation to the state office.

Wabash County Medical Society members held their annual meeting and election of officers in the Wabash Country Club on December 4. Twelve members were present.

Officers named to serve in 1958 were Drs. Vincent J. Hanneken, president; Robert A. Rauh, vice-president; and H. A. Goldstone, secretary-treasurer. All three officers live in Wabash.

Dr. David C. Haggard, Plainfield, was elected president of **Hendricks County Medical Society** on December 10 when the society met in the Ashley Motel at Plainfield. Serving with him during 1958 will be Drs. William C. Stafford, vice-president, and Dr. Kermit Q. Hibner, secretary-treasurer.

A committee composed of the new officers and Dr. M. O. Scamahorn, Pittsboro, was named to meet December 17 with the Hospital Planning Board.

A.M.A. SURVEY OF MEDICAL SOCIETIES AVAILABLE

Replies to the questionnaires sent to county medical societies concerning their activities and programs have been tabulated and published in booklet form by the AMA's Council on Medical Service. The booklet—"1957 Nationwide Survey on County Medical Society Activities"—contains information on types of county medical society programs (such as emergency call systems or grievance committees), fee schedules, life insurance, attendance at meetings and dues. Copies will be sent to all county and state medical societies. Additional copies may be secured from the Council.

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¹ Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. 8:1075 (July) 1957.
*TRADEMARK

The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

FLUORINE VINDICATED

An exhaustive study by its council on drugs and its council on nutrition has caused the American Medical Association to reaffirm, in stronger language, its previous position that fluoridation of public water supplies is a safe method of reducing tooth decay among children.

Fluoridation of Chicago's water supply was a highly controversial issue for two years before it was approved by the city council in 1954 [even tho it had been voted down in committee]; and opponents remained active until complete fluoridation was finally in effect last year.

It is too early to cite specific results of Chicago's program but there has been no indication of ill effects and reports from other cities have consistently vindicated the city council's judgment. In Evanston, where fluoridated water has been used for 10 years, the incidence of tooth decay among children 6 to 8 years old has dropped 64 per cent.

As we look back now, the arguments against fluoridation seem trifling and unjustified. It was charged, for example, that if Chicago's water was fluoridated it would not be safe to drink more than four glasses a day. Witnesses hinted at dire diseases caused by drinking fluorine—diseases marked by a "general wasting away of the body."

Some army physicians reported that fluorine would cause mottled teeth. Others said it might cause kidney ailments. One alderman said it would damage the city water pipes. Even the Association of Commerce and Industry opposed it.

Some religious and women's groups opposed it with obvious sincerity because it denied citizens the right to decide for themselves whether they wished medication. In reply it was argued that in some places, such as Colorado, the water contains natural fluorine; and that if natural lake water was wanted, we should not even filter it.

The A.M.A.'s finding should prove reassuring to those who have had qualms about fluoridation. It is not to be expected that all will be persuaded. One California delegate offered an opposing resolution at the recent A.M.A. meeting, but the overwhelming weight of expert professional judgment in the light of full and up-to-date information is as good a guide as the public can hope to have.

—The Chicago Tribune

DON'T REPEAT SALK MISTAKE

(South Bend Tribune)

Reports from some parts of the nation indicate a sharp decline in public demand for Asian flu fighting vaccine when the flu seems to be subsiding. This can be a serious mistake. The nationwide death toll attributed to complications resultant from the malady is mounting.

It is only human nature, of course, to lower the guard when the immediate threat of danger seems to have passed. However, the public would be wise to heed the warnings from U. S. Surgeon General Dr. Leroy Burney and the American Medical Assn.

They say there is no cure for the influenza, only prevention by using the vaccine that is currently reported to be 50 to 70 percent effective.

The increase in deaths because of the flu and complications ought to be sufficient evidence that an ounce of prevention is virtually important.

A year ago there was a sharp decline in demand for paralysis-fighting Salk vaccine when the so-called polio season ended. Large quantities of vaccine went begging and subsequently were destroyed.

Early this year, when another polio season approached, the demand for Salk vaccine exceeded the supply. Many who sought vaccine were unable to obtain it as quickly as they thought they could.

The same thing can happen where flu vaccine is concerned. It is best to get the vaccine while it is available in quantities sufficient to meet public demand.

Better vaccine is on the way, but it is not available today, and the flu is still with us. Doctors warn one wave of flu may be followed by another.

—Kokomo Tribune
(From Other Editors)

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Books: Received—

BOOKS RECEIVED

Books received are acknowledged in this column, and such acknowledgment must be regarded as a sufficient return for the courtesy of the sender. Selections will be made for more extensive review in the interests of our readers and as space permits. Books listed in this department are not available for lending. Any information concerning them will be supplied on request.

PRACTICAL GYNECOLOGY. Walter J. Reich, M.D., attending gynecologist and section chief, Fantus Clinics of Cook County Hospital, professor of gynecology, Cook County Graduate School of Medicine, and assistant professor of obstetrics and gynecology, Chicago Medical School; and Mitchell J. Nechtow, M.D., associate attending gynecologist, Cook County Hospital and Fantus Gynecologic Clinic; associate professor of gynecology and obstetrics, Chicago Medical School, and associate professor of gynecology, Cook County Graduate School of Medicine. 2nd ed., 648 pp., 284 illustrations, 68 in color. Price \$12.50. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pennsylvania. 1957.

HUTCHISON'S CLINICAL METHODS. Donald Hunter, M.D., physician to the London Hospital; and R. R. Bomford, D.M., physician to the London Hospital. 13th ed. 452 pp., well illustrated. Price \$6.00. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1957.

THE CHANGING PATIENT-DOCTOR RELATIONSHIP. Martin G. Vorhaus, M.D., former chief of medical service at the Hospital for Joint Diseases, New York, author of *A Guide to General Medical Practice*. 311 pp., with original drawings by A. Birnbaum. Price \$3.95. Horizon Press Inc., 220 West 42nd Street, New York 36, New York. 1957.

SCOVILLE'S THE ART OF COMPOUNDING. Glenn L. Jenkins, Ph.D., dean and professor of pharmaceutical chemistry, Purdue University School of Pharmacy, Lafayette, Indiana; Don E. Francke, D.Sc., chief pharmacist, University Hospital, University of Michigan, Ann Arbor; Edward A. Brecht, Ph.D., dean and professor of pharmacy, University of North Carolina, School of Pharmacy, Chapel Hill, North Carolina; and Glen S. Sperandio, Ph.D., associate professor of pharmacy, Purdue University School of Pharmacy, Lafayette, Indiana. 9th ed. 551 pp., illustrated. Price \$11.00. The Blakiston Division, McGraw-Hill Book Company, Inc., 330 West 42nd Street, New York 36, New York. 1957.

RYPINS' MEDICAL LICENSURE EXAMINATIONS. Edited by Walter L. Biering, M.D., Secretary, Federation of State Medical Boards of U. S., and others. 8th ed. 964 pp., Price \$10.00. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1957.

A WOMAN DOCTOR LOOKS AT LOVE AND LIFE. Dr. Marion Hilliard, former chief of obstetrics and gynecology, Women's College Hospital, Toronto. 190 pp. Price \$2.95. Doubleday & Company, Inc., 575 Madison Avenue, New York 22, New York. 1957.

CORTISONE THERAPY. J. H. Glyn, M.D., consultant in physical medicine to the Prince of Wales and

Tottenham Group of Hospitals, London, England. 162 pp. Price \$10.00. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

SIGNS AND SYMPTOMS. Edited by Cyril Mitchell MacBryde, M.D., associate professor of clinical medicine, Washington University School of Medicine; assistant physician, Barnes Hospital, and director, Metabolism and Endocrine Clinics, Washington University Clinics, St. Louis, Missouri. 973 pp., 191 illustrations. Price \$12.00. 3rd ed. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1957.

IT PAYS TO BE HEALTHY. Robert Collier Page, M.D., consultant for industry and specialist in occupational medicine. 285 pp. Price \$4.95. Prentice-Hall, Inc., 70 Fifth Avenue, New York 11, New York. 1957.

HORMONES IN BLOOD. Colloquia on Endocrinology, The Ciba Foundation. Edited by G. E. W. Wolstenholme, O.B.E., and Elaine C. P. Millar, editors for the Ciba Foundation. 416 pp., illustrated. Price \$9.00. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1957.

THE CHEMISTRY AND BIOLOGY OF PURINES. A Ciba Foundation symposium, edited by G. E. W. Wolstenholme, O.B.E., and Cecilia M. O'Connor, B.Sc., editors for Ciba Foundation. 327 pp., illustrated. Price \$9.00. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1957.

FLUID AND ELECTROLYTES IN PRACTICE. Harry Statland, M.D., associate in medicine, University of Kansas School of Medicine; chief, division of internal medicine, Menorah Medical Center, City, Missouri, and consultant, VA Hospital, 1 City. 229 pp., illustrated. Price \$6.00. J. B. Lippincott Company, East Washington Square, Philadelphia 5, Pa. 1957.

REGULATION AND MODE OF ACTION OF THYROID HORMONES. Colloquia on Endocrinology. Edited by G. E. W. Wolstenholme, O.B.E., and Elaine C. P. Millar, editors for Ciba Foundation. 311 pp., illustrated. Price \$8.50. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1957.

OPHTHALMOLOGY AND OTOLARYNGOLOGY. Surgery in World War II. Official history of Medical Department, U. S. Army, in World War II. Prepared under the direction of Major General S. B. Hays, The Surgeon General, United States Army, and edited by Colonel John Boyd Coates, Jr., M.C., and others. 605 pp., illustrated. Price \$5.00. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

DEAFNESS, MUTISM AND MENTAL DEFICIENCY IN CHILDREN. Louis Minski, M.D., consultant psychiatrist Royal National Throat, Nose and Ear Hospital, Grays Inn Road, W. C. 1, and associate psychiatrist, St. George's Hospital, Hyde Park Corner, S. W. 1. 82 pp., illustrated. Price \$3.75. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

ATOMIC ENERGY IN MEDICINE. K. E. Halnan, M.D., London. Edited by D. Wragge Morley. 157 pp., illustrated. Price \$6.00. Printed in Great Britain for Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

Books Received

Continued

DERMATOLOGIC FORMULARY. From the New York Skin and Cancer Unit, Service of Dermatology. Frances Pascher, M.D., editor, 172 pp. (revised). Price \$4.00. Paul B. Hoeber, Inc., Medical Book Department of Harper & Brothers, 49 East 33rd Street, New York 16, New York. 1957.

PSYCHOSOMATIC OPHTHALMOLOGY. T. F. Schlaegel, Jr., M.D., assistant professor of ophthalmology, director of research, Department of Ophthalmology, Indiana University School of Medicine, Indianapolis, Indiana; with the collaboration of Millard Hoyt, M.D., formerly director of Adult Psychiatry Outpatient Clinic and instructor in psychiatry, Indiana University School of Medicine. 523 pp. Price \$11.00. The Williams and Wilkins Co., Mt. Royal and Guilford Avenues, Baltimore 2, Maryland. 1957.

FEAR: CONTAGION AND CONQUEST. James Clark Moloney, M.D., psychoanalyst. 140 pp. Price \$3.75.

Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

THE CHRONICALLY ILL. Joseph Fox, Ph.D., director of the Home for Chronic Sick, Irvington, New Jersey. 229 pp. Price \$3.95. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

METHODOLOGY OF THE STUDY OF AGEING. Ciba Foundation Colloquia on Ageing, Vol 3. Edited by G. E. W. Wolstenholme, O.B.E., and Cecilia M. O'Connor, B.Sc. 202 pp. illustrated. Price \$6.50. Little, Brown and Company, 34 Beacon Street, Boston, Mass. 1957.

MANUAL OF NUTRITION. 4th ed. First published in Great Britain in 1945. 70 pp. Price \$3.50. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

FROM STERILITY TO FERTILITY. A Guide to the Causes and Cure of Childlessness. Elliot E. Philipp, F.R.C.S., consultant gynecologist and obstetrician. 120 pp., illustrated. Price \$4.75. Philosophical Library, Inc., 15 East 40th Street, New York 16, New York. 1957.

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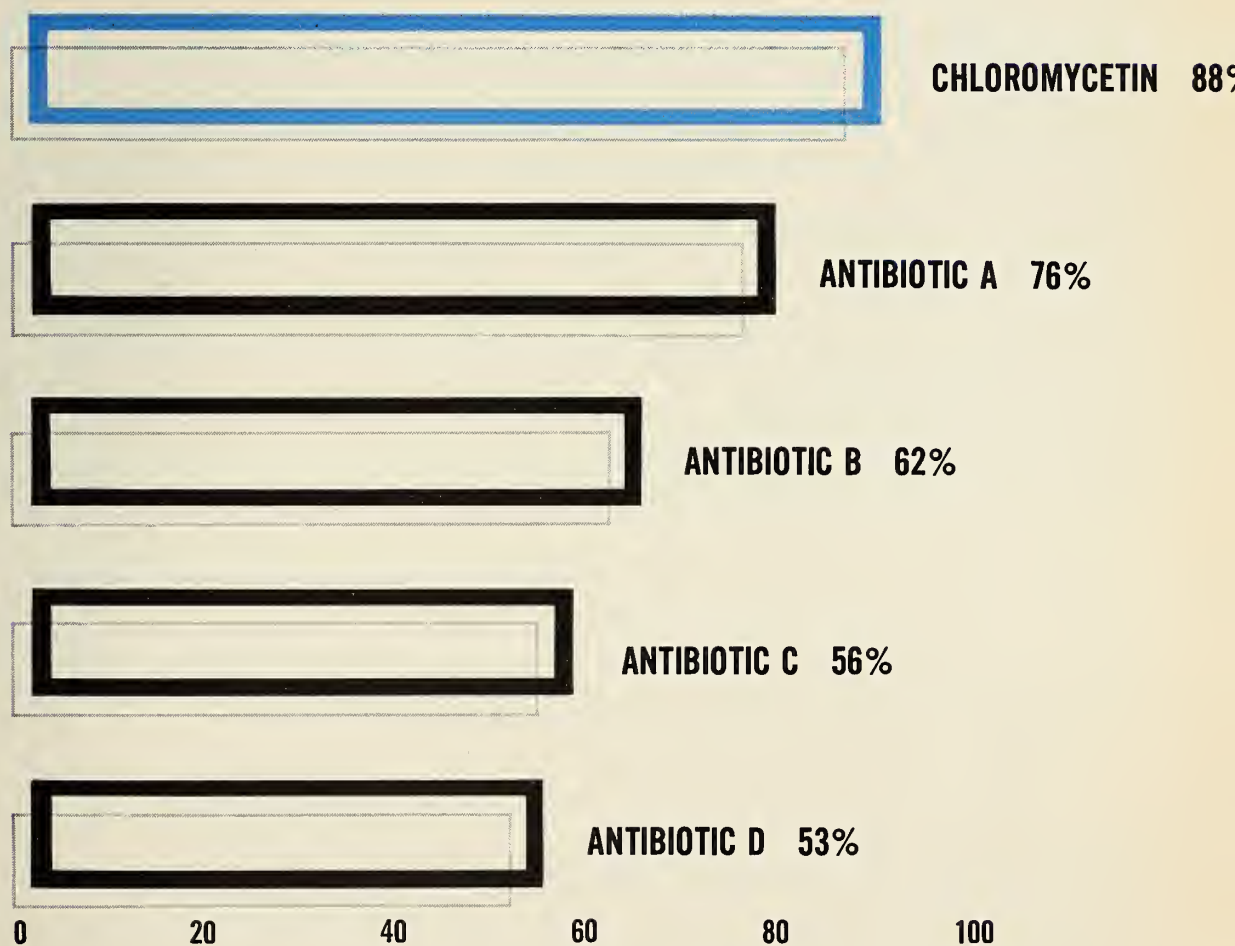
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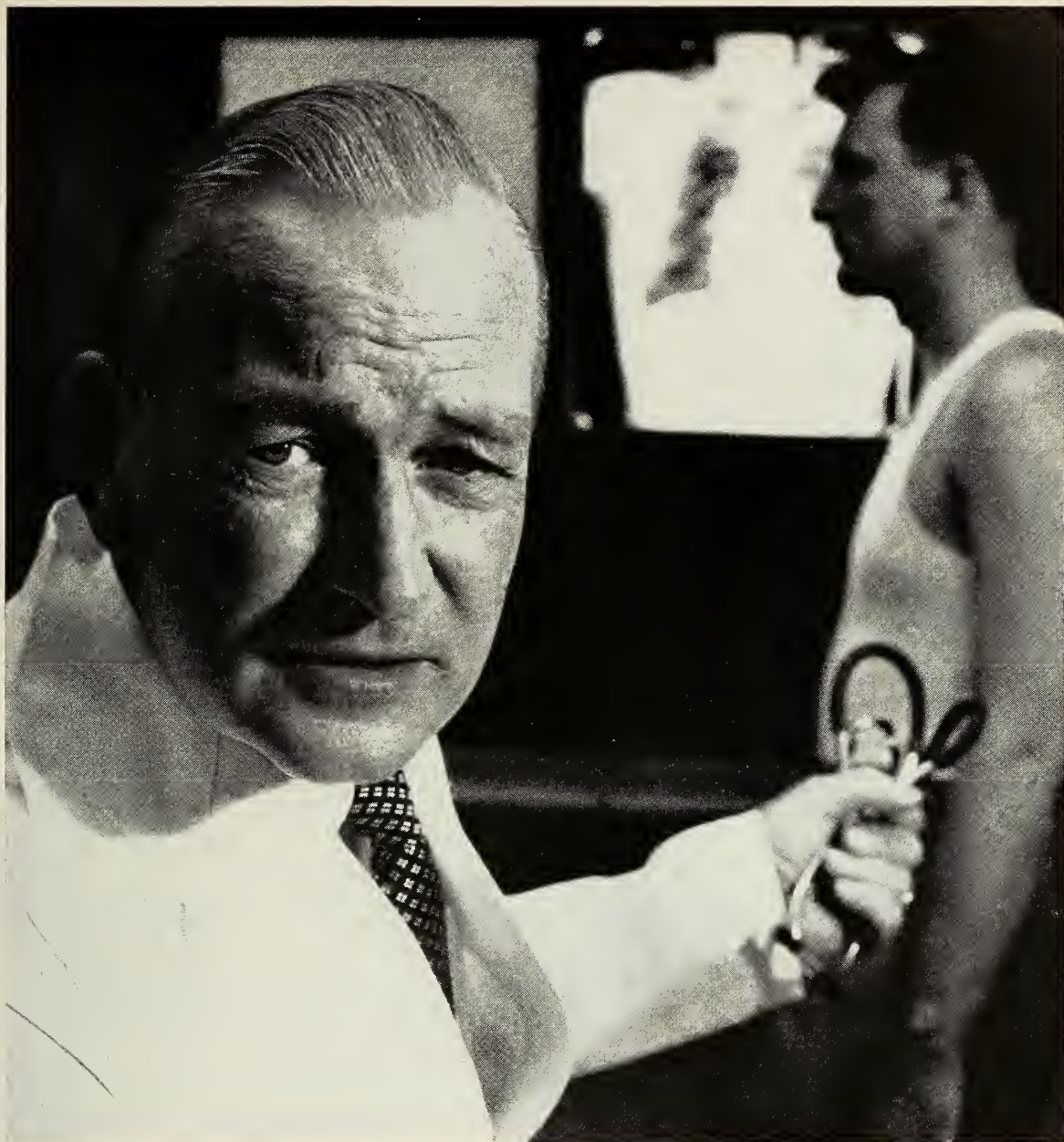
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References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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*Joseph, Morris: Effective Analgesia Without Sedation or Narcosis, Clinical Medicine, August 1957.



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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Russian advances in outer space have triggered a whole series of debates, not the least of which is the issue of the scope and extent of federal participation in higher education. From it may emerge at the very minimum a scholarship program benefiting pre-medical students and some medical students.

Here are some of the questions that Congress will have to answer before it writes a final bill on federal aid to higher education:

1. Should a program be limited to federal scholarships or should it include grant money for improving and enlarging colleges and universities, or for loans to students?

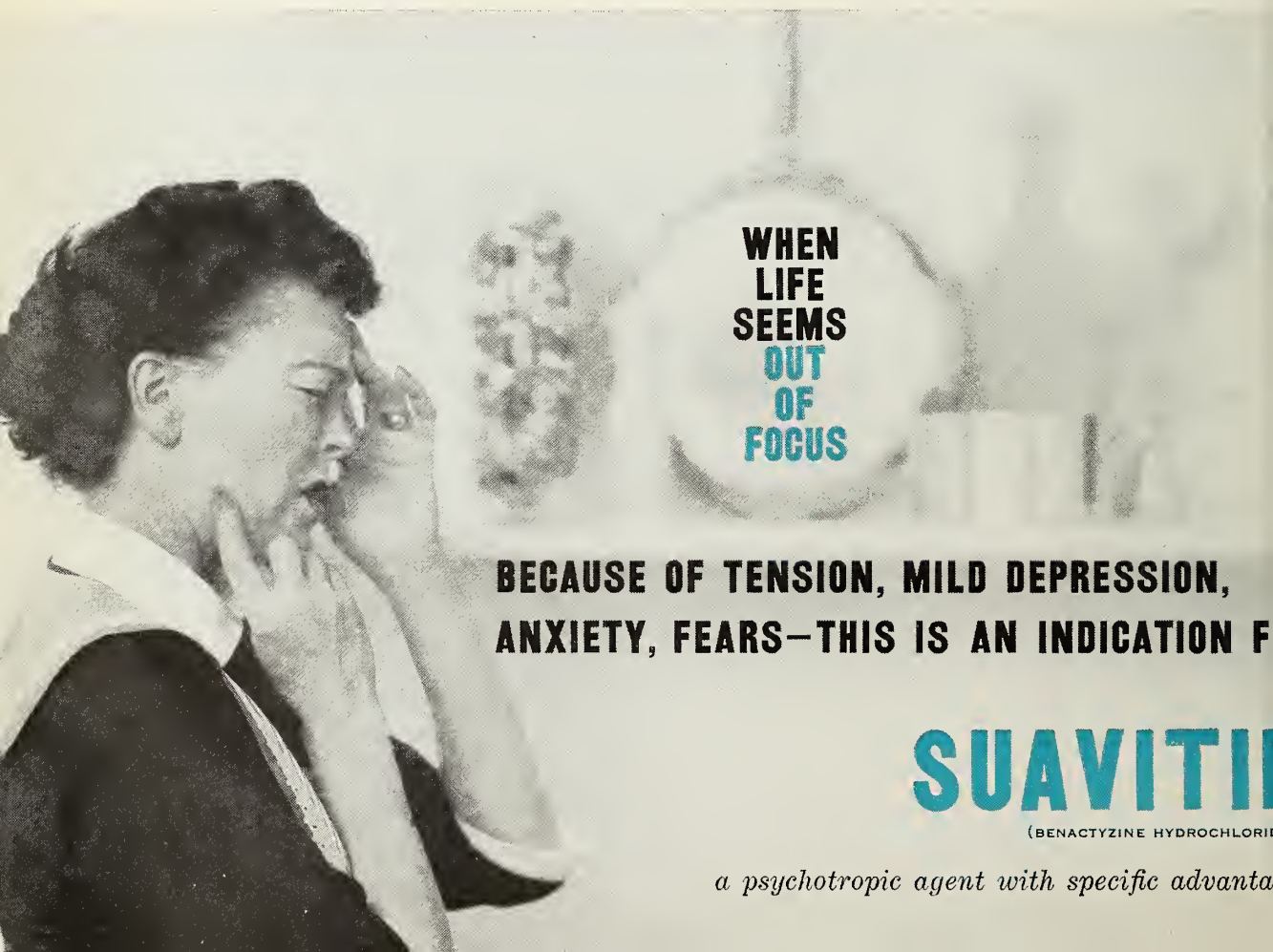
2. If it is limited to scholarships, should they

be non-categorical in nature rather than favoring specific disciplines?

3. If non-categorical and thus benefiting all phases of higher education, how best to justify this approach in the national interest and national security?

4. Finally, if aimed at specific disciplines, should not Congress require some obligation for service on the part of the recipient?

Some of the answers have been given in the administration's plan now before Congress. As outlined by Secretary Folsom of the Department of Health, Education and Welfare, \$1 billion would be authorized over a four-year period. The money would go for 10,000 scholarships a



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year to bright students unable to finance their schooling, for National Science Foundation grants and fellowships for post-doctoral training and up to \$125,000 for any one school to improve facilities.

It has been explained that this program would benefit pre-medical students but that since scholarships would be limited to four years, students would have to find other ways to finance most of their years in medical school. After receiving their medical degrees, however, they would be eligible for the fellowships from the National Science Foundation.

WHAT ADMINISTRATION WANTS

The administration program favors the non-categorical approach, although preference would be given high school students with good preparation in mathematics and the sciences. Students themselves would decide what college course to pursue.

This program has met mixed reaction. Educators say considerably more money should be authorized—some asking for as much as four times the proposed \$1 billion.

The American Council on Education, which takes in nearly all accredited colleges, universities and junior colleges, told a House Education subcommittee that the 10,000 scholarships are "a minimum below which a program of effectiveness would be doubtful. . ."

The council outlined for the subcommittee these guiding principles:

1. The student should have complete freedom to choose his own program of studies within the requirements set by the individual institution.
2. Stipends up to a maximum amount set generally for the program should be sufficient to enable the student to attend an eligible college.
3. The student should not be denied the opportunity to attend any recognized college or university properly accredited under a regional accrediting association.
4. There should be no discrimination because of race, creed, color or sex.

NOTES

First legislative activity of interest to the medical profession this year was the House

Continued

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The Month in Washington

Continued

Ways and Means Committee's month-long hearing on tax revisions; testimony in favor of the **Jenkins-Keogh bill** was presented late in January.

National Science Foundation is inviting colleges and universities to apply for financial help in conducting in-service courses and institutes for advanced study by high school mathematics and science teachers. Applications must be received by NSF before March 15.

A new national organization has been established to help in finding a cure for ulcerative colitis. Encouraged by the National Institute of Arthritis and Metabolic Diseases, the new foundation will use its funds to supplement those awarded by the federal government.

After six months' operation of the **disability payments program** under social security, benefits were going to more than 131,000 and totaled \$10 million a month. Within the next 12 months the rolls are expected to increase to about 200,000, at an annual cost of about \$175 million.

Atomic Energy Commission has in effect reduced its permissible level of life-time radiation exposure by about two-thirds. The safety regulation applies to AEC employees and those of AEC contractors.

Influential Rep. John Fogarty (D., R. I.) wants the House to ask President Eisenhower to call a **White House conference on aging**, at which medical and all other problems of the older population would be taken up. Mr. Fogarty also would attempt to interest states in similar conferences, to be conducted prior to the Washington meeting.

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**It's Percodan®—relieves pain
in 5 to 15 minutes,
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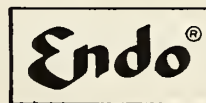
**No problem. For example,
the incidence of constipation
with Percodan* is rare.**

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**One tablet every 6 hours.
That's all.**

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THE PRICE OF LIBERTY

The *Weekly Bulletin* of the *Jackson County Medical Society* (Missouri) has a doughty editor, Dr. G. Wilse Robinson, Jr., who has been quoted before in these columns. The November 9, 1957, issue of his *Bulletin* contains another of his signed editorials emphasizing the importance of political philosophy to the practice of medicine—and he is not stuffy, either.

"Liberal institutions straightway cease from being liberal the moment they are soundly established; once this is attained no more grievous and more thorough enemies of freedom exist than liberal institutions."

Thus did Nietzsche warn us of fascism, National Socialism and Communism, although he himself probably would have welcomed the era of the Germanic superman of the 30's if he had lived to see Hitler in all his autocratic, materialistic glory.

While millions of people violently disagree with Nietzsche and his preceptor, Schopenhauer, in their basic concept of the human race and men's relationships with each other and their God . . . anyone who thinks and writes may come up with a few words of wisdom and truth.

It is surprising when we look around us and apply this formula, how many times it has come true in history past and contemporary. We have seen it in small agencies and in great governments.

Democracy is our way of life, but we are not the first to follow this political path. Few democracies have lived long . . . a hundred, maybe two hundred years . . . and then some demagogue comes along and presents a liberal program to solve all the problems of society . . . and natch, he is the guy to put it into

effect. Since this program is forward-looking and will cause some drastic changes, it is only logical that the person who thought it up and is now prepared to put it into effect, must have the authority to get the job done.

And of course, this authority carries with it the power to slap down the opposition that did not agree with the program, because of course, all those who disagree are reactionaries, even if earlier they had another liberal program which was rejected in favor of the new dictator's plan.

The trouble with so many liberals is that they are so ignorant. Their whole concept is so much like tubular vision. They see only one thing . . . an objective which in itself seems truly worthy, but when striven for to the exclusion of all else, cuts a wide swath through such relatively unimportant concepts as individualism, human dignity and freedom, the Bill of Rights and the Magna Charta and freedom of choice of one's own personal physician.

The few who have read this page regularly for these several — five plus — years, must have realized there has been a basic antagonism toward the agencies, the liberal groups which have sprung up here in Kansas City and all over the country . . . each of which knows the final answer to each and every problem that besets the human race.

Once these folks have become established, become part of the United Funds or the political scene, then they are entrenched and follow their own concepts to the exclusion of all others. One can be sure that wherever there is a conflict of interests between the agencies and the free enterprise practice of medicine, the latter will be discarded.

"Eternal vigilance—"



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- 2 new antimicrobial activity — no natural resistance to SPONTIN was found in tests involving hundreds of coccal strains
- 3 antimicrobial action against which resistance is rare — and extremely difficult to induce
- 4 bactericidal action at effective therapeutic dosages.

SPONTIN is truly a lifesaving antibiotic. It could save the life of one of your patients — does your hospital have it stocked?

Abbott

The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

NOT ENOUGH NURSES

How to encourage people to enter fields in which there are pressing shortages and where the pay is good? This is a question that has arisen in numerous fields of employment, one of them nursing.

The widest possible publicity should be given opportunities in nursing so that young people thinking about careers will know of them.

The need for nurses in the United States grows every year, and we do not have nearly enough qualified nurses available to fill our requirements.

That's the opinion of Mrs. Maxime Taylor, head of the largest private duty nurses registry in California, who has embarked on a one-woman campaign to increase our nursing corps. She says:

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"We in the business of supplying nurses have no wish to panic the public, but health officials of the federal government have estimated that as many as 34 million persons could become victims of the Asian flu if it reaches the epidemic stage."

Even if that peak is not reached, authorities expect the disease to make new inroads into public health during the cold weather months, and Mrs. Taylor said:

"Notwithstanding such a crisis, there is an estimated shortage of 45,000 nurses throughout the nation."

One possible source for needed nurses is our male population. Mrs. Taylor says:

"Male nurses are essential in industrial fields. They would also be the solution to the problems of public health nursing and care of aged men.

"But men will not enter nursing under the present training set-up. What capable man would go into training with over 300 nurses, living in residence and cloistered? They just won't."

The third source, according to Mrs. Taylor, are the approximately 100,000 former nurses in this country. She said:

"A six-week refresher course or actual work supervision will fit these men and women to resume their profession."

Mrs. Taylor pointed out that the need for nursing is something that must affect every community.

"Mothers particularly," she said, "must do what they can in their communities to encourage the nursing profession. If they stop to think how they would feel if their children or husbands were ill and couldn't get the proper care, they would act."

—Kokomo Tribune.



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Lectures on Language Deficiencies in Children; EKG Course Outlined by I.U.

A FOUR-PART COURSE of lectures is in progress at the Medical School Building on the I. U. Medical Center campus with Carl W. Fuller, child audiologist and assistant professor of audiology, speaking on "The Evaluation of Language Deficiency in Young Children."

On January 29 the subject was "Behavioral Signs of Deafness"; on February 5, "Assessment of Auditory Functioning in Young Children"; February 12, "Assessment of Auditory Functioning in Young Children," continued; and on February 19, "Behavioral Signs of Brain Injury" and "Behavioral Signs of Emotional Disturbance".

The series was open to all physicians. They were presented as part of the program of the Division of Postgraduate Medical Education with the cooperation of the Audiology and Speech Clinic and the I. U. Department of Otorhinolaryngology.

SCHEDULED FOR MARCH 3

A postgraduate course in electrocardiography has been planned by the Division of Postgraduate Medical Education at the Indiana University Medical Center. The three-day session will be held on March 3, 4 and 5 from 9 a.m. until 5 p.m.

The faculty will be Drs. W. Donald Close, associate professor of medicine; Roy H. Behnke, assistant professor of medicine; Warren E. Coggeshall, assistant professor of medicine; George T. Lukemeyer, assistant professor of medicine; Hunter A. Soper, assistant professor of medicine; A. David McKinley, associate in medicine; Nancy H. Rousch, fellow in cardiology, Indiana Heart Foundation.

The course follows:

Monday, March 3—8:30 a.m.

Application and Tracing Analysis.....Close
Waves and Measurements.....McKinley
Electrical Bases and Leads.....Coggeshall
Physiology.....Close

Lunch

A-V Block and Interference.....Close
Sinus Mechanisms.....Rousch
Auricular Mechanisms.....Rousch
Individual Practice.....Staff

Tuesday, March 4—9:00 a.m.

Basic Unipolar Patterns.....Soper
Position.....Rousch
A-V Nodal Mechanisms.....Soper
Ventricular Mechanisms.....Lukemeyer
Other Rhythms and Review.....Close

Lunch

Bundle Branch Block.....Behnke
Infarction-Theory.....Close
Individual Practice.....Staff

Wednesday, March 5—9:00 a.m.

Myocardial Infarction.....Soper
Changes of Coronary Insufficiency, Effort
Test, Electrolytes and Digitalis.....Close
Questions and Practice.....Staff

Lunch

Hypertrophy.....Behnke
Individual Practice and Tracing Analysis..Staff

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SURGERY—

Surgical Technic, Two Weeks, March 24, April 21, May 12
Surgery of Colon and Rectum, One Week, April 7
Basic Principles in General Surgery, Two Weeks, April 7
Treatment of Varicose Veins, April 7, May 5
Gallbladder Surgery, Three Days, March 31
Surgery of Hernia, Three Days, April 3
General Surgery, Two Weeks, May 5; One Week, May 12
Fractures and Traumatic Surgery, Two Weeks, March 17
Breast and Thyroid Surgery, One Week, May 5

GYNECOLOGY AND OBSTETRICS—

Office and Operative Gynecology, Two Weeks, March 17
Vaginal Approach to Pelvic Survey, One Week, April 28
General and Surgical Obstetrics, Two Weeks, March 31

MEDICINE—

General Review Course, Two Weeks, May 12
Electrocardiography & Heart Disease, Two Weeks, March 17
Hematology, One Week, June 2
Gastroenterology, Two Weeks, April 14

PEOIA TRICS—

Two-Week Intensive Course, April 21

DERMATOLOGY—

Clinical and Didactic Course, Two Weeks, May 5

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, April 28
Clinical Uses of Radioisotopes, Two Weeks, May 5

UROLOGY—

Two-Week Intensive Course, April 14
Cystoscopy, Ten-Day Practical Course, by appointment.

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A film, “Going Our Way”, has been made available to high schools, service clubs, pharmaceutical and medical groups by Parke, Davis and Company through Modern Talking Pictures, Inc., 3 East 54th Street, New York 22, New York. There is no charge to the groups named.

The color film features a Hollywood cast, including Marshall Thompson in the lead role as a young doctor in a small town; a number of re-created historical scenes; and runs for 29 minutes.

“The industry has long recognized the need for additional scientific personnel, and our movie is a small part of an overall program to stimulate interest in the sciences,” Ralph G. Sickels, director of institutional advertising, said. He added that, “In the light of recent developments and President Eisenhower’s talk, this movie takes on added significance.”

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The Robert M. Moore Heart Clinic at Indianapolis General Hospital in 1957

KENNETH G. KOHLSTAEDT, M.D.*

Indianapolis

THROUGH THE COOPERATION of the members of the Flower Mission Society and the staff of the Tuberculosis Section, it was possible to move the Robert Moore Heart Clinic from the Out-Patient Building of the Indianapolis General Hospital to the ground floor of the Flower Mission Hospital. The facilities for the diagnosis and treatment of heart disease have been greatly improved.

A cardiac catheterization laboratory has been established in an air conditioned room. It is completely equipped for continuous recording of electrocardiogram, intracardiac pressure, oxygen saturation, and heart sounds.

The electrocardiograms for all parts of the General Hospital are serviced from the station in the clinic. Recently apparatus for simultaneous audio-visual recording of heart sounds

has been installed. A technical staff has been obtained for these laboratories. The cardiac catheterization team has been trained and is functioning in a very efficient manner.

The teaching of medical students and post-graduate education have both been expanded and improved. All of these strides would have been impossible without the continued voluntary services of the physicians who are giving many hours of their time.

The articles appearing in this issue of The JOURNAL are indicative of the work being done by the clinic staff.

On behalf of the staff of the Indianapolis General Hospital I wish to express appreciation for the financial support given the Robert Moore Heart Clinic by Mr. and Mrs. Herman C. Kranert, by the Indiana Heart Foundation, and the Indiana State Board of Health.

Physicians are always welcome to attend clinic on Saturday morning or the cardiac conference on Wednesday afternoon.

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Aneurysms of the Ascending Aorta In Two Young Male Adults

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DILATATION AND ANEURYSM of the thoracic aorta, as established by x-ray examination, presents an interesting problem from a diagnostic and therapeutic point of view. In the past, syphilis and arteriosclerosis were considered the more common causes of aneurysms of the thoracic aorta, with syphilis being by far the more common cause. With improved treatment and better education of the public, cardiovascular syphilis has become relatively rare. Healed dissecting aneurysms of the aorta may present themselves as a problem in dilatation of the aorta. Injuries to the chest with subsequent dilatation and aneurysm of apparently normal aortas have been well documented,¹ and should be ruled out. Aneurysms and dilatation of the aorta in Marfan's syndrome has received more attention recently as a result of more complete genetic² and experimental³ studies. Other congenital anomalies such as coarctation of the aorta with associated lesions of the aorta, aneurysms of the sinus of Valsalva, and congenital aortic valve lesions with aortic abnormalities⁴ should be considered in the evaluation of dilatation and aneurysms of the aorta. Recently,⁵ aneurysms of the aorta with cystic medionecrosis as the only pathological finding have been reported.

This report concerns itself with aneurysms of the ascending aorta in two young male adults. The rapid advances in cardiovascular surgery

may make these lesions amenable to therapy in the near future.

CASE REPORTS

Case 1. A 31 year old former janitor was admitted to the hospital on November 4, 1957, complaining of aching and tightness over the anterior chest, exertional dyspnea and aching in the right arm. Past medical history revealed that the patient had been treated for chorea at the age of six and seven. Following this illness he was told that he had "leakage of the heart". At the age of 16 the patient discontinued school and worked as a laborer for two years. He was then accepted for military service and served for 14 months. From 1949 to 1955 the patient resumed work as a laborer in a fertilizer plant.

Present Illness: For the first time in October of 1954 the patient noted a feeling of oppression in the anterior chest associated with dyspnea and fluttering within the chest. This sensation continued for hours and the patient sought local medical advice. He was given nitroglycerin which decreased the severity of the tightness across the chest but did not relieve it completely. From December 4 to January 5 of 1955, the patient was hospitalized at another institution and discharged with the diagnosis of rheumatic heart disease with aortic and mitral valve involvement. After discharge from the hospital the patient was only able to work for short periods of time because of increasing chest discomfort and shortness of breath. He was even unable to do janitor work.

Family History: The father died at the age of 49, cause unknown. The mother was living

From the Robert M. Moore Heart Clinic, Indianapolis General Hospital, and Department of Medicine, Veterans Administration Hospital, Indianapolis.

Supported by the Krannert Fund of the Indiana Heart Foundation and Indiana State Board of Health.

and well. His maternal grandmother died of heart trouble. One cousin on his mother's side is said to have heart disease similar to his. There was no history of any of the stigmata of Marfan's syndrome in the family that could be ascertained.

Marital History: The patient has four living children ranging from 3 to 7 years. They have all been examined and no evidence of cardiovascular, skeletal or ocular deformities found.

Physical Examination: Physical examination revealed a tall, obese adult male who was well oriented and cooperative. Weight 244, height 6 feet, blood pressure in the right arm unobtainable, blood pressure in the left arm 120/70. In 1955 the blood pressure in the right arm was 140/80. Examination of the head was negative. Special examination by the Eye Department was negative. Examination of the chest revealed no thoracic deformities. There were no skeletal deformities. The lungs were clear. The point of maximal impulse could not be located. There were no thrills or shocks palpable. On auscultation there was a rough, Grade II systolic murmur heard over the aortic area followed by a Grade II to III blowing diastolic murmur. The murmurs were transmitted to the left of the sternum. The aortic second sound was diminished but present. The remainder of the physical examination was negative except

for diminished pulsations in the right subclavian, right brachial, right radial and right ulnar arteries. The right carotid artery was palpable. Blood pressure in the lower extremities was normal.

Laboratory Studies: Laboratory examinations including white blood count, hemoglobin, urinalysis, blood serology for syphilis were all negative. The electrocardiogram, except for some low T waves in the limb and the left precordial leads, was not remarkable.

X-ray Examination: The examination of the chest in 1954 revealed slight left ventricular hypertrophy. In this projection there was very little dilatation of the ascending aorta ascertained. In the left anterior oblique there was minimal to moderate dilatation of the ascending aorta (see Fig. 1). PA of the chest and left anterior oblique films (see Fig. 2) revealed marked dilatation of the ascending aorta. Angiocardiogram revealed marked aneurysmal dilatation of the ascending aorta and marked hypertrophy of the left ventricle (see Fig. 3). Cardiac catheterization was performed on November 8, 1957 (see Table 1).

DISCUSSION

In a recent report by McKusick et al.⁶ four cases of aortic valve disease were described in which there was complicating dissection of the

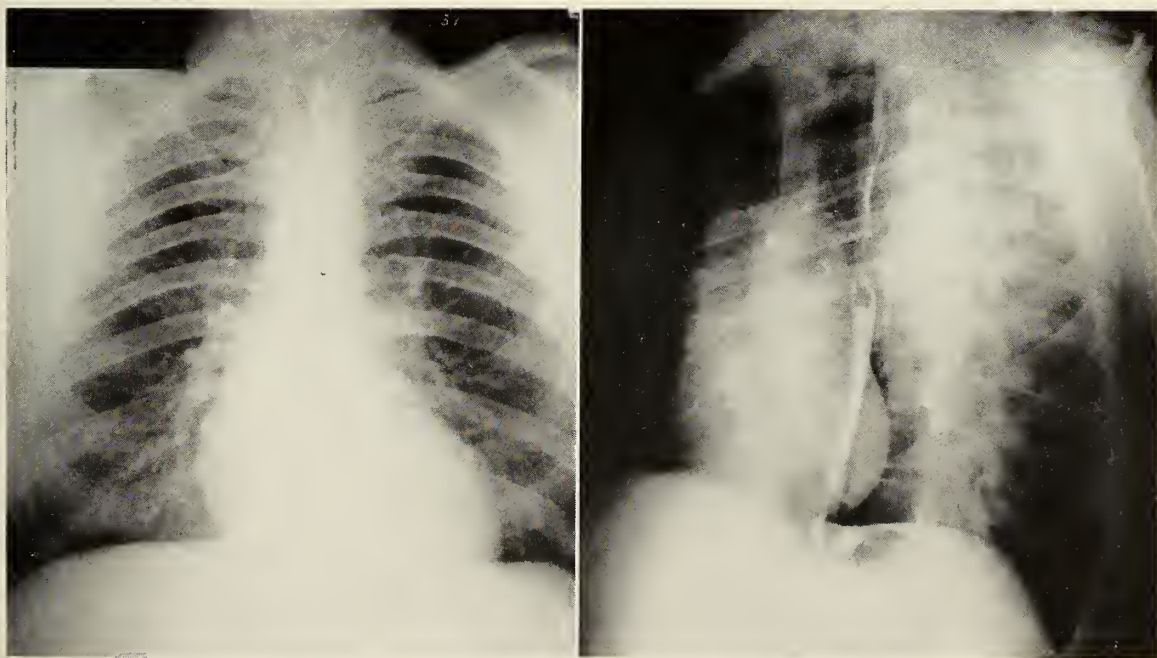


Figure 1. PA and left anterior oblique view roentgenograms of chest—1954.

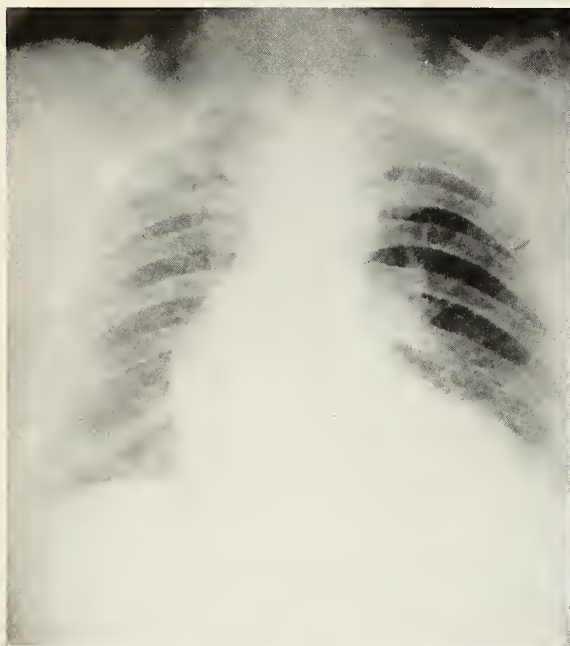


Figure 2. PA and left anterior oblique view roentgenograms of chest—1957.

Figure 3. Angiocardiogram—Left anterior oblique view with catheter in the pulmonary artery.



aorta. In all four instances cystic medial necrosis of the aorta was found. The authors suggested that changes in the aorta were secondary to hemodynamic stresses imposed by disease of the aortic valve. At first glance this patient could easily fit the picture described by the authors. There was an excellent history of chorea in childhood followed by discovery of murmurs which were at least documented during childhood and adolescence. In 1954 during the first episode of chest pain and shortness of breath, one might conjecture that the patient had an episode clinically consistent with dissection

of the aorta. This was then followed by cardiac enlargement and dilatation of the aorta. However, it is to be noted that the syndrome, as described by McKusick and others, has been rarely observed in the many cases of acquired aortic valve disease that have been studied in the past. Further as noted by the authors themselves, the pathological changes in one of his instances, was not confined to the aorta.

As the problem was reviewed in the Heart Clinic there were several other disturbing features. In the first place no murmurs were described in the record of the physical examination at the time of induction and discharge from the service. Historically the man's illness began in October of 1954 and has been progressively downhill since that time. Because of this rather abrupt onset, it was felt that the patient might have a ruptured aneurysm of the sinus of Valsalva and cardiac catheterization studies were performed. As seen by Table 1, no left to right shunt was demonstrated. However, even a ruptured aortic sinus would not have explained the marked aneurysmal dilatation of the aorta.

Recently McGuire⁷ described three young women with a fulminating aortic insufficiency and postmortem examinations showed a chronic

TABLE 1

Catheterization Data

Name.....Age 31 Date 11-8-57 Clinic #375041

Vol% Oxygen Saturation

	<u>Content</u>	<u>Sat.</u>	<u>Cuvette</u>	<u>Pressures</u>
				mm. Hg.
Pulmonary Wedge	no sample			
Right Pulmonary Artery	12.10	72.8%	72%	29/18
Main Pulmonary Artery	12.24	73.5	72	30/17
Right Ventricular Outflow	12.15	73.0	71	41/5
Right Ventricular Inflow				
Right Atrium	11.61	70.0	71	a==9
Superior Vena Cava	no sample			15
Inferior Vena Cava				
Hepatic Vein				
Hepatic Wedge				
Left Brachial Artery	12.58	75.0		
Left Brachial Artery with O ₂	16.85	101.0		
Capacity	17.10			
Hemoglobin	12.3 grams			

and non-specific aortitis confined to the ascending aorta and the arch with marked destruction of the media. This particular entity cannot be ruled out in this patient but the degree of aortic insufficiency and course described by the authors was not comparable.

Among other conditions considered in the differential diagnosis was "pulseless disease," a thrombotic obliteration of the branches of the aortic arch. Originally, the disease was described in young Japanese females but there have been many scattered additional reports of the same entity in young males. The absence of right subclavian and right radial pulses and the murmurs heard could represent the early stages of this disease. Cardiac enlargement and dilatation of the aorta would not fit however.

Finally, as intimated in the history, a thorough search was made for stigmata of Marfan's syndrome. The family history was negative. Examination of the patient's four children revealed no evidence of cardiovascular, skeletal or ocular abnormalities usually associated with this disease. There is the very remote possibility that a localized abiotrophic trait may have been carried in this family and that in this individual aortic dilatation and dissection may be the only manifestation⁸. In 1952 Tung and Liebow⁹ reported a case of aortic insufficiency in a male 42 years of age whose chest x-ray was almost identical with the one described by McKusick² and this patient.

The consensus of opinion at this time is that the patient has rheumatic aortic valve disease with a superimposed congenital or acquired disease of the aorta with superimposed aortic dissection.

Regardless of the etiology of this aortic aneurysm, surgical exploration is still being considered in this man with the hope that perhaps part of the aneurysm can be excised and the remainder of the aorta reinforced with a nylon binder. Aortic insufficiency is not a major problem at this time and the patient may well fit the group of aneurysms reported by Mattison et al⁵. Bahnson and Nelson¹⁰ have discussed the surgical aspects of these five aneurysms of the ascending aorta. In this particular group no cause was found for the aneurysms with the exception of cystic medial necrosis. It was their feeling that, although the disease might be generalized, the greatest threat was the diseased aorta and that surgical treatment as described above was warranted.

Cystic medial necrosis has been described in normal aortas, in dissecting aneurysms, and is one of the stigmata of Marfan's syndrome. Since the publication of the experimental work by Ponseti and Baird³, there has been much speculation as to whether a metabolic defect, a toxin, a hemodynamic stress, or a combination of these is at fault in the production of cystic medial necrosis. These workers consistently produced skeletal defects and aneurysms of the

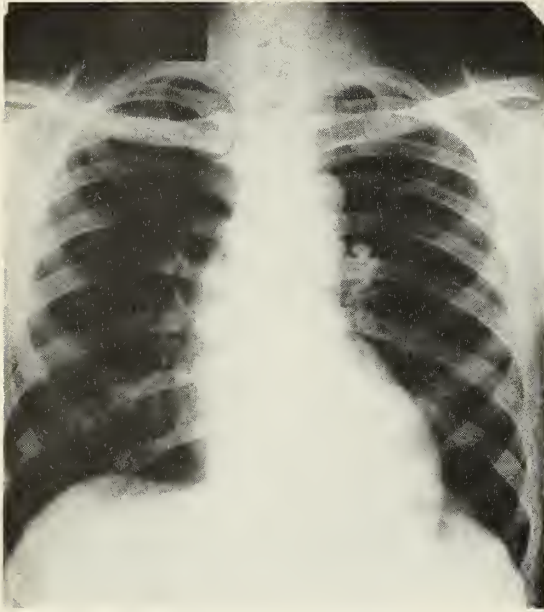


Figure 4. PA view of chest—1946.

aorta in rats by feeding them extract of sweet peas. The injurious agent seems to be *beta-aminopropionitrile*. In Marfan's syndrome, which is considered a congenital and inheritable disorder, the possible relationship to a metabolic disorder is not clear and the same factor or factors may not be operative in this particular group but further study may well reveal some deficiency in the metabolism of the ground substance. At any rate further research in this field may well clarify the differences in congenital and acquired cystic medial necrosis.

Case 2. A 30 year old white male upholsterer was first admitted to the hospital in 1946 complaining of back and chest pain. The patient stated that his illness began about a year to a year and one-half prior to admission, while in military service. During that time he had had transient bouts of pain across the upper back and substernally. These attacks of pain would last two or three days and subside for a month or more. One week prior to admission the patient had recurrence of pain with shortness of breath. The substernal pain was aggravated by deep breathing in the recumbent position. The discomfort seemed to be relieved by sitting up. Past medical history was entirely negative.

Physical Examination: Physical examination revealed a rather pale, well nourished adult male who appeared to be acutely and chronically ill. Height 68½ inches, weight 150 pounds. Blood

pressure 150/40 in both arms. Blood pressure in the legs was 190/70. The pulse was 100, temperature 100.2 degrees. Examination of the head was negative except for marked visible carotid pulsations. Examination of the lungs was negative. The point of maximal impulse was visible and palpable in the fifth interspace just outside the midclavicular line. A diastolic thrill was palpable over the sternum and over the aortic area. On auscultation there was a harsh systolic and diastolic murmur heard over the aortic area transmitted over the entire precordium to the neck and to the back. The abdomen was negative. There were the usual peripheral signs of aortic insufficiency.

Laboratory Studies: White blood count, hemoglobin, urinalysis, blood serology for syphilis and eight blood cultures were all negative. Sedimentation rate was 26 and 28 millimeters in one hour on two occasions.

X-ray Examinations: X-ray of the chest revealed left ventricular enlargement with only minimal dilatation of the aorta (see Fig. 4). Electrocardiograms were all normal except for one tracing which revealed a transient nodal tachycardia. The patient was discharged with the diagnosis of rheumatic aortic stenosis and insufficiency.

Course: After discharge from the hospital the patient did fairly well until 1952 when he had a bout of weakness and shortness of breath. He was not hospitalized at that time but had to discontinue his occupation as truck driver. From 1952 until the present time the patient has worked as an upholsterer and has done quite well. In June of 1957 the patient developed malaise, fever and cough and the patient was rehospitalized with a diagnosis of virus pneumonia. At this time a more detailed family history was obtained. On his father's side the patient's grandfather was 6 feet 6 inches tall. Two uncles were 6 feet 2 inches and 6 feet 4 inches tall respectively. One brother measured 6 feet 3. The patient did not know of any cardiovascular, skeletal or ocular defects in his family.

Marital History: The patient is married and has one son, nine years of age. The only abnormality found on physical examination of the son was a series of vascular tumors on the inner aspect of the upper left arm.

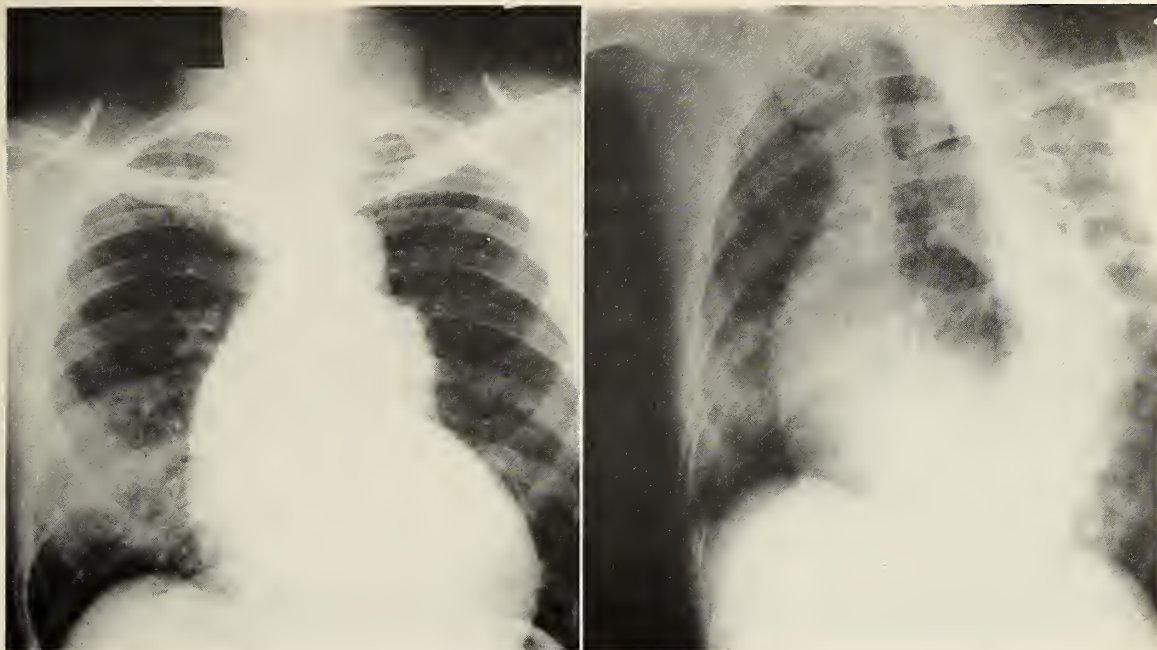


Figure 5. PA and left anterior oblique view of chest—1957.

Physical Examination: Blood pressure 180/52 right arm, 178/50 left arm. Right leg 220/54, left leg 230/54. Examination of the head revealed a deformed left pinna and moderate deafness of the left ear. Special examination by the ophthalmologist revealed a mild bilateral refractive error. One consultant thought there was a mild degree of pectus excavatum present. The PMI was in the sixth interspace in the anterior axillary line. A diastolic thrill was palpable over the aortic area. The murmurs as described during the previous admission were unchanged. All examiners agreed that the diastolic murmur was heard best along the right sternal border.

X-ray Examinations: PA of the chest (see Fig. 5) revealed marked cardiac enlargement especially of the left ventricular component with moderate to marked dilatation of the aorta. Dilatation of the aorta is well shown in the left anterior oblique projection. Angiocardiographic studies were suggested but the patient refused this type of examination. This type of study might have revealed a minimal coarctation beyond the arch of the aorta. The electrocardiogram was consistent with left ventricular hypertrophy.

DISCUSSION

The striking feature of this man's illness was the sudden development of severe aortic insufficiency in 1946. At first it was thought that the

patient had a bacterial endocarditis with a ruptured aortic leaflet. The clinical course and laboratory studies did not confirm this. There was no history or laboratory evidence of syphilis. There was no history that might suggest traumatic rupture of an aortic cusp. In spite of a negative history for rheumatic fever and an aortic valve lesion the patient was discharged with the diagnosis of rheumatic aortic insufficiency with possible eversion of an aortic cusp. It became apparent 10 years later that dilatation of the aorta had progressed to an aneurysmal degree, and, that as described by McKusick², the striking aortic insufficiency preceded the dilatation of the aorta. After this was established it became a simple matter to add the corroborative evidence necessary to make a diagnosis of Marfan's syndrome with probable dissection of the aorta.

Since the original description by Marfan¹¹ in 1896, the clinical features in this syndrome have been enumerated by many authors^{12,13} and the cardiovascular manifestation stressed by others^{2,14}. From a diagnostic point of view it is the atypical instances that present a problem.

Minor skeletal abnormalities may easily escape detection and, in a few, the diagnosis may depend on finding stigmata of the disease in relatives. A review of literature² reveals that it is quite common for the cardiovascular complication to present itself as a problem of severe aortic

incompetency with or without congestive failure. Pappas¹⁵ *et al.* have reported three such instances.

Aortic aneurysms in young adults, without evidence of syphilis or arteriosclerosis are being reported more frequently^{5, 14}, and will continue to be a challenge from a diagnostic and therapeutic point of view. The management of the cardiovascular lesion associated with Marfan's syndrome is a difficult one. In a few, efforts have been made to treat the aortic insufficiency by inserting a Hufnagel valve in the descending aorta. The results have been disappointing^{16, 17}.

In the second patient reported by Pappas,¹⁵ an effort was made to treat the aortic insufficiency by placing a nylon suture about the aortic annulus. The patient died during surgery of an arrhythmia.

Attempts at excising part of the aorta in these individuals is considered difficult because of involvement of the intrapericardial part of the aorta which includes the sinus of Valsalva. In spite of this one wonders whether the course of the second patient could not have been changed for the better if the patient presented himself now with the same clinical findings that he demonstrated in 1946.

SUMMARY

The etiological, diagnostic and therapeutic aspects of ascending aortic aneurysms in two young male adults have been reviewed and discussed.

REFERENCES

1. Steinberg, Israel: Chronic Traumatic Aneurysms of the Thoracic Aorta: Report of Five Cases, with a Plea for Conservative Treatment. *New Eng. J. Med.* 257:913, Nov. 7, 1957.
2. McKusick, Victor A.: Cardiovascular Aspects of Marfan's Syndrome. *Circ.* 11:321, 1955.
3. Ponseti, Ignacio V., and Baird, William A.: Scoliosis and Dissecting Aneurysm of the Aorta in Rats Fed with Lathyrus Odoratus Seeds. *Am. J. Path.* 28:1059, Nov.-Dec. 1952.
4. Grishman, A., Steinberg, M. F., and Sussman, M. L.: Congenital Aortic and Subaortic Stenosis with Associated Anomalies of the Aorta. *M. Clin. North America*, p. 543, May 1947.
5. Mattison, Wilbur E., and Cluff, Leighton E.: Fusiform Aneurysms of the Ascending Aorta Associated with Medionecrosis. *Bull. Johns Hopkins Hosp.*, p. 309, April 1956.
6. McKusick, Victor A., Logue, Bonce R., and Bahnson, Henry T.: Association of Aortic Valvular Disease and Cystic Medial Necrosis of the Ascending Aorta. *Circ.* 16:2, p. 188.
7. McGuire, Johnson, Gall, Edwards A., and Scott, Ralph C.: Fulminating and Fatal Aortic Insufficiency Due to Non-specific Aortitis. *Circ.* 16: 5, 914, Abstracts of the 30th Scientific Session.
8. Whittaker, S. R. F., and Sheehan, J. P.: Dissecting Aortic Aneurysm in Marfan's Syndrome. *Lancet* 2:791, 1954.
9. Tung, H. L., and Liebow, A. A.: Marfan's Syndrome. *Lab. Investigation* 1:382, 1952.
10. Bahnson, Henry T., and Nelson, Arthur R.: Cystic Medial Necrosis as a Cause of Localized Aortic Aneurysms Amenable to Surgical Treatment. *Ann. Surg.*, 144: 519, Oct. 1956.
11. Marfan, A. B.: Un cas de déformation congénitale des quatre membres, plus prononcée aux extrémités caractérisée par l'allongement des os avec un certain degré d'amincissement, *Bull. et mém. Soc. méd. d. hôp. de Paris* 13:220, 1896.
12. Rados, A.: Marfan's Syndrome (Arachnodactyly Coupled with Dislocation of Lens), *Arch. Ophth.* 27:447, 1942.
13. Fletcher, P. H., and Southworth, H.: Arachnodactyly and Its Medical Complications, *Arch. Int. Med.* 61:693, 1938.
14. Marvel, Robert J., and Genovese, P. D.: Cardiovascular Disease in Marfan's Syndrome, *Am. Heart J.* 42:814, December 1951.
15. Pappas, Elias G., Mason, Daniel and Denton. Clarence: Marfan's Syndrome. *Am. J. Med.*, p. 426, Sept. 1957.
16. Radigan, Leo: Personal Communication.
17. Diamond, E. Grey, Larson, William E., Johnson, Warford B., and Kittle, Frederick C.: Post-Traumatic Aortic Insufficiency Occurring in Marfan's Syndrome with Attempted Repair with a Plastic Valve. *New Eng. J. Med.* 256:8, Jan. 3, 1957.

Wolff-Parkinson-White Syndrome

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INTRODUCTION

SINCE THE ORIGINAL DESCRIPTIONS by Wilson¹ and Wedd² and the first comprehensive discussion by Wolff, Parkinson and White,³ this syndrome has been widely reported. The diagnosis must be made from the electrocardiogram, which has the characteristic features of a short P-R interval (less than 0.12 sec.), a slurred upstroke of the R wave (delta wave), a prolonged QRS interval (0.10 sec. or more), and a normal P-S interval. No attempt will be made to discuss the theory of the mechanism of this syndrome.

The purpose of this paper is to present some of the problems in the interpretation of the electrocardiograms encountered in the W-P-W syndrome; namely, those patterns which may be confused with or complicate heart disease.

Case 1 (W-P-W syndrome with various arrhythmias simulating ventricular tachycardia): This is a case of a 58 year old colored woman, who was admitted to the hospital on April 27, 1956, because of shortness of breath which began in December 1955. Her health prior to this time was good. The significant physical findings included cardiomegaly, hepatomegaly, rales throughout the lungs, generalized edema, blood

pressure of 150/110, heart rate of 150 /minute, regular rhythm, and an apical systolic murmur. The patient improved on the usual therapy for congestive heart failure. There were two subsequent admissions for heart failure. During the course of these hospitalizations serial electrocardiograms were obtained and interpreted as follows:

Figure 1: This tracing was obtained on admission before any therapy was administered and reveals the typical findings of W-P-W syndrome. In lead 1 there is a ventricular premature beat which is thought to arise in or near the bundle of Kent because of the similarity of the ascending limb of the R wave to the delta wave of the W-P-W complexes.

Figure 2A: This tracing was obtained on May 9, 1956, and reveals an atrial tachycardia with a 1:1 response single cycles of a 2:1 response.

Figure 2B: This tracing was obtained on May 10, 1956, and reveals an atrial tachycardia with a 2:1 conduction.

Figure 2C: This tracing was obtained on May 12, 1956, and reveals an atrial tachycardia with a 1:1 response. This tracing might be confused with a ventricular tachycardia were it not for comparison with previous tracings.

Figure 2D: This tracing was obtained on May

*From the Robert M. Moore Heart Clinic, Indianapolis General Hospital. Supported by the Herman C. Krannert Fund of the Indiana Heart Foundation and Indiana State Board of Health.

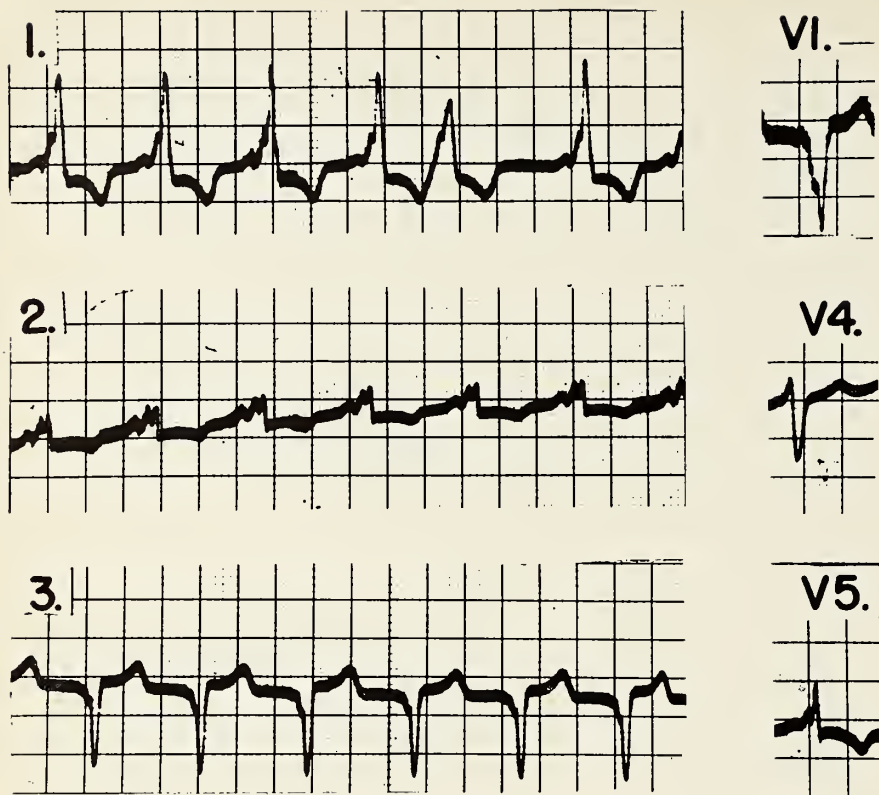


Figure 1.

15, 1956, and reveals an atrial fibrillation (dominant rhythm) with aberrant conduction, normalized conduction and concealed conduction. The aberrant complexes (first three complexes) are similar to the W-P-W complexes in figure 2C. The normal beats (4th, 5th, 6th, and last complexes) occur after an interval of 0.80 sec. and suggest that the refractory period of the normal conduction tissue is longer than that of the aberrant pathway. The few beats (11th complex) with a W-P-W complex occurring after an R-R interval of 0.80 sec. can be easily explained by assuming that the bypass has been invaded by fibrillatory waves without invoking a ventricular response (concealed conduction). In one instance a normal beat follows a normal QRS complex after a period of only 0.72 sec. (5th beat) and represents an attempt at an active nodal rhythm (nodal tachycardia).

Case 2 (Intermittent W-P-W syndrome in the presence of left bundle branch block and left ventricular hypertrophy):** This is a case of a 56 year old white man admitted to the hospital because of episodes of fainting and tachycardia. The only abnormal physical finding was cardiac enlargement thought to be due to arteriosclerotic

heart disease. Representative electrocardiograms are interpreted as follows:

Figure 3A: This tracing reveals two types of ventricular complexes. One is characteristic of left ventricular hypertrophy (3rd, 4th, and 5th complexes) with a QRS duration of 0.10 sec., a P-R interval of 0.24 sec., and a P-S interval of 0.34 sec. The other QRS complex is abnormally widened to 0.14 sec. by a delta wave (initial slurred upstroke) with a shorter P-R interval of 0.16 sec. and a P-S of 0.32 sec. Even in the face of an AV conduction disturbance, intermittent W-P-W is strongly suggested here since the P-R interval shortens to 0.16 sec. This impression is strengthened by the presence of runs of such complexes in which the P-R interval remains constant and hence slight variations of the R-R interval are attributable to concomitant variations of the P-P intervals.

Figure 3B: This tracing reveals alternation of a different combination of ventricular complexes during sinus rhythm, one with a P-R of 0.24

** This case is to be published in detail in The American Heart Journal by Alfred Pick, M.D. and Charles Fisch, M.D. (Ventricular Preexcitation (WPW) in the Presence of Bundle Branch Block).

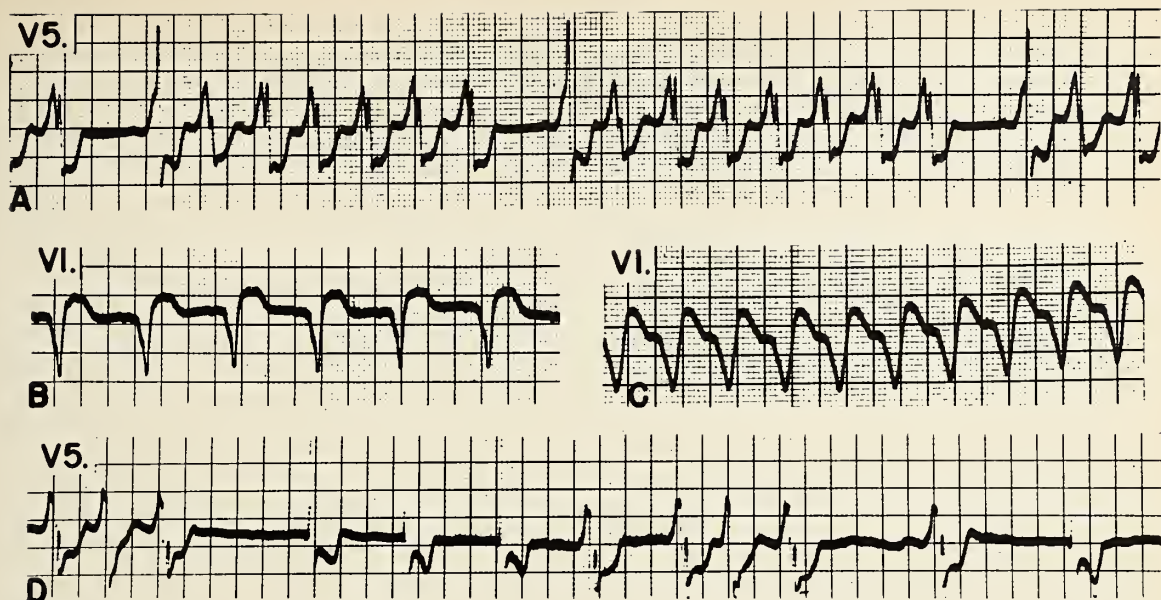


Figure 2.

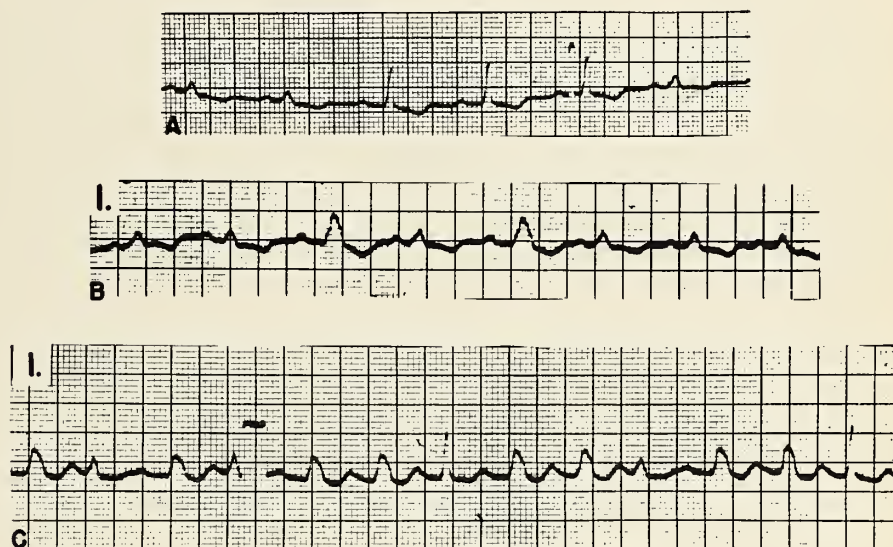


Figure 3.

sec. and LBBB pattern with a QRS duration of 0.16 sec. (3rd and 5th beats), and another with shorter P-R and QRS intervals (1st and 2nd beats) corresponding to the complexes identified in figure 3A as W-P-W complexes.

Figure 3C: This tracing reveals, during a sinus tachycardia, a combination of all three ventricular complexes identified in figures 3A and 3B. In the first four beats LBBB alternates with W-P-W complexes, and in the remainder of the tracing two LBBB complexes are followed alternately by left ventricular hypertrophy or W-P-W complexes.

Pick and Katz⁴ reported an instance of ventricular pre-excitation associated with first de-

gree AV block and point out that an abnormally short P-R interval is not a necessary part of the syndrome provided the other features are identified. Hejtmancik and Herrmann⁵ reported three cases associated with a P-R interval over 0.12 sec. They point out that the W-P-W syndrome should be strongly suspected if the delta waves are found, and may be diagnosed if the concertina effect, described by Öhnell⁶, can be demonstrated.

Case 3 (Intermittent W-P-W syndrome and normal AV conduction revealing findings compatible with posterior wall ischemia): This is a case of a 64 year old white man admitted

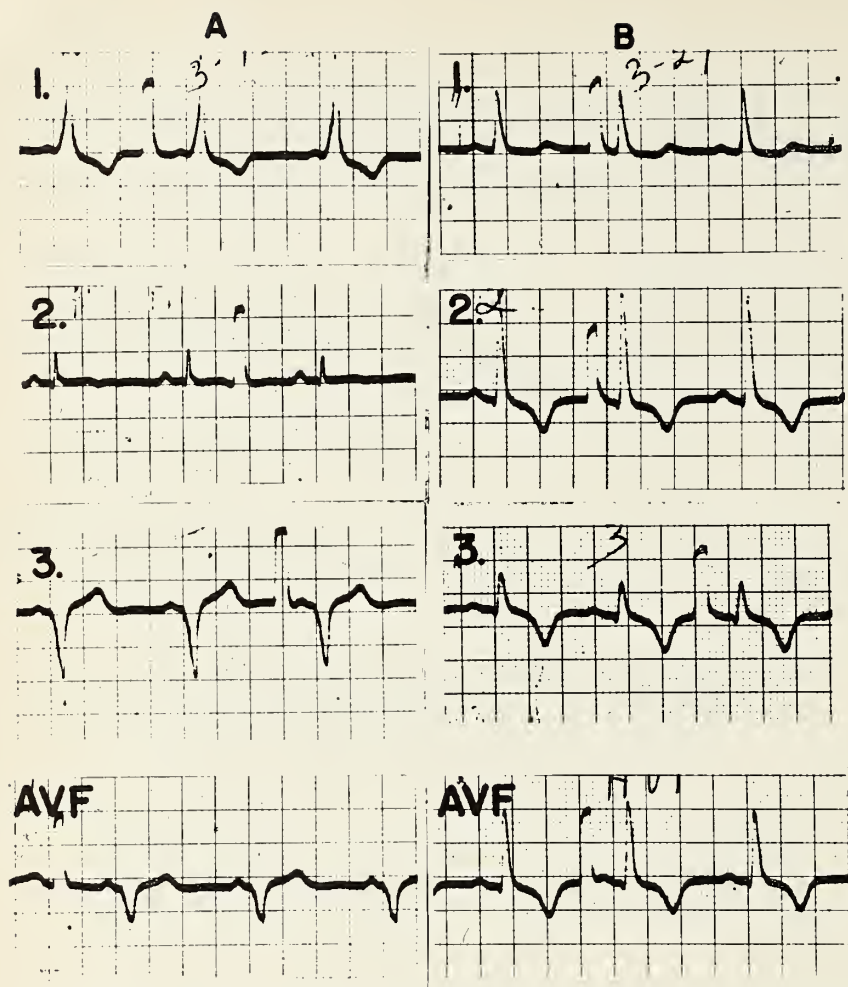


Figure 4.

to the hospital because of palpitation, smothering spells, and retrosternal pressure. His past history revealed bouts of rapid beating of the heart with palpitation which would subside spontaneously. He also had a history of hypertension and recent transient episodes of mid-sternal pressure, hemiparesis, slurred speech, and faintness. The physical examination revealed unequal pupils, grade one apical systolic murmur, fair heart tones, a blood pressure of 190/95, clear lung fields, right hemiparesis, and absent pedal pulsations. Representative electrocardiograms are interpreted as follows:

Figure 4A: These leads are representative of tracings taken on February 23, 1956, and March 14, 1956, and reveal the typical pattern of W-P-W syndrome.

Figure 4B: These leads are representative of tracings taken on March 8, 1956, and March 27, 1956, and reveal normal AV conduction with deeply inverted T waves in the limb leads and

in lead AVF compatible with posterior wall ischemia.

In reviewing the patient's story with the electrocardiograms it was felt that he had had episodes of paroxysmal tachycardia in the past and at the time of this hospitalization he was treated as a case of myocardial infarction, although the electrocardiogram is not diagnostic of such. Wolff and Richman⁷, among others, point out that the spontaneous occurrence of normally conducted beats in patients with the W-P-W syndrome may provide important clues to hidden myocardial disease.

Case 4 (W-P-W syndrome and Right Bundle Branch Block simulating Right Ventricular Hypertrophy): This is a case of a 16 year old white boy whose presenting complaint was sharp precordial pain. An electrocardiogram (figure 5) was taken and originally interpreted as showing severe right heart strain. He was then referred to one of us for further study.

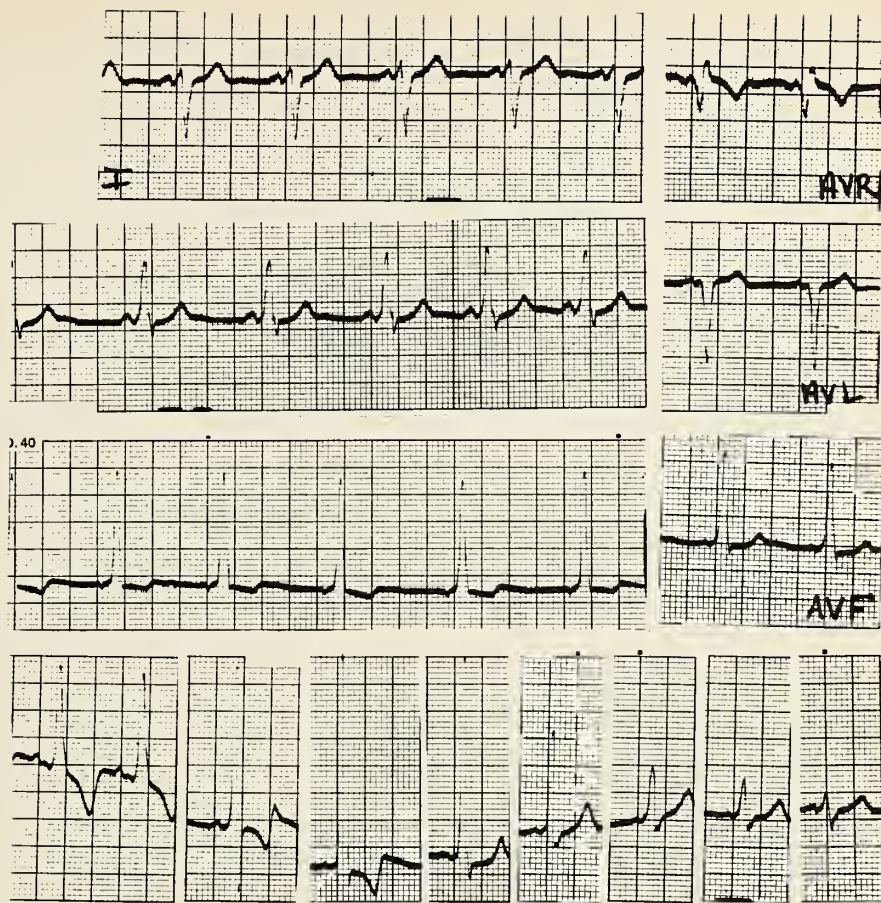


Figure 5.

There was no history of serious illness or tachycardia in the past and the patient was very active in athletics. A careful clinical and laboratory study failed to disclose any abnormalities of the cardiovascular system. The electrocardiogram was interpreted as follows:

Figure 5: This tracing reveals the features characteristic of the W-P-W syndrome; namely, the short P-R interval, the classical delta wave, and the broad QRS complexes. In addition to these are the deep S wave in lead I and the tall upright deflections in leads V-1 and V-2 which might be mistaken for right ventricular hypertrophy. The presence of right bundle branch block is manifested by the terminal S waves in V-5 and V-6 and the terminal upright deflections in leads V-1 and V-2. In the usual W-P-W complex of the A type of Rosenbaum⁸ there is a small terminal S wave in leads V-1 and V-2. The absence of the terminal S wave in leads V-1 and V-2 in this tracing is considered to be due to the terminal forces of right bundle branch block. Furthermore, the extremely high voltage of the upright deflections in leads V-1

and V-2 in this tracing is not seen in the ordinary W-P-W of the A type and probably resulted from the summation of the preexcitation wave and the terminal force of the right bundle branch block.

Case 5 (W-P-W syndrome with a prolonged and extremely rapid tachycardia): This is a case of a 13 year old white boy admitted to the hospital because of a rapid heart rate which failed to respond to digitalis. The only abnormal physical finding was that of a rapid heart rate (265/per minute) which had persisted for a period of 10 days. The electrocardiograms are interpreted as follows:

Figure 6A: This tracing was obtained during a paroxysm of rapid heart action. The ventricular complexes are aberrant, the rhythm is regular, and the rate is 265 per minute. The diagnosis of paroxysmal supraventricular tachycardia with persistence of anomalous atrio-ventricular excitation seems well established when slowing of the heart rate reveals a typical W-P-W pattern (figure 6B).

Figure 6B: This tracing was obtained after

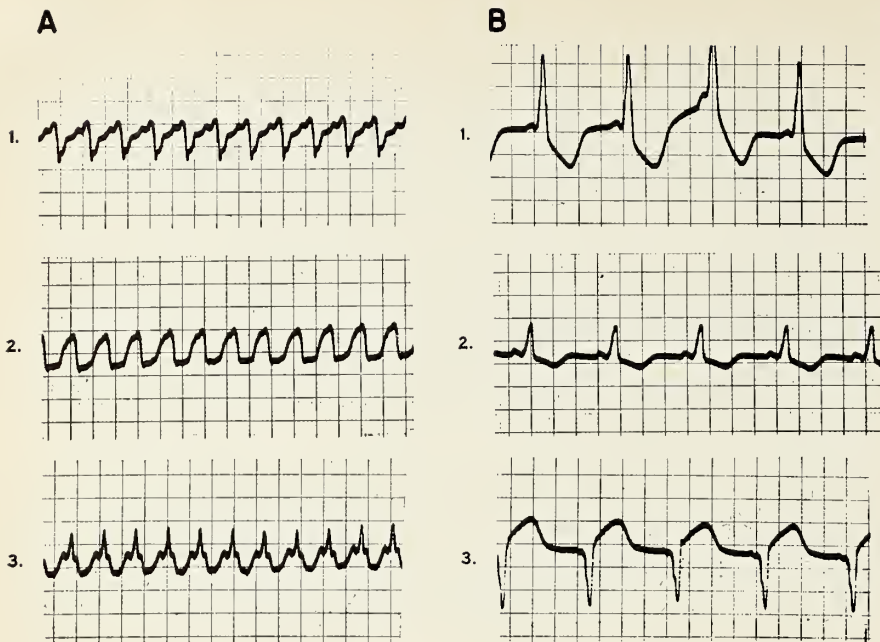


Figure 6.

the administration of quinidine. To be noted, in addition to the W-P-W characteristics, is the prolonged Q-T interval without widening of the QRS interval. Quinidine will widen the QRS interval in bundle branch block or normally conducted beats whereas it will have the opposite effect on the QRS interval in cases of anomalous atrio-ventricular conduction. It has been pointed out by Langendorf et al.⁹ and Katz and Pick¹⁰ that quinidine is the drug of choice in this syndrome because it depresses the conduction along the accessory pathway. Digitalis is contraindicated because it depresses normal atrio-ventricular conduction, and sometimes leads to an undesired acceleration of the ventricular rates.

SUMMARY

Problems in the interpretation of the electrocardiograms encountered in five patients with the W-P-W syndrome are discussed and it may be seen how casual observation might result in serious misinterpretation. In addition to avoiding erroneous diagnoses such as ventricular tachycardia and right ventricular hypertrophy, the recognition of anomalous atrio-ventricular excitation can also be of help in uncovering the cause of paroxysmal tachycardias of infants and young children, and may lead to measures to unmask signs of underlying myocardial infarction. That the paroxysmal tachycardia of this syndrome, particularly in infants, occasionally leads to fatalities is being increasingly reported.^{5, 11, 12}

REFERENCES

1. Wilson, F. N.: A Case in Which the Vagus Influenced the Form of the Ventricular Complex of the Electrocardiogram, *Arch. Int. Med.* 16:1008-1027, 1915.
2. Wedd, A. M.: Paroxysmal Tachycardia with reference to nomotopic tachycardia and the role of the extrinsic cardiac nerves, *Arch. Int. Med.* 27:571-590, 1921.
3. Wolff, L., Parkinson, J., and White, P. D.: Bundle Branch Block With Short P-R Interval in Healthy Young People Prone to Paroxysmal Tachycardia, *Am. Heart J.* 5:685-704, 1930.
4. Pick, A. and Katz, L. N.: Disturbances of Impulse Formation and Conduction in the Pre-excitation (WPW) Syndrome—Their Bearing on its Mechanism, *Am. J. Med.* 19:759-772, 1955.
5. Hejtmancik, M. R. and Herrmann, G. R.: The Electrocardiographic Syndrome of Short P-R Interval and Broad QRS Complexes, *Am. Heart J.* 54:708-721, 1957.
6. Öhnell, R. F.: Pre-excitation Cardiac Abnormality, *Acta Medica Scandinavica* 152:9-163, 1944.
7. Wolff, L. and Richman, J. L.: The Diagnosis of Myocardial Infarction in Patients With Anomalous Atrioventricular Excitation (Wolff-Parkinson-White Syndrome), *Am. Heart J.* 45:545-570, 1953.
8. Rosenbaum, F. F., Hecht, H. H., Wilson, F. N., and Johnson, F. D.: The Potential Variations of the Thorax and the Esophagus in Anomalous Atrioventricular Excitation (Wolff-Parkinson-White Syndrome), *Am. Heart J.* 29:281-326, 1945.
9. Langendorf, R., Lev, M., and Pick, R.: Auricular fibrillation with anomalous A-V excitation (WPW Syndrome) imitating ventricular paroxysmal tachycardia, *Acta Cardiol.* 7:241-260, 1952.
10. Katz, L. N. and Pick, A.: Clinical Electrocardiography, 2nd Edition Pg. 685, 1956, Lea & Febiger.
11. Kimball, J. L. and Burch, G.: The prognosis of the Wolff-Parkinson-White Syndrome, *Ann. Int. Med.* 27:239-242, 1947.
12. Silverman, J. J. and Werner, M.: Fatal Paroxysmal Tachycardia in a Newborn Infant with the Wolff-Parkinson-White Syndrome, *J. Pediat.* 37:765-773, 1950.

Pulseless Disease: Takayasu's Disease

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IN 1908 TAKAYASU, a Japanese ophthalmologist, described a syndrome he had noted in a few young Japanese females in which there was partial or total obliteration of most or all of the arterial pulsations to the head and upper extremities thought due to an arteritis and with symptoms corresponding to the circulatory impairment.¹ Caccamise and Whitman² reported on a case in 1954 and reviewed most of the literature up to that time. They reported that 58 cases of this disorder had been published in the Japanese literature. Ask-Upmark³ surveyed the literature when reporting another case in 1954 and collected 28 cases outside of Japan. Fifty-three of the Japanese cases and 27 of the 28 cases reported by Ask-Upmark were in females. The two cases reported herein were males first seen and recognized as belonging to this disease category in 1954.

CASE 1

1954 at which time his complaints included severe headaches and visual difficulty of about 12 years duration and weakness of the muscles of the head and neck of about one year in duration. In addition he had noted dizziness on quick changes of position and had experienced one syncopal episode. Occasional paresthesias were noted in the upper extremities. Some relief of the headaches was obtained by placing the head in a dependent position. No relief had been obtained with the use of anacin or aspirin. He had been hospitalized in an army hospital in 1943 for determination of possible pulmonary pathology. At this time his blood pressure was 144/88 and no abnormality of the circulatory or respiratory system was found. He was hospitalized elsewhere in 1953 for the above com-

plaints. Diagnoses of chronic iritis and occlusion of both subclavian arteries of unknown cause were made. A few weeks prior to his admission he had noted photophobia and a cataract of the left eye. There was exertional dyspnea but no other complaint referable to the cardiovascular system, respiratory system, genitourinary system, or lower extremities.

Physical examination revealed an afebrile, small statured, fairly well developed, oriented, competent, cooperative male who appeared older than the stated age and who appeared chronically ill. Cardiovascular examination revealed no abnormality of the heart; the radial and ulnar pulses were absent; the brachial and carotid pulses were feeble; no temporal artery pulsations were present; the femoral, popliteal, and posterior tibial pulsations were normal. Blood pressure was not obtainable in the arms by the usual method but was estimated to be about 40 millimeters of mercury by the venous filling method. Blood pressure in the lower extremities was 190/110. Examination of the head and neck revealed some atrophy of the sternocleidomastoid muscles bilaterally. There was weakness of the neck muscles and of the arms. There was a large perforation of the nasal septum and the patient was edentulous. There was a mature cataract of the left lens and some conjunctival injection of the left eye. There was iritis of the right eye. Funduscopic examination revealed some venous engorgement without other abnormality. The remainder of the examination revealed no additional abnormalities. The hemogram, serum proteins, serology and urinalysis were normal. X-rays of the chest, skull and cervical spine revealed no abnormalities. There was a linear delicate calcification adjacent to one humerus suggesting a calcified blood vessel. Electrocardiogram was normal.

The patient was treated symptomatically for the headaches and advised to cease smoking.

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This advice was not heeded. A four week course of cortisone was given with slight subjective improvement but without objective improvement noted. Cataract surgery was performed on the right eye in April 1954. This was followed by the rapid development of a cataract on the left which was extracted surgically in June 1955. This was complicated by a postoperative uveitis and subsequent bilateral optic atrophy. The patient was last seen in December 1956 at which time no new changes were noted in his status. He subsequently expired at home.

CASE 2

A 66 year old male was first seen in June 1954 at which time he complained of chest pain, dyspnea, and ankle edema. He stated his health became poor about 15 years previously at which time he was studied for possible tuberculosis. No diagnosis was established at that time.

About seven years previously he began noting dizzy spells, scotoma, and intermittent constriction of the visual fields. He was seen by several physicians who noted low blood pressure and offered a diagnosis of arteriosclerosis. About one year previously he developed occasional staggering when walking and at times fell on arising. A short time prior to admission he was seen at a clinic where adrenal cortical insufficiency was suspected and treatment with cortisone and desoxycorticosterone was instituted. Intermittent ankle edema and orthopnea followed. The evening prior to admission he developed pain along the left sternal border with radiation down the left arm and became much more dyspneic than usual.

Physical examination revealed a poorly nourished chronically ill male. No arterial pulsations were palpable in the upper extremities or in the neck; femoral pulses and posterior tibial pulses appeared to be of normal volume. Blood pressure was not obtainable in the upper extremities and was 110 systolic in the lower extremities. A few pulsating intercostal arteries were visible over the posteriothoracic region. There was a markedly hyperactive carotid sinus reflex with syncope. Sluggish pupillary reactions, rhinophyma, a slight pigeon-breast deformity, crepitant basilar rales in the lungs and a palpable liver edge three centimeters below the right costal border constituted the remaining abnormal physical findings.

The hemogram, urinalysis, blood urea nitrogen, serum chlorides, serum sodium, serum potassium, serum carbon dioxide, fasting blood sugar, and serology were all normal. X-ray of the chest revealed only old fibrotic changes and evidences of emphysema: the cardiac size and shape was normal. The skull x-ray was normal. Electrocardiogram revealed non-specific STT changes. Treatment consisted of discontinuance of the hormones and the usual measures for congestive failure with additional potassium supplement. Atropine was given for the carotid sinus hypersensitivity. There was improvement in the dyspnea with little other change noted during this or subsequent hospitalizations. He expired suddenly at home in December 1956.

CLINICAL FINDINGS

Pulseless disease or Takayasu's disease is an entity which has been and should be recognized on clinical grounds. The clinical features depend upon the degree and location of the circulatory impairment. At the present time, in order for the entity to be recognized there must be marked diminution or absence of the palpable arterial pulsations in the upper extremities, the head, and the neck while there are normal pulsations in the lower extremities. The blood pressure as obtained by the ordinary method is very low or unobtainable in the arms and normal or high in the legs. The subjective symptomatology is related to disturbance in the central nervous system, organs of special senses and combined circulatory and musculoskeletal systems, usually but not always in that order.

Probably the most marked and most frequent symptoms are those of impaired circulation to the brain and eyes. Currier et al.,⁴ in reviewing 40 cases, noted visual symptoms in 32, loss of consciousness in 29, dizziness and vertigo in 19, headaches in 17, paralysis in 15, sensory changes in 10, convulsions in 9, aphasia in 8, carotid sinus sensitivity in 9, and bulbar signs in 5. This appears to be a representative observation. Other central nervous system changes included hemiplegia, hemiparesis, and memory impairment. The ocular changes are striking. Cataracts have been noted in about one-half of the cases. Visual blurring has been an almost universal complaint. A peculiar peripapillary arterio-venous anastomosis has been described. Retinal and optic atrophy have occurred. Disturbance of the ear

has been infrequent, but deafness or tinnitus has been present in a few cases.

Other findings include the development of increased collateral circulation occasionally evidenced by pulsating intercostal arteries; occasional systolic or continuous bruits over various of the larger branches from the aortic arch or base of the heart; claudication of the upper extremities and jaws; trophic ulcers of the skin; perforation of the nasal septum; and muscle atrophy of the upper extremities, head and neck. Anginal symptoms and dyspnea have been noted rarely.

The laboratory findings show no consistent abnormalities. STT changes have been noted in a few instances.^{14,19} Platelets were increased in one.¹¹

INCIDENCE

The true incidence of this disorder cannot be definitely ascertained. Caccanise and Whitman² stated that 58 cases had appeared in the Japanese literature while Currier et al.⁴ asserted that 68 cases had been reported in the Japanese literature in the same year. Ask-Upmark² found only 28 cases outside of Japan and recognized some cases published under titles which did not clearly suggest the disorder;^{5,6,7} however, he did not include several cases which had been published prior to his report. These include reports by Harbitz,⁸ *Bilateral Carotid Arteritis*; Brown,⁹ *Absence of Pulse*; Elliott et al.,¹⁰ *Bilateral Carotid Sinus Denervation in a Patient Having Syncopal Attacks and a Congenital Vascular Anomaly*; Aggeler et al.,¹¹ *A Syndrome Due to Occlusion of All Arteries Arising from the Aortic Arch*; and a case included in a review of the *Aortic Arch Syndrome* by Ross and McKusick.¹² There are about 11 other reports of isolated cases since 1954. Some of the later reports are labeled as Pulseless Disease with or without modification. Others have been reported under such titles as Reversed Coarctation;¹⁶ Thrombotic Occlusion of Branches of the Aortic Arch;¹⁷ The Chronic Subclavian-Carotid Obstruction Syndrome;¹⁸ Primary Arteritis of the Aortic Arch;¹⁹ and Observations on Continuous Murmurs Over Partially Obstructed Arteries.²⁰ It appears very likely that other cases have been published under titles which do not permit recognition of the true disorder. It also appears that cases which had not progressed to the extent in

which all major branches of the aortic arch are involved might have occurred and been unrecognized. In all there have been approximately 42 previously published cases outside of the Japanese literature. Of these only three were males. The ages varied from 13 to 58.

ETIOLOGY AND PATHOLOGY

The etiology of this disorder is unknown. All the well known vascular disorders, including polyarteritis, Buerger's disease, syphilis, arteriosclerosis, and healed dissecting aneurysm, have not been present. Trauma has never been recorded as a possible cause and mediastinitis has not been reported.

The pathology has not been studied sufficiently as yet. Only a few biopsies and necropsies have been performed. In general there appears to be a non-specific inflammatory and fibrotic reaction with superimposed thrombosis which has a special affinity for the aortic arch but has been noted in distal branches as well.^{1,3,14,19} The process has been found to involve the pulmonary artery,³ the coronary ostia in one case,¹⁹ and extension of the inflammatory process to periarterial tissues and neighboring muscles was reported on one.¹⁴

TREATMENT AND PROGNOSIS

At the present time there is no satisfactory treatment and the course appears to be one of gradually increasing vascular occlusive phenomena ending in rather sudden death. Among the measures suggested and tried have been antibiotics, anticoagulants, local x-ray, steroids, and the male hormone. Gibbons and King¹³ and Koszewski¹⁴ felt that cortisone produced a favorable reaction but were unable to demonstrate any objective improvement. A short course of steroid therapy was without any demonstrable benefit in the first case reported here and appeared possibly detrimental in the second case. Recently Warren and Friedman¹⁵ performed thromboendarterectomy in a case with improvement in pulses in upper extremities and right carotid said to have resulted. In view of possible surgical consideration, it should be mentioned that angiocardigraphy has not always been an innocuous procedure in these individuals whose circulation to vital structures is already greatly impaired. Generalized convulsions, transient

paralysis, permanent paresis have been recorded.¹⁴ Temporary aphasia was noted in one case.²¹

SUMMARY

Two cases of a rare condition, presently best known as Pulseless Disease or Takayasu's Disease, have been presented and the literature pertaining to this disorder has been reviewed.

REFERENCES

1. Shimizu, K. and Sana, K.: Pulseless Disease. *J. of Neuropathology and Clinical Neurology*, January, 1951.
2. Caccamise, W. C. and Whitman, J. F.: Pulseless Disease. *Am. Heart J.* 47:408, 1954.
3. Ask-Upmark, E.: On the Pulseless Disease Outside of Japan. *Acta Medica Scandinavia* 149:161, 1954.
4. Currier, R. D., De Jong, R. N., and Bolu, G. G.: Pulseless Disease: Central Nervous System Manifestations. *Neurology* 4:818, 1954.
5. Giffin, H. M.: Reversed Coarctation and Vasomotor Gradient: Report of a Cardiovascular Anomaly with Symptoms of a Brain Tumor. *Proceedings of the Staff Meetings of the Mayo Clinic* 14:551, 1939.
6. Kouretas, D. and Djacos, C.: Reflective Exageree Du Sinus Carotidien Avec Acces Epileptiques et Spasme Des Arteres Retiniennes, Dans Un Cas D'Obliteration Lente Des Carotides Et Des Sous-Clavieres. *Ann. d'ocul.* 177:161, 1941.
7. Lewis, T. and Stokes, J.: A Curious Syndrome with Signs Suggesting Cervical Arteriovenous Fistula, and the Pulses of the Head and Neck Lost. *Brit. M. J.* 4:57, 1942.
8. Harbitz, Francis: Bilateral Carotid Arteritis. *Arch. Path.* 1:499, 1926.
9. Brown, C. F.: Absence of Pulse. *The China Medical J.* 43:269, 1929.
10. Elliot, A. H., Ussher, N. T., and Stone, C. S.: Bilateral Carotid Sinus Denervation in a Patient Having Syncopal Attacks and a Congenital Vascular Anomaly. *Am. Heart J.* 17:69, 1939.
11. Aggeler, P. M., Lucis, S. P. and Thompson, J. H.: A Syndrome Due to Occlusion of All Arteries Arising from the Aortic Arch. *Am. Heart J.* 22: 825, 1941.
12. Ross, R. S. and McKusick, V. A.: Aortic Arch Syndrome. *Arch. Int. Med.* 92:701, 1953.
13. Gibbons, T. B. and King, R. L.: Obliterative Brachiocephalic Arteritis: Pulseless Disease of Takayasu. *Circ.* 15:845, 1957.
14. Koszewski, B. J. and Hubbard, T. F.: Pulseless Disease Due to Brachial Arteritis. *Circ.* 17:406, 1957.
15. Warren, R. and Friedman, L. J.: Pulseless Disease and Carotid Artery Thrombosis. *New Eng. J. Med.* 257, 685, 1957.
16. Weir, A. B. Jr. and Kyle, J. W.: Reversed Coarctation. *Ann. Int. Med.* 45:681, 1956.
17. Davis, J. B., Grove, W. J., and Julian, D. C.: Thrombotic Occlusion of Branches of Aortic Arch. *Ann. Surg.* 144:124, 1956.
18. Bustamante, R. A., Melanes, B., Cascs, R., and DeLa Torre, A.: The Chronic Subclavian Carotid Obstruction Syndrome. *Angiology* 4:479, 1954.
19. Barker, N. and Edward, J. E.: Primary Arteritis of the Aortic Arch. *Circ.* 11:486, 1955.
20. Myers, J. D., Murdaugh, H. H., and McIntosh, H. D., and Blaisdell, R. K.: Observations on Continuous Murmurs over Partially Obstructed Arteries. *Abstracts J.A.M.A.* Jan. 15, 1955.
21. Skipper, E. and Flint, F. J.: Symmetrical Arterial Occlusion of Upper Extremities, Head and Neck; A Rare Syndrome. *British M. J.* 2:9, 1952.

Stress, Coronary Thrombosis and Myocardial Infarction

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THE EXACT RELATION of stress to coronary thrombosis and infarction is an extremely important but yet unsettled problem. It affects the emotional, social, "physical", and economic future of every person with known coronary disease and many more who will inevitably develop this common malady. Unfortunately an accurate and conclusive evaluation of this relation is difficult. The pitfalls of any study in this field are numerous, some of the more important being: (1) the preconceived notions, emotions and enthusiasm of the individual investigator, (2) the economic, social and medico-legal aspect of the problem, (3) lack of uniformity in interpretation of the same data by different observers, (4) the necessity of relying on statistical analysis and (5) inability to subject such a study to well controlled laboratory conditions.

In this article the author makes an effort to present the surprisingly meager data dealing with this important subject. It is not my intention to convey the impression that this is an exhaustive review of the literature, or that the evidence is conclusive, or that it will stand the test of future studies. The sole purpose is to bring to your attention the need for re-examination of some of the present day concepts in the light of available information as well as to emphasize the need for further study of this problem.

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Before presenting the available data, I would like to review the clinicopathological events which may take place in patients with coronary artery disease. Failure to analyze such events separately has added to the confusion regarding the problem of stress and myocardial infarction. An individual with coronary artery disease may die with myocardial infarction due to coronary thrombosis or as a result of generalized ischemia without thrombosis. Furthermore the ischemia may be so severe as to result in sudden death without allowing time for evolution of infarction. Individuals with coronary insufficiency as manifested by angina often die as a result of generalized ischemia without coronary thrombosis. Such events are frequently brought on by sudden physical or emotional distress. In contrast to this, however, the relation of stress to coronary thrombosis with infarction is not as clear cut. In fact, there are many students of this subject who doubt if such a relation between the two even exists.

ACTIVITIES PRECEDING THE ACUTE ILLNESS

Luten,¹ in 1931, found that many cases of occlusion occurred during sleep and not following stress and suggested that perhaps during sleep the drop of diastolic pressure and lowered cardiac output contributed to such a high incidence of infarction. On the other hand Fitzhugh and Hamilton² studied 100 patients with myocardial infarction and concluded that unusual activity or stress or "marked departure from ordinary habits of living preceded fatal angina or coronary artery thrombosis more often than not and that many of these departures were preventable." Phipps³ in a study of 235 cases

of myocardial infarction found that only 17% occurred after moderate exertion such as walking or operating a machine and that in more than one half of these the accidents took place within an hour after eating. Cooksey⁴ in a letter to the editor of the J.A.M.A. in 1939 reported that in 17% of 230 individuals the attack appeared within 24 hours of unusual and frequently severe exertion. Master^{5, 6} and his co-workers analyzed 817 attacks in 555 patients in 1937 and again restudied the problem in 1950 at which time their series increased to 1,700 patients. They found that coronary thrombosis followed severe exertion in 2.1%, moderate activities in 5.3%, mild activities 13%, sleep, 19%, rest 21%, meals 5%, excitement 5.1%, post-operatively 4.1%, infection 1.9%, increasing angina 1.7%, and no definite contributory factor in 1.5%. They concluded that "it would seem that the onset of coronary thrombosis during various states was merely a coincidence and that no specific factor precipitated the attack". He and his group believe that all *occlusions* appear spontaneously. He pointed out, however, that those who were asymptomatic prior to infarction differed strikingly from those with antecedent angina. In the latter, stress is important in the development of infarction. Master found stress to be a contributory cause of death in 33% of a series of patients with antecedent angina. The earlier investigators failed to separate the two groups when discussing stress and infarction. In a recent study Spain and Bradess⁷ analyzed 1,109 cases of acute coronary occlusion and found that only 54 of those were engaged in activities which could be regarded as strenuous just prior to the fatal episode.

Evidence favoring stress as a factor in myocardial infarction comes from studies conducted in the Armed Forces. Blumgart⁸ reported 11 cases out of a larger series and indicated that histories of these individuals indicated that infarction followed severe strain. Four post-mortem examinations showed in each case severe disease with old as well as new infarctions. He suggested that exercise may have caused: (1) relative ischemia due to coronary sclerosis, (2) rupture of arteriosclerotic plaque or (3) subintimal hemorrhage. French and Dock⁹ reported on 80 fatal cases in soldiers 20-36 years of age. They stated that 35% of these occurred within one to several hours after vigorous exercise, 10% died during sleep and 17% during first

two hours after awakening. At autopsy 59% had old scars, a thrombus was found in 36% and infarction in 19%. The failure to find a thrombus in 64% suggests that very often diffuse myocardial ischemia superimposed on severe pre-existing coronary sclerosis was the precipitating cause and that these men did not die because of coronary thrombosis. The authors failed to treat the groups with and without antecedent angina separately.

In the now classical study of coronary disease in young men, members of the Armed Forces, Yater¹⁰ and associates were able to establish the circumstances prior to death in 324 of their group of over 800 cases. The time calculated as spent in bed, during mild to moderate, and strenuous exercise was 33.3%, 54.2%, and 12.5% respectively. Only 39 individuals died in bed which was $\frac{1}{3}$ of the expected number when calculated on basis of time spent in bed. There were 222 men who died during or shortly after strenuous exertion. Only 11% of those who died in bed had evidence of an old thrombus as compared to 62% for those who died after strenuous exercise. The author stated that "thus by percentage there were three times as many with old or organizing thrombosis among those stricken while engaged in strenuous activity as among those found in bed when stricken. From this data it may be concluded that in some cases a thrombosis or infarct may have been forming silently for some time and the type of activity at the onset of symptoms was purely coincidental, but that in other cases the type of activity, particularly if strenuous, may have caused the additional demand for coronary blood that precipitated the fatal attack of coronary insufficiency". Yater and his co-workers state further, "In correlation of the presence of fresh thrombosis at autopsy with the type of activity, it was found that 89% of thrombi of patients who were in bed were fresh, as compared with 75% of those in patients engaged in mild or moderate activity and 63% of those patients engaged in strenuous activity. It might be concluded from these figures that rest is more favorable for the formation of thrombi than activity and that death is more likely to occur when a patient with a fresh thrombus is at rest than when active, but it cannot be denied that activity may play a part in the production of thrombi. It would appear that although the state of circulation during sleep is more favorable for throm-

bosis in a sclerotic artery, it is not as conducive to acute coronary insufficiency as activity when the thrombus is old".

It becomes obvious after a careful analysis of this paper, which is so often quoted in support of the cause and effect relation of stress and coronary thrombosis, that there is room for further critical evaluation of the problem.

EFFECT OF EMPLOYMENT ON CORONARY DISEASE

Phipps³ writing in 1936 on the contributory causes of coronary thrombosis referred to an earlier study which he submitted to the U. S. Department of Labor and which was based on 500 cases of heart disease which the author examined impartially for the Massachusetts Industrial Accident Board. He found that manual laborers who had heart disease but who for economic reasons had to continue to work had a better life expectancy and also a much later advent of cardiac incapacity than the so-called private patient or a "white collar" worker. He stated further that "a consideration of the anatomy and physiology of the coronary arteries in addition to careful analysis of case histories leaves a great doubt in my mind concerning any definite causal relationship between physical stress and coronary thrombosis".

Morris¹¹ and associates conducted an interesting study of incidence and prognosis of coronary diseases in bus drivers as compared with conductors of double deck buses. Data covering a two-year period indicated that coronary disease behaves differently in the two groups of workers. Angina was relatively more common among conductors and rapidly fatal thrombosis was more common in the drivers. A history of angina at the time of infarction was obtainable in 13% of the drivers and 39% of the conductors. On the other hand the drivers had a 31% immediate mortality as against only 19% for the conductors.

The same workers using the same approach compared the postmen as the physically active group with telephone operators as the sedentary group. The results were similar to those obtained in the first study.

An analysis by the same group of individuals dying in Wales and England in 1930-1932 showed that the death rate due to coronary thrombosis was much lower in individuals en-

gaged in heavy labor. Furthermore a study of a group of men from 45 to 75 years of age dying of coronary disease in March 1952 in London showed that the numbers of heavy workers dying during their first episode was 50% of 23 in this category and the number of light workers dying during their first episode was 75% of the 59 analyzed.

Morris and associates advanced, on basis of the above studies, the hypothesis that "men in physically active jobs have a lower incidence of coronary heart disease in middle age than have men in physically inactive jobs. More important the disease is not so severe in physically active workers, tending to present first in them as angina pectoris and other relatively benign forms, and to have a smaller early case-fatality and/or lower early mortality rate".

Spain's⁷ study tends to support this contention. In his group of 1,109 cases he found the occupations of those who died before reaching the age of 55 as compared with those who died after that age to be as follows: sedentary activity—112 (44%) in the younger group as against 139 (56%) in older group (251 total); moderate activity—81 (31%) in the younger group as against 139 (56%) in older group (220 total); strenuous activity—35 (24%) in younger group as against 106 (76%) in older group (141 total). These figures suggest that men engaged in sedentary occupations tended to die from coronary occlusion at a younger age than those whose occupations involved considerable physical effort. The author was unable to show any significant effect of economic status in the series analyzed.

ANATOMICAL AND PHYSIOLOGICAL STUDIES

The correlation of anatomical findings at autopsy with physiological conditions existing prior to death help to shed some light on the beneficial effect of stress on course of coronary disease. That collateral circulation forms in hearts with coronary disease is well known. The stimulus which is responsible for the growth of this collateral circulation is, however, not as clear.

The studies of Zell, Wessler and Schlesinger,¹² Baroldi,¹³ and many others suggest that the common denominator responsible for the appearance of collateral circulation is anoxia of myocardium. In the above studies the anoxia was secondary to anemia, myocardial hyper-

trophy, pulmonary disease or diminished coronary flow. If we were to assume that exertion in middle-aged individuals with salient coronary artery disease results in myocardial anoxia, then the stimulus for collateral circulation and the diminished early mortality rate from coronary thrombosis in the active group can be explained.

A thought-provoking study dealing with this problem was reported by Eckstein.¹⁴ This worker was able to satisfactorily narrow a major coronary vessel in 90 dogs. Forty-five of the animals were returned to their cages to lead a sedentary life. The remaining 45 were placed on a treadmill with a gradually increasing amount of exercise. Subsequent complete occlusion of the vessel in the exercised dogs failed to alter the EKG, indicating the development of a good collateral circulation so that an infarction did not occur. The rested dogs, on the other hand, failed to develop an adequate circulation and showed classical signs of infarction with subsequent complete occlusion of a coronary artery. This difference in development of collateral flow was substantiated at necropsy. On the basis of his work Eckstein suggests that "in the human it is during the early stage of coronary disease when collateral channels have not yet developed that exercise may be particularly effective in promoting collateral growth which would otherwise not occur. Since the onset of coronary disease is not clinically recognizable, it would probably be advisable to encourage middle-aged human beings who are without symptoms to exercise. It is also probable that patients without recent infarcts who have exertional pain due to coronary disease should be placed on a positive program of mild exercise which just falls short of producing pain".

An interesting concept of coronary thrombosis was advanced some years ago by Patterson.^{15, 16} He found on serial sections of coronaries a high incidence of subintimal hemorrhages with or without thrombosis and postulated that the hemorrhage was due to rupture of capillaries derived from lumen of the coronary arteries, and traversing the wall of the vessels. He was able to demonstrate subintimal hemorrhage in 32 of 37 consecutive cases of coronary thrombosis and suggested that the hemorrhage was the initiating factor in thrombosis. He believed that the capillary rupture was related to increase in intracoronary pressure such as is present in hypertension or may appear as a tran-

sient phenomenon during excitement or exertion. It was Patterson's feeling that it is during the time of stress that the capillary rupture probably takes place and this is followed by a latent period during which secondary changes occur in the intima which eventually lead to the deposition of a thrombus. The onset of precordial pain then merely marks the time of coronary occlusion which is the final phase of a process which began sometime previously and was initiated by intimal capillary rupture. The above concept is very interesting but lacks confirmation, and is denied by Master. The latter showed that 84% of hypertensive patients had intimal hemorrhage and that 95% of nonhypertensive patients had similar conditions. Furthermore a study of the hearts of 25 individuals who were bedfast for long periods of time showed a 61% incidence of intimal hemorrhage in association with coronary thrombosis. Masters concluded from his study that there is little reason to assume that increase in intracoronary pressure was responsible for subintimal hemorrhage.

SUMMARY

1. The available studies on the relation of stress to coronary thrombosis are reviewed.
2. It is the feeling of the author that evidence to date not only fails to establish stress as a factor in coronary thrombosis but on the contrary suggests that the latter occurs spontaneously. Furthermore, moderate exertion by stimulating the development of collateral circulation tends to offer some degree of protection when thrombosis does take place.
3. In future studies dealing with this problem the groups of patients with angina and without angina should be treated separately. More attention needs be paid to the time relation of stress and subsequent infarction. A statement that infarction occurred within 24 hours following unusual exertion, thus establishing a cause and effect relation, serves only to confuse the entire problem.

REFERENCES

1. Luten, D.: Contributory Factors in Coronary Occlusion, *Am. Heart J.* 7:36, 1931.
2. Fitzhugh, G., and Hamilton, B.: Coronary Occlusion and Fatal Angina Pectoris, *J.A.M.A.*, 100: 475, 1933.

3. Phipps, C.: Contributory Causes of Coronary Thrombosis, J.A.M.A., 106:761, 1936.
4. Cooksey, W. B.: Exertion and Coronary Thrombosis. Letter to the Editor, J.A.M.A., 113:351, 1939.
5. Master, A. M., Dack, S., and Jaffe, H. L.: Factors and Events Associated with Onset of Coronary Artery Thrombosis, J.A.M.A., 109:546, 1937.
6. Master, A. M.: Acute Coronary Artery Disease and Efforts, Indust. Med. Surg. 19:512, 1950.
7. Spain, D. M., Bradess, V. A.: Sudden Death from Coronary Atherosclerosis, Arch. Int. Med. 100: 228, 1957.
8. Blumgart, H. L.: The Relation of Effort to Attack of Acute Myocardial Infarction. J.A.M.A., 128: 775, 1945.
9. French, A. J. and Dock, Wm.: Fatal Coronary Arteriosclerosis in Young Soldiers, J.A.M.A., 124: 1233, 1944.
10. Yater, W. M., Traum, A. H., Brown, W. G., Fitzgerald, P. R., Geisler, M. A., and Wilcox, B. B.: Coronary Disease in Men 18 to 39 years of Age, Am. Heart J. 36:33, 1948.
11. Morris, J. N., Heady, J. A., Raffle, P. A. B., Roberts, C. G., Parks, J. W.: Lancet, 265:1053, 111, 1953.
12. Zoll, P. M., Wessler, S., Schlessinger, M. J.: Interarterial Coronary Anastomosis in the Human Heart with Particular Reference to Anemia and Relative Cardiac Anoxia, Circ. 4:797, 1951.
13. Baroldi, G., Mantero, O., Schomazzoni, G.: The Collaterals of the Coronary Arteries in Normal and Pathological Hearts, Circ. Research, 4:223, 1956.
14. Eckstein, R. N.: Effect of Exercise and Coronary Narrowing on Coronary Collateral Circulation, Circ. Research, 5:230, 1957.
15. Patterson, J. C.: Capillary Rupture with Intimal Hemorrhage as a Causative Factor in Coronary Thrombosis, Arch. Path. 25:474, 1938.
16. Patterson, J. C.: Relation of Physical Exertion and Emotion to Precipitation of Coronary Thrombi, J.A.M.A., 112:895, 1939.

Sodium R-Lactate in the Treatment of Idioventricular Rhythm with Periods of Standstill

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SODIUM R-LACTATE has been used extensively in the treatment of various cardiac arrhythmias and cardiac arrest complicating surgery as well as a host of other cardiovascular diseases.^{1, 2, 3, 4} This report concerns the successful use of intravenous sodium r-lactate to correct an idioventricular rhythm punctuated by periods of cardiac standstill.

CASE REPORT

A 59 year old white female, a known "cardiac" with four previous admissions for congestive failure, was seen in the receiving ward of Indianapolis General Hospital September 9, 1957, 15 minutes after she had become comatose. Information obtained from a son of the patient indicated that she had had progressive left ventricular failure for 11 hours prior to admission.

This patient had four previous admissions to this hospital. All were for control of congestive heart failure. Since her first admission in 1953, the following pertinent data had been obtained. Her EKG had consistently revealed a left bundle branch block. The blood urea nitrogen levels had slowly progressed to a level of 53 mg% in April, 1957. Her PSP excretion was 2% in one hour and there was a constant 2+ to 4+ albuminuria. She had never been hypertensive.

The patient had been followed in cardiac clinic and by the "visiting physician" and had been on

the usual cardiac regimen of digitalis, diuretics, and restricted salt intake.

The physical examination at the time of her most recent admission revealed a comatose and mildly cyanotic patient. The blood pressure was 80 mm Hg systolic. The diastolic pressure was not obtainable. Respirations were 10 per minute. The pulse was irregular and recorded as 10 per minute. No heart tones were audible. There was engorgement of all veins. The abdomen was distended and moderate ascites was present. The liver edge was palpable 10 cm. beneath the right costal margin and the spleen was palpable 6 cm. beneath the left costal margin. There was one plus pitting per-tibial edema. Deep tendon reflexes were absent.

Laboratory Studies: Upon this admission the basic laboratory studies revealed a hemoglobin of 8.3 Gms, red blood cell count of 2.44 million, white blood cell count of 11,150. Serum electrolytes drawn prior to administration of sodium lactate were Na=145 mEq/l, Cl=111.1 mEq/l, K=8.4 mEq/l, and a CO₂ combining power of 10.4 mEq/l. The blood urea nitrogen was 28 mg%, and the serum creatinine was 3.6 mg%. Urinalysis again revealed a low specific gravity and a 4+ albuminuria.

Course: Initial EKG tracings showed an absence of P waves, irregular idioventricular rhythm, and periods of asystole lasting as long as 10 seconds (Fig. 1). Intravenous solution of 5% dextrose in water was started, oxygen was administered by nasal catheter, and 0.5 cc of aqueous adrenalin 1:1000 was given subcutaneously, followed immediately by 0.2 cc aqueous adrenalin intravenously. Neither injec-

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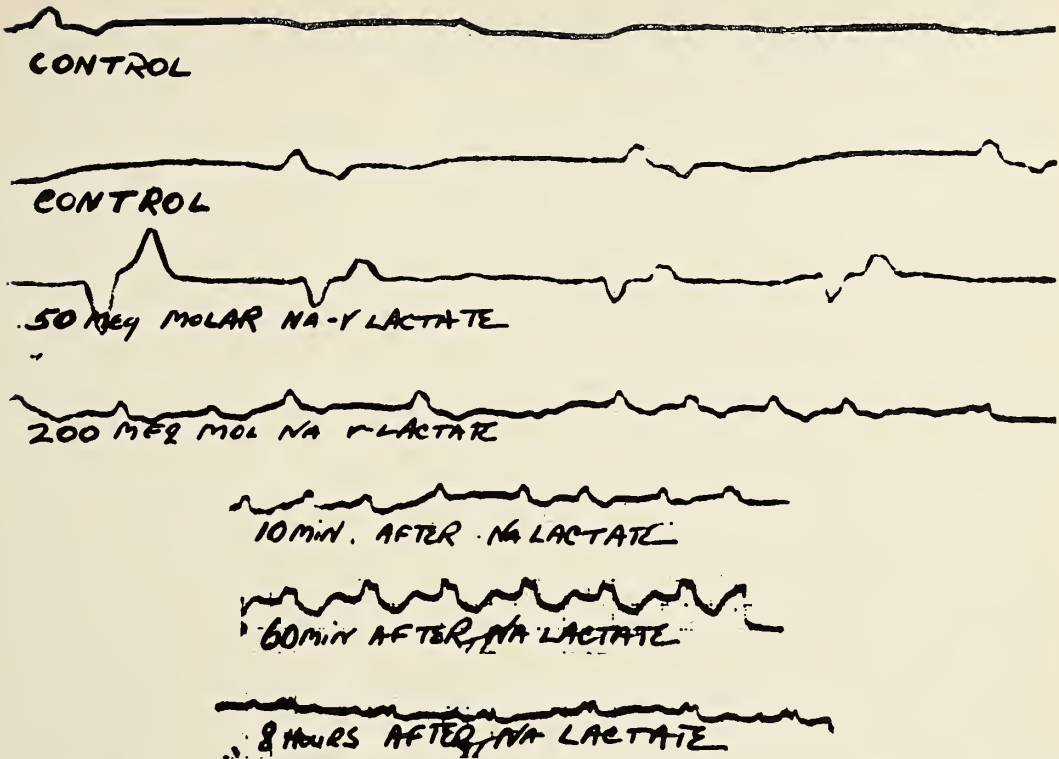


Figure 1. Control strips 1, 2 show atrial standstill with idioventricular rhythm and period of ventricular standstill. Strip 3 taken after infusion of 50 mEq of molar Na r-lactate shows speeding of idioventricular rhythm. Further speeding is noted

after 200 mEq of solution were given. Whether the dominant rhythm is atrial fibrillation or not is difficult to state. Strips 6 and 7 taken one and eight hours after infusion show sinus rhythm with persistence of left bundle branch block.

tion altered the rhythm and EKG remained the same. Fifty milliequivalents of sodium r-lactate was then given intravenously over a period of three minutes. The cardiac rate increased to 25-30 beats per minute. The P waves were still absent and the R-R interval continued to be variable with aberrant ventricular complexes. Then 200 cc (200 mEq) of molar sodium r-lactate was given over a period of 40 minutes. During this interval the rate gradually increased to 80 beats per minute with occasional runs of multi-focal ventricular beats. EKG at the end of infusion showed atrial fibrillation with LBBB. EKG one hour after infusion showed a sinus rhythm, delayed AV conduction, and LBBB.

The patient became conscious shortly before completion of the molar r-lactate infusion. No ill effects from cerebral anoxia were observed.

Discussion: Bellet has reported successful use of sodium r-lactate in the treatment of slow ventricular rates resulting from complete heart block, cardiac arrest during anesthesia, and severe electrolyte disturbances.^{1, 2, 3} The case re-

ported here is an example of idioventricular rhythm. It is likely that hyperkalemia, complicated by acidosis, contributed to the severe disturbance of rhythm. It is also possible that the patient suffered from myocardial infarction, the latter being obscured by the pre-existing left bundle branch block.

The exact mechanism of action of sodium lactate in the treatment of cardiac arrhythmias is unknown, and indications for its use need further exploration.^{2, 3} It has been postulated that the therapeutic effects are due to: (1) an increase in the serum sodium concentration which increases the excitability of the cells, (2) the production of a state of alkalosis by the sodium ion, (3) the possibility of the lactate itself being an easily utilized source of energy for the cells, (4) some evidence indicates that sodium lactate may have a slight vagolytic effect.

The dosage of sodium lactate varies with the degree of emergency and the patient's response. Up to 250 cc of molar sodium r-lactate has been given over a period of only 15 minutes. In

cases of favorable response, of course, it is realized that the effects of the drug last only one and one-half to two hours. Promiscuous use of the drug without knowing its pharmacology may result in the production of ventricular arrhythmias from premature beats to ventricular tachycardia and death.²

REFERENCES

1. Bellet, S., Wasserman, F.: The Effects of Molar Sodium Lactate in Reversing Cardiotoxic Effects of Hyperkotassemia, *Arch. Int. Med.* 100:565, 1957.
2. Bellet, S., Wasserman, F., Brody, J. I., Effects of Molar Sodium Lactate in Increasing Cardiac Rhythmicity, *J.A.M.A.*, 160, 1293-1298, 1956.
3. Bellet, S., Wasserman, F., and Brody, J. I.: Molar Sodium Lactate: Its effect in complete AV heart block and cardiac arrest occurring during Stokes-Adams seizures and in terminal state. *New Eng. J. Med.* 253:891-900, 1955.
4. Hudson, J. B., Chohanian, V., and Relman, A. S.: Hypoaldosteronism: A clinical study of a patient with an isolated adrenal mineralocorticoid deficiency, resulting in hyperkalemia and Stokes-Adams attacks. *New Eng. J. Med.* 257:529-536, 1957.

SOME OF THIS MONTH'S AUTHORS . . .

Authors of "Aneurysms of the Ascending Aorta in Two Young Male Adults" are Drs. P. D. Genovese and A. S. Ridolfo. Dr. Genovese is cardiologist at the Veterans Administration Hospital, assistant professor of medicine at Indiana University School of Medicine, and visiting physician at Indianapolis General Hospital. Dr. Ridolfo is a Kramert Fellow in cardiology at Indianapolis General Hospital.

Dr. Robert J. Marvel, whose paper on the Wolff-Parkinson-White syndrome appears in this issue, is assistant professor of medicine at I.U. School of Medicine and visiting physician at Indianapolis General Hospital. His co-authors are Dr. Paul Dintaman, associate in medicine at I.U. School of medicine, and visiting physician at IGH; Dr. Robert Suess, resident in medicine at Indianapolis General Hospital; and Dr. Charles Fisch, director of the Robert M. Moore Heart Clinic, visiting physician at Indianapolis General Hospital, and assistant professor of medicine at I.U.

Dr. Ward Laramore, author of "Pulseless Disease: Takayasu's Disease" is visiting physician at IGH, physician at the VA Hospital, and associate in medicine at Indiana University School of Medicine.

Authors of "Sodium R-Lactate in the Treatment of Idioventricular Rhythm with Periods of Standstill" are Dr. S. B. Berkshire, intern at Indianapolis General Hospital; Dr. R. Johnston, senior resident in medicine; and Dr. E. C. Khoo, resident in medicine at IGH.

Cobalt-60 Teletherapy

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WITH A COBALT-60 TELETHERAPY UNIT now operating at St. Francis Hospital, Beech Grove, Indiana, and with the likelihood that other such units will be installed in Indiana during 1958 and 1959, an explanation of the possible value of such therapy is indicated. It is imperative that its limitations be presented to the medical profession in general.

The Indianapolis *News* of November 8 carried an excellent article by Fremont Power describing the advantages of cobalt-60 therapy, and an editorial in the same newspaper on November 9 carefully warned the lay public not to consider cobalt-60 therapy a cancer cure or panacea. Despite the cooperation of the press, those of us who operate the cobalt-60 therapy unit at St. Francis Hospital have been besieged with requests for therapy from the families of hopelessly stricken patients. Other requests have come from members of the medical profession who are not fully cognizant of the advantages and limitations of the modality. At a recent meeting of the Radiological Society of North America, a radiologist was discussing some of the interesting remarks that had been made since installation of his cobalt teletherapy unit. One medical colleague, during a golf game, asked him, "Just how is cobalt therapy performed, doctor; is it administered by mouth?" For such reasons it seems necessary that the entire medical profession be informed regarding the features of cobalt-60 treatments.

Cobalt-60 teletherapy is a form of irradiation therapy wherein the artificially prepared radioactive source is allowed to emit its rays from a heavily shielded lead container through a limiting diaphragm. The energies are of two distinct types. One is a gamma ray of 1.1 million electron

volts (mev), and the other is a 1.3 mev gamma ray. The rays are homogeneous; that is, all rays are either of the 1.1 or the 1.3 mev type. These irradiations differ from x-rays in that all x-ray beams are heterogeneous and the resulting rays form a spectrum from very soft to very hard or penetrating rays. The average penetrating power of the x-ray beam is increased by the introduction of metal filters which erase the softer x-radiations. In the case of the million volt x-ray beam, the most penetrating ray is the ray at peak voltage, or 1 mev. However, the average of the useful rays which reach the patient is between 0.5 mev and 0.7 mev, depending upon treatment distance, filtration and type of equipment. The average useful ray from conventional "deep therapy" machines in widespread use (200 to 250 kilovolts) is in the order of 140 to 170 kilovolts. The *average* useful rays from a two million volt x-ray machine are slightly over one million volts. The cobalt-60 rays correspond to rays emitted by a 2 mev x-ray generator, and the biological reactions produced are similar in the 2 mev x-ray and cobalt-60 treated patients.⁶ Cobalt 60 therapy, therefore, is a form of supervoltage irradiation therapy corresponding in penetrating power to the x-rays from a two million volt generator.

RAYs ARE CONSTANT

One significant difference between the 2 mev and the cobalt-60 apparatus lies in the fact that the cobalt-60 rays are constantly being emitted (as the cobalt decays), but are contained by the lead shield. On the other hand, in the 2 mev x-ray machine, x-rays are emitted only when the electrical generator is turned on. The cobalt-60 apparatus is simpler to maintain and operate because there are no elaborate electrical circuits. The shutter can be operated by a 110 volt line similar to that used in private homes. Through-

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Figure 1.

out the entire life of the cobalt-60, there is no difference in the quality or penetrating power of these rays; merely the quantity of the rays is gradually reduced. Maintenance consists of replacing the radioactive source when it has decayed to a point where its output is so low as to render its use impractical. (The half-life of cobalt-60 is 5.3 years.)

The unit at St. Francis Hospital is a Theratron Junior, manufactured by Atomic Energy of Canada, Limited, and installed by the General Electric Company. (Fig. 1)

The shielded head encloses sufficient radioactive cobalt (700 to 1,000 curies) to render an output of slightly more than 50 rad at a distance of 50 cm. The unit is especially constructed for rotation therapy with a source tumor distance of 55 cm. The apparatus consists of a U-shaped yoke with the head mounted on one side and a counterbalancing back shield on the other. By a remotely controlled motor drive, the entire apparatus can be rotated 360 degrees about the patient. It can be made to oscillate in sector fashion over any pre-set arc. Because rotation therapy can be accomplished with the patient in the supine position rather than sitting erect in a rotation chair, it becomes very simple to set up identical treatments with uniform accuracy time after time. In most instances, the patient is more comfortable in the recumbent posture than when sitting erect.

ADVANTAGES OUTLINED

What are some of the observed clinical advantages of cobalt-60 therapy over conventional x-ray therapy? In x-ray therapy, the maximum dose is received on the skin of the patient, and the limiting factor in treatment is the reaction of the skin. In cobalt-60 therapy, the peak reaction occurs 5-6 mm. below the surface of the skin,^{4, 6} and it is possible to deliver larger doses to deep organs without inducing any change in the skin whatsoever. Rarely is an erythema produced over the treated area, and never is moist desquamation seen in the usual dosage range. Physical measurements indicate that the dose to the skin is about 20 to 30 per cent of the maximum air dose.⁶ Treatment is limited only by the tolerance of normal vital structures which may, of necessity, be included in the treatment beam. Most persons using cobalt-60 therapy feel that it is slightly superior to supervoltage x-ray in cases where skin dose may become a factor limiting treatment.⁵

In cobalt-60 therapy, as in supervoltage therapy, there is a greater depth dose for almost all portal sizes over the dose produced by conventional x-rays. This increased depth dose is an important advantage for cobalt-60 therapy (see table #1).

Another advantage of cobalt-60 therapy is its apparent uniform absorption in all tissues, including cartilage and bone. Wachsmann's

curve,^{7, 8} here reproduced, reveals that there is virtually no difference in tissue absorption in bone and muscles in the higher kilovoltage ranges (vertical line C, Fig. 2). The marked difference in absorption is well demonstrated in the conventional treatment range (vertical line A, Fig. 2). The clinical importance here lies in the fact that the cartilage of the ear and larynx and bony structures of the pelvis can be included in treatment fields, higher dosage can be administered and less damage produced. In conventional x-ray therapy, large doses received in bony structures may produce pathological fractures. Most persons with experience in cobalt-60 therapy believe that laryngeal lesions can be adequately treated without significant incidence of chondritis.^{1, 5, 9} They further are of the opinion that hip fractures are negligible in patients undergoing treatment for carcinoma of the cervix, despite the fact that larger doses have been administered.

The cobalt-60 produces a forward scattering of secondary irradiation with minimal side scattering of the beam. Side scattering occurs in conventional x-ray therapy. In cobalt-60 teletherapy, irradiation can be better contained within the planned treatment field, volume dose is reduced and less irradiation sickness occurs. Because of the forward scattering, there is increased depth dose by this method.

Table No. 1

Percentage Depth Dose of Maximum Dose in Tissue
70 cm. Treatment Distance: 100 sq. cm. Fields

	A	B	C
	200-250 Kilovolt X-ray	Million Volt X-ray	Cobalt-60
Tissue Depth cm.	Half Value Layer 2 mm. Cu	Half Value Layer 3.8 mm. Pb	Half Value Layer 11 mm. Pb
0	100%	100%	20-30% (estimated)
0.6	100		100
2	92	98	93
5	66	76	77
10	38	48	55
15	22	31	38
20	10	20	28

Column A from Glasser, Quimby, et al.:² Physical Foundations of Radiology, p. 402.

Column B from Glasser, Quimby, et al.:² Physical Foundations of Radiology, p. 230.

Column C from Johns:³ Supplement No. 5, British Journal of Radiology, pp. 35, 36.

Irradiation therapists feel that the cobalt-60 and supervoltage irradiations may be slightly less efficient in producing required biological effects in tumors than is conventional x-ray.⁴ The figures commonly cited are an efficiency of .8 to .95. This slight difference in biological effectiveness

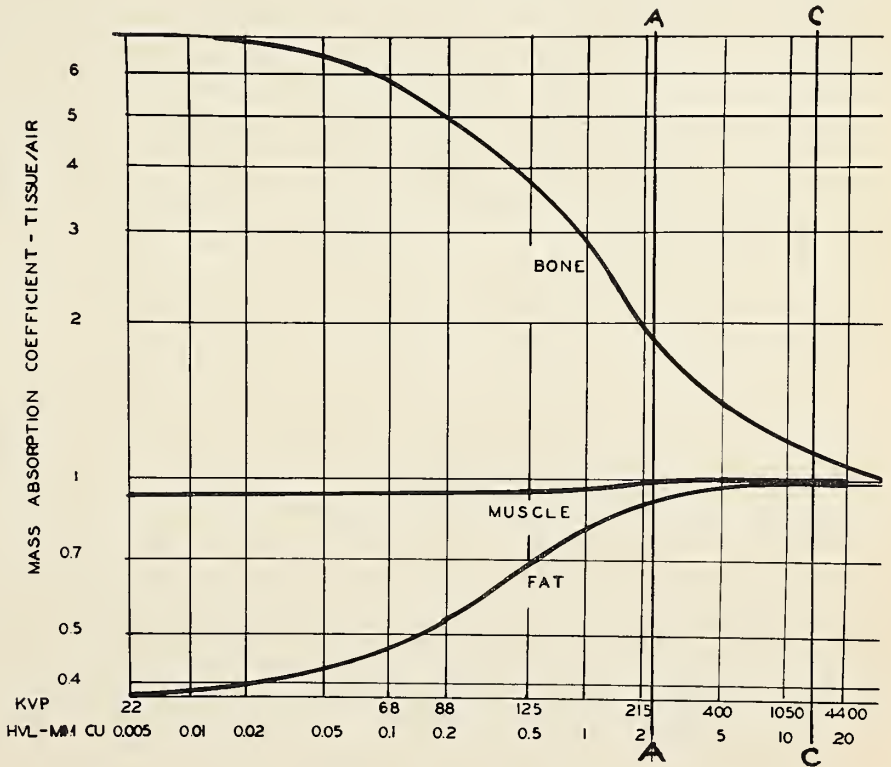


Figure 2.

can be more than corrected by increasing the dose rate, a feat quite easily accomplished because of the remarkable skin tolerance.

EXPERIENCE DATA

Since the first cobalt-60 treatment at St. Francis Hospital was given on November 12, 1957, it is too early to assess the results of treatment in our own patients. However, the writer has visited cobalt-60 therapy installations for varying periods of time at M. D. Anderson Hospital, Houston, Texas; Mercy and Allegheny General Hospitals, Pittsburgh; University of Maryland Hospital in Baltimore; and the University of Chicago, Cook County and V. A. Research Hospitals in Chicago. He has observed patients treated in these institutions and found all of the above-mentioned features well documented. In these institutions, cobalt-60 therapy has produced no miracles. Despite the fact that it has been used since 1951, insufficient data has been accumulated to establish its superiority as a curative agent. However, radiologists who have been using the modality are of the opinion that the cure rate in some forms of cancer has been slightly improved.^{1, 5, 9} The main benefit of cobalt-60 therapy lies in better tolerance by the patient to irradiation therapy of this type. As Perryman⁵ so aptly put it, "While the cancer may not appreciate the difference between conventional x-ray therapy and cobalt teletherapy, the patient certainly does."

SUMMARY

It is anticipated that this brief descriptive article will serve to inform the medical profession of the possible advantages of cobalt teletherapy; the most important purpose is to indicate its limitations. It is not a panacea. It is not a new cancer cure. It is merely a superior method of

administering irradiation therapy to lesions where skin-sparing effect is desirable, where a high depth dose is necessary and where cartilage and bone-sparing effects may be important as well. A follow-up report will be rendered as soon as sufficient clinical experience has been accumulated to make it worthwhile.

REFERENCES

1. Carpender, J. W. J.: Discussion — Supervoltage Radiation Treatment of Cancer of the Head and Neck. Symposium on Cancer of the Head and Neck, Annual Scientific Session, American Cancer Society, Inc.: p. 12, 1957.
2. Glasser, O., Quimby, E. H., Taylor, L. S., and Weatherwax, J. L.: *Physical Foundations of Radiology*, Paul Hoeber, Inc., New York, 1944.
3. Johns, H. E., et al.: Central Axis Depth Dose Data. *Brit. J. Radiol.*, Supplement No. 5: p. 35, 1953.
4. Paterson, R., et al. (Medical Research Council Unit, Christie Hospital and Holt Radium Institute, Manchester): The Relative Biological Efficiency of 4 Mev Radiations Compared with 300 KV. *Brit. J. Radiol.*, 30:331-355, 1957.
5. Perryman, C. R., and Evans, J. C.: The Advantages and Disadvantages of Cobalt-60 Teletherapy. *Pennsylvania M. J.* 59:1236-1329, 1956.
6. Robbins, R. and Tsien, K. C.: A Comparison of a Cobalt-60 Teletherapy Machine and a 2 Mev Van de Graaff X-ray Generator on the Basis of Physical Measurements. To be published.
7. Tuddenham, W. J., Gibbons, J. F., Hale, J., and Pendergrass, E. P.: New Technics for Roentgen Examination of the Chest. *Radiology* 63:184, 1954.
8. Wachsmann, F.: Ausblick auf die Anwendungsmöglichkeiten der Elektronenschleuder in der Medizin und bisherige Versuchsergebnisse mit ultraharten Strahlungen. *Acta radiol.* 32:145-158, 1949.
9. Watson, T. A.: Co⁶⁰ Telecurietherapy—After Five Years. *J. Canadian Assoc. of Radiologists* 8:22-26, 1957.

The *Journal*

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AMERICAN MEDICAL EDUCATION FOUNDATION

THE SEVENTH YEAR for the American Medical Education Foundation was completed in 1956. It was a year of growth; receipts were up by 40 percent over those of 1955. It was also a year of change; A.M.E.F. for the first time made its own grants to medical schools separate from those of the National Fund for Medical Education.

The National Fund originally received contributions from industry and business, and also received the funds of A.M.E.F. and distributed the total to 82 medical schools. During the first five years of the two funds, they were dispersed as one fund in order to demonstrate to the non-medical contributors the willingness of physicians to help their own schools. Doctors accounted for almost half of the gifts during the first five years.

In addition to the support of both of the Medical Education Funds, the A.M.E.F. has recently encouraged individual physicians to con-

tribute to their own schools through alumni programs. During 1956 over a million dollars was given through A.M.E.F., and two and a quarter million dollars was given directly to schools by alumni.

Indiana University School of Medicine in 1956 received \$24,807.50 from A.M.E.F. and \$6,100.00 by way of direct alumni gifts.

Since 1951 A.M.E.F. has distributed over six million dollars to the medical schools of the nation, and the A.M.A. has paid all the administrative expenses of the fund. One hundred cents of every dollar assigned to A.M.E.F. has therefore benefited the schools.

The Woman's Auxiliaries of county and state medical societies are receiving high praise for their part in this successful campaign. The Auxiliaries accounted for better than \$110,000 in 1956. Our own state Auxiliary, together with

ten other state Auxiliaries, received Awards of Merit for their participation during this year.

The number of contributors to A.M.E.F. has risen each year. In 1951 there were 1,876; in 1956, 39,892. In addition to this healthy growth, the states of Illinois, Utah, California, Nevada, Idaho, Arizona and New Jersey, in 1956, were participating in the fund raising by a dues increase especially for this purpose.

In 1958 Indiana joins the ranks of these honored states. Ten dollars of our dues this year is earmarked for A.M.E.F. Individual physicians

may designate the school to which they wish their money to go. Individual contributions in addition to this are authorized. In many states with dues contributions, individual gifts have continued, and in some instances the individual gifts have remained at the same level as before.

The financial needs of medical schools are as pressing as ever, and if anything are increasing. A.M.E.F. grants have enabled schools to replace outworn equipment, to increase meager salaries of instructors, and to do many things necessary to maintain a high level of teaching.

THE USE OF OXYTOCIN IN OBSTETRICS

THE INTRAVENOUS USE of oxytocin in labor has become widespread during the past decade. The magnitude of its usage follows no uniform pattern; in 10 large hospitals recently surveyed its employment varied from two percent to 27 percent of all deliveries. The current, but questionable, practice of elective induction of labor has contributed to its extensive use. It is generally believed that the intravenous infusion of a dilute solution of oxytocin is a safe and efficient practice for the induction and acceleration of labor. During recent years many articles have appeared in the literature concerning its use; many of the authors give unqualified approval, a few urge caution in its use, but none absolutely condemns it as was the case 30 years ago.

The preparation which is generally used in America is Pitocin (the trade name of Parke, Davis and Company's oxytocic factor of the posterior pituitary). A synthetic preparation, Syntocinon (Sandoz), appears to be as effective as the natural hormone. The poorly standardized preparation, Pituitrin, which was formerly used also contained pitressin, the pressor factor of the posterior pituitary. Both the natural oxytocic factor of the posterior pituitary and synthetic pituitary preparations with oxytocic properties are pharmacologically known as oxytocin. Reports indicate that Pitocin is not entirely free from the pressor factor, and when administered

rapidly can cause constriction of the coronary arteries.

This hormone drug has had a colorful history, occasionally marred by tragedy, for about 50 years. The bad results which followed its use mainly were due to: the lack of understanding of its immediate and powerful effects on uterine contractility, its mixture with the pressor factor of the posterior pituitary and the lack of adequate standardization. Shortly after the discovery of the oxytocic effect of pituitary extract in 1906 it was enthusiastically received. This newcomer to obstetrics was thought to be the answer to all the problems of labor and was referred to as the "Medical Forceps." Its indiscriminate use, followed by many disastrous results, led recognized obstetricians to condemn its administration entirely in the first and second stages of labor.

We now not only have a more refined preparation but also more refined clinical judgment. After this extensive and costly clinical trial our judgment should be so seasoned that we can evaluate the indications and also the contraindications of this powerful agent. It now appears that a pattern of practice is being created which will bring this important obstetric adjunct into its proper clinical perspective.

Recognized indications for the use of oxytocin are: (1) the induction of labor, usually with rupture of membranes, in such conditions as toxemia and diabetes; (2) to accelerate desultory

labor; (3) it is an extremely useful, and sometimes a life-saving agent, in postpartum hemorrhage due to uterine atony; (4) to shorten and lessen bleeding in the third stage of labor; (5) to expel retained secundines and control hemorrhage in incomplete abortion; (6) to maintain uterine tonicity in premature separation of the placenta. Its safety and effectiveness when given subcutaneously or intramuscularly following the second or third stages of labor is generally recognized.

There are also conditions when the use of oxytocin in labor is needless or even hazardous; (1) normal labor—its needless use here may convert a normal physiologic process to an obstetrical complication; (2) hypertonic inertia—here sedation works better; (3) previous section; (4) malpresentation and cephalopelvic disproportion; (5) placenta previa associated with primiparity and massive hemorrhage; (6) a history of coronary disease; (7) violent contractions with slowing of the fetal heart; (8) multiparity of five or more.

If the indications and contraindications of this useful but powerful agent are not wisely adhered to, some of the dangers associated with its use may be: (1) laceration of the birth canal as the result of precipitous delivery; (2) fetal injury, mechanical, or the result of anoxia, due to violent uterine contractions; (3) coronary spasm—electrocardiographic studies show this may occur with the rapid administration of pitocin; (4) the most serious deleterious effect is rupture of the

uterus. It cannot be denied that uterine rupture does occur following the use of oxytocin. Maternal mortality surveys discover that uterine rupture is more common than reported in the literature. In a nearby state the maternal mortality studies revealed that 15 of 26 maternal deaths occurring in one year were the result of uterine rupture following the administration of oxytocin.

It is very important that one of the most valuable agents in obstetric practice not again be abandoned because accidents follow its injudicious administration; it will not be abandoned if judgment and caution are exercised in its use. Labor should not be induced or hastened merely for convenience of the physician or patient. When the infusion is running a physician should be with the patient constantly because the rapidity and effectiveness of its action cannot be predetermined. If uterine contractions are unaffected by oxytocin the patient is usually not in labor. It is very important that the drug be administered very slowly—starting with 10 drops of 1-1000 solution intravenously, and the rate of administration should never exceed 20 drops per minute during the first or second stages of labor. Some hospitals follow a rule: if the attendant leaves the delivery suite, the nurse clamps off the infusion tube. With this useful but powerful agent good results will follow good clinical control; disaster may frequently follow its indiscriminate and unwise use. The lowest maternal and fetal morbidity and mortality rates still follow normal physiological labor.

Guest Editorials:

MR. FORAND PROPOSES

IN THIS ISSUE the report of the Washington Office of the American Medical Association is published, summarizing all action taken on health measures up to the time of the adjournment of Congress on August 30.

Commenting on the work of the Congress during the recent session, Doctor Thomas Alphin, director of the A.M.A. Washington Office, notes

that "the small number of health-medical bills enacted this year might be regarded as deceptive. Actually 441 of these bills were introduced—a record total even for a first session. Congress deferred action on most of them for a variety of reasons—a desire for more extensive hearings, economy, and, possibly, an inclination to save some popular appeal bills for next year. Experi-

ence has shown that the second session, always an election year, is a crucial one, when forces line up for final decisions on the big controversial medical bills.

"For example, no action was taken this year on such important measures as United States aid to medical schools and health insurance for federal civilian workers, nor on a growing list of ideas for government-paid hospitalization of Old Age and Survivors Insurance beneficiaries, a proposal that would have an obvious impact on the practice of medicine. . . ."

Rhode Island has a particular interest in the revival of proposals for hospitalization for OASI recipients, for the most generous of the giveaway proposals this year was introduced by Aime J. Forand, Congressman from the first district of this state. Congressman Forand—in spite of the fact that the Blue Cross in his home state has led the nation in the enrollment of the eligible population that can be covered, and in spite of the fact that our Physicians Service has the second highest per capita coverage for surgical benefits for one of the most liberal of the voluntary programs in the nation—wants to change the pattern now and tax the citizens of Rhode Island to give 120 days of hospital or nursing home care to every person receiving old age and survivors insurance retirement benefits, plus payment for surgical services certified as necessary by the physician.

In addition, Mr. Forand would like to have every OASI beneficiary receive an increase from the present range of \$50 to \$200 per month to a range of \$55 to \$305 per month for retirement or disability benefits. The money to pay for this added program would presumably come from the people still willing to work, who would pay an extra one-half per cent, together with an extra one-half per cent from the employer, on income up to a new ceiling of \$6,000 (present limit \$4,200).

Mr. Forand has expressed gratification that Mr. George Meany, president of the AFL-CIO, has endorsed his proposal as being necessary. Does Mr. Meany speak for the taxpayers of Rhode Island and the United States? Or, does Mr. Meany speak for his organizations' chieftains who consider anything necessary that improves their status at the expense of the general public?

Mr. Forand has stated that "other important groups and many individuals have also indicated

Published with the permission of John E. Donley, M.D., editor-in-chief of Rhode Island Medical Journal, is an editorial on the widely discussed Forand Bill. It expresses the views of the medical profession in Mr. Forand's home state and offers evidence that the author had failed to consult with major organizations in the health fields in his state, that he evinces no interest in the voluntary system approved by the American public, and that he clearly was not representing Rhode Island.

their interest in higher cash benefits and in insurance provisions to cover hospital costs and other health benefits for OASI beneficiaries." He doesn't indicate who the *important groups* are, and until he does such generalizations freely asserted may be as freely denied.

What Mr. Forand cannot deny, however, is that 65.6% of his Rhode Island people have indicated their interest in a *voluntary system* of surgical care, and 78% have Blue Cross coverage. These are important groups that Mr. Forand might well consider when he makes his plea for federal taxation to pay hospital and surgical costs. The fact that he did not consult Blue Cross or Physicians Service officials in Rhode Island is clear evidence that Mr. Forand is not interested in the voluntary system that the American public has approved to meet health costs, and it is clearer evidence that Mr. Forand is not representing Rhode Island.

In proposing this new phase of federal socialism for an initial 12 to 13 million persons in the first year, Mr. Forand apparently has taken the Dependents' Medical Care Act passed last year and has added to it some of the administrative regulations that the medical profession in Ohio, and Rhode Island in particular, have found most objectionable.

For example, Mr. Forand makes the hospitalization a service-indemnity proposition with the patient free to take better than semi-private accommodations, and the hospital free to charge the patient in such case, but when it comes to the doctor of medicine the fee must be negotiated with the federal Department of Health, Education and Welfare on a full payment basis. As all the states have learned in their negotiations with federal departments and bureaus, you match

what they think is best for your area, not what you think is fair and equitable.

Mr. Forand even goes a step further than anyone heretofore in his surgical service program. Free choice of surgeon would be allowed, *provided* the surgeon is certified by the American Board of Surgery or is a member of the American College of Surgeons. Mr. Forand did not get this idea from the Rhode Island Medical Society nor the American Medical Association which represents all the physicians and surgeons of America. But, as noted above, neither did he get any advice from the outstanding voluntary insurance organizations of this state, nor presumably in the nation at large.

Mr. Forand, as a politician, is free to *propose* what he wishes to the Congress of the United

States, and he is entitled to his own thoughts, which in this instance may be influenced strongly by the fact that 1958 is an election year. As a legislator he has been derelict in his obligation to the people of Rhode Island who elected him as their representative when he failed to consult the major organizations in the health fields here, such as the Hospital Association, the Blue Cross, Physicians Service, or the Rhode Island Medical Society.

Both industry and the general public of Rhode Island, who have given this state one of the finest records in the nation for the support of a most liberal voluntary health insurance program, and who would bear the burden of taxation for any such scheme as Mr. Forand proposes, deserve a much better explanation than the Congressman from the first district has given to-date.

UNITED FUND VERSUS INDIVIDUAL GIVING

DURING the past year or so there has been an unusual and unwarranted controversy between the United Fund and the voluntary health organizations. At times this quarrel has departed from the high plane of argument and descended into the low plane of brawling. Unfortunately, in some areas it has involved certain members of the medical profession to such an extent that there has been a straining of relations, if not actual straining of friendships. This controversy stems from the enthusiasm of some individuals, both lay and medical, for the so-called package deal of giving exemplified by the United Fund, and the determination of interested lay and medical people in the voluntary health organizations, who wish to keep their individual identity and to conduct their own campaign for funds in their own way.

We have no objection to those who make up the United Fund conducting their campaign together rather than separately. In fact, we support the United Fund financially. We do feel, however, that there are reasons for separate campaigns by some organizations. Whenever an individual is given the opportunity to contribute once only (as is the slogan of the United Fund)

he also is given the opportunity to refuse once. One refusal and he gives *nothing*. There are people who prefer to give to some specific cause.

The voluntary health agencies feel that each individual should have the opportunity to give to any desired cause. These organizations also feel that at the time they offer the public an opportunity to give, they also are giving some education to the laity concerning the particular disease problem that each organization represents.

We can readily understand the feeling of business men concerning the United Fund. They would like for their employees to be solicited only once per year to make their contribution so that the time lost by canvassing is lessened, and from their standpoint this attitude makes sense. However, if we think of campaigns as a matter of buying and selling rather than giving, all of the organizations, those that participate in the United Fund, the voluntary organizations and business, are put at the same level, and there is no business man who would send out his salesmen only once to sell his product if he felt that his product was salable and of value. Each of the organizations—those in the United Fund and

Continued



Stepped-up performance...

ACHRO

New rapid-acting ACHROMYCIN V Capsules offer more patients consistently high blood levels—at no sacrifice to the broad anti-infective spectrum of ACHROMYCIN Tetracycline, its low incidence of side effects, or its dosage and indications.

The pure, unaltered crystalline tetracycline HCl molecule of ACHROMYCIN, now buffered with citric acid, provides



MYCIN*V

Tetracycline HCl Buffered with Citric Acid

prompt and high blood levels, faster broad-spectrum action
...rapidly decisive control of infections. New ACHROMYCIN
V Capsules do not contain sodium.

REMEMBER THE V WHEN SPECIFYING ACHROMYCIN V

CAPSULES: (blue-yellow) 250 mg. tetracycline HCl (buffered with citric acid, 250 mg.); 100 mg. tetracycline HCl (buffered with citric acid, 100 mg.). **ACHROMYCIN V DOSAGE:** Recommended basic oral dosage is 6-7 mg. per lb. body weight per day. In acute, severe infections often encountered in infants and children, the dose should be 12 mg. per lb. body weight per day. Dosage in the average adult should be 1 Gm. divided into four 250 mg. doses.

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Guest Editorials

Continued

those who are out of the United Fund—feels that the product it is selling, whether it be character building or health building, is something that the American public should buy.

Several years ago, some of these organizations felt that they could do a better selling job and cover both sides of the street with their combined sales forces of interested people if they would combine and have one community drive. This union would be comparable to two businesses merging so that the sales force of both could be greater and both products could be sold through the same salesmen, and such a merger would benefit both businesses. However, there are some businesses which prefer to stand on their own, to have their own salesmen, and to sell only their own product. This same situation is true of the voluntary health organizations which feel that they are building adequate sales forces which are growing larger each year as peo-

ple become more interested and enthusiastic about the programs these organizations are carrying on. Moreover, they are at the same time waging an educational health campaign which cannot be done by the United Fund technique.

We feel that any organization, whether it be Boy Scouts, Girl Scouts, Heart, Cancer, Crippled Children, Orphans, Salvation Army, Red Cross or Business, should be allowed its own way of selling its product to the American public, so long as none violates the rights of others. Unlike business, voluntary health organizations do not have the funds to expend for advertising and must sell their product through contact and by their own good works. We of the medical profession have long opposed regimentation. Let us support free choice of giving.—*Upshur Higginbotham, M.D.*

—*The West Virginia Medical Journal*

SOCIAL SECURITY SAYS: "Your social security taxes pay for these nine programs:

Social Insurance

- (a) Unemployment insurance
- (b) Old Age and Survivors Insurance

Public assistance to the needy

- (a) Old-age assistance
- (b) Aid to the needy blind
- (c) Aid to dependent children
- (d) Aid to the permanently and totally disabled

Children's services:

- (a) Maternal and child-health services
- (b) Services for crippled children
- (c) Child-welfare services

In Other Words: In spite of the fact that most of these represent federal grants to state aid, this Social Security program is being sold to us as "contributory social insurance."

The President's Page

BE MODERATE IN OPINION

EVERY MAN takes his views as suits his interests and he is filled with reasons to justify his stand. For in most instances judgment gives way before feeling. When two opposite opinions come to meet, as is most frequent in the deliberations of our Association, each believes that his is the side of reason. Pure reason, however, being most honest, never carries two faces.

The prudent man, in such instances, goes cautiously and the distrust with which he considers his own feelings moderates his judgment regarding the ways of thought of the other. Under these circumstances, let him imagine himself placed in the other's shoes and examine from them the arguments advanced. Then he will not damn the other utterly, nor yet will he justify himself entirely.

Think, therefore, on both sides, so that your opinion may represent a considered judgment in advocating policy for our profession. The processes in the halls of organized medicine should be the result of orderly consideration and not mushroom from the eruption of emotional vociferation.

W. C. Lippincott M.D.

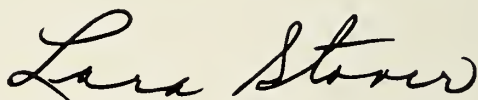
The Woman's Auxiliary

REPORTS TO I.S.M.A.

THIS IS THE THIRD in a series of articles from the Woman's Auxiliary to the Indiana State Medical Association written by various chairmen and Auxiliary members to give you an idea of what your Auxiliary is attempting to do for you.

Previous reports have been made by Mrs. Robert Acher, Greensburg, State Safety chairman, and by Mrs. Robert Reed, Mishawaka, State *Today's Health* chairman.

This report is made by Mrs. Otis R. Bowen, chairman of the Legislative Committee.



Mrs. W. C. Stover, President

February 1958

Dear Doctor:

May I call your attention to the work of the Auxiliary with regard to Legislative matters that are of great concern to you?

We have a committee on Legislation that keeps us informed on all matters that are good or bad for our husbands' practice. This might include infringements on medical matters or dipping into their pockets tax-wise.

I would like to ask you to help in these matters by carrying your "Indiana News Flash" home to your wife each time you receive it. In this way she can keep up with the information put out by the Medical Association and the Auxiliary. She will also realize her letter writing efforts are not in vain.

Please take time to keep up on legislative issues by taking five minutes to read "The Month in Washington" in your ISMA JOURNAL and "Washington News" in your AMA JOURNAL. These give brief summaries of important current problems of special interest to the medical profession.

We as wives are willing to help in writing letters, and arranging programs, and welcome any suggestions you might have in order to help you further.

Sincerely,

Beth Bowen

Mrs. Otis R. Bowen, Bremen
Legislative Chairman

How a Patient Is Admitted to a State Psychiatric Hospital or School for the Mentally Retarded

MARTIN W. MEYER*

Indianapolis

ADMITTING A PATIENT to a State psychiatric hospital or school for the mentally retarded is of great concern to many families, attorneys and physicians in the state of Indiana. The 1957 General Assembly enacted a new admissions law, effective January 1, 1958, which facilitates the admission process and makes entry into the hospital or school less stigmatic to both patient and family. There are still many other statutes which concern the admission of the mentally ill and mentally retarded. The following article is a summary of all current laws prescribing the admission procedures to State institutions.

Who Is Eligible:

Any mentally ill person residing in the state of Indiana and having legal settlement in any county therein, is entitled to receive medical care and treatment in the psychiatric hospital of the hospital district in which such mentally ill person resides. Larue D. Carter Hospital, however, accepts patients from the entire state. New Castle State Hospital accepts epileptic patients from the entire state. Fort Wayne State School accepts patients from the northern half of the state while Muscatatuck State School accepts patients from the southern half.

Cost:

The cost of resident care is established by law, and at the present time is \$10 per week. Reduc-

tion or waiving of the fee is possible when financial circumstances preclude this payment. (Acts 1953, Ch. 130, Par. 2; Burns: Sec. 22-401A; Acts 1955, Ch. 169, Par. 1; Burns: Sec. 22-401e; 1957 Cum. Supp.)

Types of Admissions:

There are several admission procedures depending on the type of and extent of illness and the need for specialized treatment. The procedures for various types of admissions are as follows:

Voluntary Application: Admission by voluntary application is a procedure involving the physician, the patient, and the superintendent of the hospital. It is very similar to the admission of a patient to a general hospital. The application forms can be secured from the hospital upon request. The applicant must agree to abide by the established rules and regulations of the hospital and to give 10 days notice in writing to the superintendent of the hospital of his desire and intention to withdraw from the hospital. Voluntary application for admission can be made to all state mental institutions.

The application must be accompanied by a statement from a physician who is a resident of the state of Indiana, and licensed to practice medicine in the state of Indiana. The statement shall contain a detailed history of the patient, the symptoms of his illness and a certificate certifying to the residence of the applicant and that the applicant is in need of treatment in a psychiatric hospital. With this

* Coordinator of Activity Therapy, Indiana Division of Mental Health.

information together with a personal observation of the applicant, the superintendent or any qualified physician appointed by him may in his judgment and discretion admit the applicant to the hospital, providing there are accommodations available. The superintendent may grant leaves to or discharge any voluntary patient, when in his judgment, the mental condition of the patient warrants it.

A patient voluntarily admitted does not suffer the loss of his civil rights. (Acts 1957, Ch. 359, Par. 301 and 302; Burns: Sec. 22-4704 and Sec. 22-4705; 1957 Cum. Supp.)

Temporary Commitment by a Court of Competent Jurisdiction: This procedure is used when a mentally ill person does not have the necessary insight to recognize his need for care and treatment in a psychiatric hospital. Even though this is a judicial action, the patient does not suffer the loss of his civil rights. The law stipulates that the court may upon proper application and after examination and certification by one qualified physician as to the mental illness of the patient, temporarily commit the patient to a state mental hospital for a period of not more than 90 days. Upon request by the superintendent of the hospital the court may extend the commitment for an additional period not to exceed 90 days. Temporary commitments can be made to all state mental institutions. It is anticipated that most commitments will be temporary in nature and a regular commitment will be used only if the patient fails to improve sufficiently for release after 180 days of active treatment.

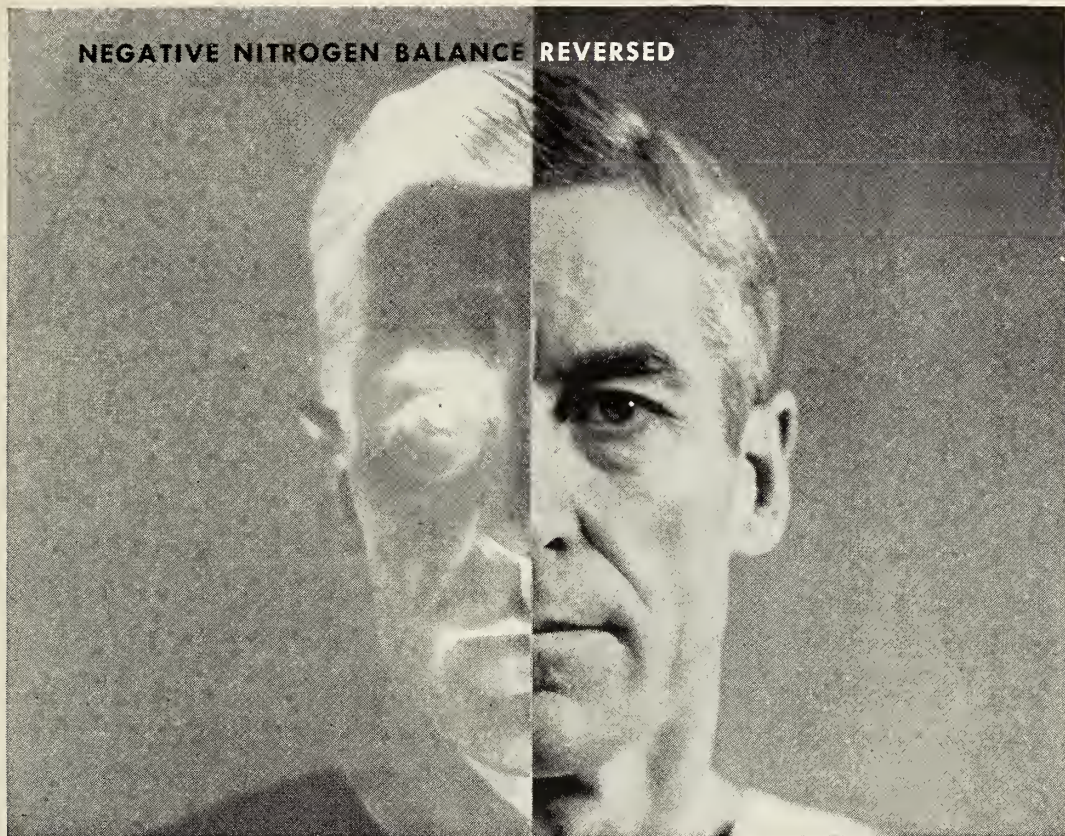
The provisions of the law require a member of the family, or any reputable citizen who is a resident of the state of Indiana, to make a statement setting forth the name and address of such mentally ill person and such additional facts that are available to support the allegation that, in the opinion of the petitioner, such person is mentally ill. The allegation must be accompanied by a statement by a qualified physician, usually the family physician, that he has examined the person who is alleged to be mentally ill and that the person is in need of treatment in a psychiatric hospital. When the required allegation and statement has been completed and sworn to, they shall be filed with the clerk of the circuit court of the county in which the person who

is alleged to be mentally ill resides. As soon as practical the judge of the circuit court shall consult with the petitioner and the attending physician to determine the extent of the illness and the most realistic treatment plan. When it is determined that treatment or further evaluation is needed, and that the best interests of the patient will be so served, the judge of the court shall enter an order for the temporary commitment of the person, for the purpose of observation, diagnosis, care and treatment, to a psychiatric hospital of the district. The commitment will be for a period not to exceed 90 days. In the event an extension of time of a temporary commitment is found to be to the best interest of the person temporarily committed, the psychiatric staff of the hospital may recommend to the committing judge that the time of the temporary commitment be extended. Thereupon the judge may grant one additional indeterminate period of temporary commitment not to exceed 90 days. (Acts 1957, Ch. 359, Par. 503; Burns: Sec. 22-4713; 1957 Cum. Supp.)

After a temporary commitment to the hospital, the patient may be released at any time before the expiration of the period of commitment upon the finding of the psychiatric staff of the hospital that, in the interest of the patient and society, it is no longer necessary to continue hospitalization. The superintendent of the hospital notifies the committing judge of the release and the judge then dismisses the court action. In the event a person on temporary commitment is found by the psychiatric staff to be in such condition that he needs extended treatment, the psychiatric staff makes a written report, including a psychiatric evaluation to the committing judge. The written report is made at least 10 days prior to the expiration of the temporary commitment. The judge upon receiving this report arranges a hearing. If it is the opinion of the judge after the hearing that the patient is mentally ill, the judge shall enter an order of regular commitment. The judge may, however, follow the procedure for a regular commitment as given below. (Acts 1957, Ch. 359, Par. 503 and 504; Burns: Sec. 22-4713 and Sec. 22-4714; 1957 Cum. Supp.)

Continued

NEGATIVE NITROGEN BALANCE REVERSED



Nilevar®

stimulates protein synthesis,
corrects negative nitrogen balance

Increased nitrogen loss, with resulting negative nitrogen balance, occurs in infection, trauma, major surgery, extensive burns, certain endocrine disorders and starvation and emaciation syndromes. The intrinsic control of protein metabolism is lost and a protein "catabolic state" occurs. A patient requiring more than ten days of bedrest usually has had sufficient metabolic insult¹ to precipitate such a "catabolic" phase.

Nilevar (brand of norethandrolone) has been used in patients with varied conditions including hyperthyroidism, poliomyelitis, aplastic anemia, glomerulonephritis, anorexia nervosa and postoperative protein depletion. The patients gained weight and felt better.

It was concluded² that "the drug certainly caused a reversal of rather recalcitrant or progressive catabolic patterns of disease."

Nilevar is unique among anabolic steroids in that androgenic side action is minimal or absent.

The suggested adult dosage is three to five tablets (30 to 50 mg.) daily. For children 1.5 mg. per kilogram of weight is recommended.

G. D. Searle & Co., Chicago 80, Illinois.
Research in the Service of Medicine.

1. Axelrod, A. E.; Beaton, J. R.; Cannon, P. R., and others: Symposium on Protein Metabolism, New York, The National Vitamin Foundation, Incorporated, (March) 1954, p. 100.

2. Proceedings of a Conference on the Clinical Use of Anabolic Agents, Chicago, Illinois, G. D. Searle & Co., April 9, 1956, pp. 32-35.

SEARLE

Regular Commitment by a Court of Competent Jurisdiction: This procedure is used when the court feels that the best interests of the patient will be served by a regular rather than a temporary commitment or, if desired, when the time limitation of the temporary commitment has expired. Here again a member of the family or a reputable citizen who is a resident of the state of Indiana must make a statement setting forth the name and address of the mentally ill person and such additional facts supporting his allegation that, in the opinion of the petitioner, such person is mentally ill. The allegation must be accompanied by a statement by a qualified physician that he has examined the person who is alleged to be mentally ill and is in need of treatment in a psychiatric hospital. (Acts 1957, Ch. 359, Par. 601; Burns: Sec. 22-4715; 1957 Cum. Supp.)

When the allegations and statements are completed and sworn to, they are then filed with the clerk of the circuit court of the county in which the allegedly mentally ill person resides. When the court feels that the best interests of the patient will be served by regular rather than temporary commitment, the judge shall appoint two qualified physicians to make an examination of the person alleged to be mentally ill. If, in the opinion of the judge it is practicable, at least one shall be a psychiatrist. As soon as the statements of the examining physicians are filed, the judge will designate a time and place for a hearing to determine whether the person alleged to be mentally ill is in fact mentally ill. The judge then orders the sheriff of the county or some other suitable person to notify the person who is alleged to be mentally ill of the nature of the proceedings and the time and place of the hearing. The judge may, if he thinks it necessary, or upon request made by or in behalf of the person alleged to be mentally ill, issue subpoenas for the person making the allegation of mental illness, for any or all of the examining physicians, for witnesses, for the person alleged to be mentally ill, and for such other persons as the judge may deem to be cognizant of any facts relating to the case. (Acts 1957, Ch. 359, Par. 601; Burns: Sec. 22-4715; 1957 Cum. Supp.)

At the time and place appointed, the judge will hear and examine such cause, shall ex-

amine, under oath, the witnesses in attendance touching the matter of the alleged mental illness of the person for the purpose of determining whether such person is in fact mentally ill. If, upon the conclusion of the hearing and examination, it shall appear to the judge that the person alleged to be mentally ill is mentally ill, the judge shall enter an order for the commitment of the person, for the purpose of observation, diagnosis, care and treatment, to a psychiatric hospital of the district. (Acts 1957, Ch. 359, Par. 603; Burns: Sec. 22-4717; 1957 Cum. Supp.)

When a person is found to be mentally ill and is committed to a psychiatric hospital, the clerk of the court will consult with the attending physician in determining the method of taking care of the mentally ill person pending his admission to a psychiatric hospital. Under no circumstances shall any mentally ill person be confined to the county jail, unless he is found to be dangerous and violent, and then only on order of the judge of the court. After admission to the state psychiatric hospital, the court retains jurisdiction over the action and may at any time upon proper petition and hearing revoke, terminate or amend such order. Unless such order is so revoked or terminated, the superintendent is entitled to keep and retain custody of such person until such superintendent discharges such person, or until such person is cured of his illness. During the period of commitment and until such time as the court dismisses the cause, the person suffers the loss of civil rights. (Acts 1957, Ch. 359, Par. 702; Burns: Sec. 22-4721; 1957 Cum. Supp.)

Admission of Alcoholic Patients:

Any resident of the state of Indiana suffering from alcoholism may apply for treatment. Treatment is given in most of the mental hospitals and at Nash Rehabilitation Center at New Castle. (Acts 1957, Ch. 213, Par. 8; Burns: Sec. 22-4425; 1957 Cum. Supp.)

The law provides for two admission procedures:

Direct Application to the Hospital: The alcoholic person may make written application to the superintendent of the hospital. The application is to include a statement indicating that the applicant agrees to abide by

the established rules and regulations of the hospital and to give 60 days written notice to the superintendent of his intentions to withdraw from the hospital. (Acts 1957, Ch. 213, Par. 8; Burns: Sec. 22-4425; 1957 Cum. Supp.)

Application to the Court: The alcoholic person may make application to the circuit, superior, probate, criminal or juvenile court of the county in which the applicant has a legal residence. The application must be supported by a medical statement, made by a licensed physician, stating that in the opinion of the physician, the applicant is an alcoholic and that the applicant is mentally competent to make such application. If the court determines that the person is an alcoholic, the court may order and direct treatment in a psychiatric hospital having proper treatment facilities. (Acts 1957, Ch. 213, Par. 8; Burns: Sec. 22-4425; 1957 Cum. Supp.)

Leaving the hospital against medical advice is a misdemeanor and the patient is subject to a fine, imprisonment, or both, upon conviction.) Acts 1957, Ch. 213, Par. 11; Burns: Sec. 22-4428; 1957 Cum. Supp.)

Admission of Criminal Sexual Psychopathic Persons:

Definition: Any person over the age of 16 years who is suffering from a mental disorder and is not insane or feeble-minded, which mental disorder is coupled with criminal propensities to the commission of sex offenses, is by law declared a criminal sexual psychopathic person. (Acts 1949, Ch. 124, Par. 1; Burns: Sec. 9-3401.)

Plea: When any person is charged with a criminal offense, except the crime of murder or manslaughter, or rape on a female child under the age of 12 or has been convicted of or has pleaded guilty to such offense and has been placed on probation, or has been convicted of or pleaded guilty to such offense but has not yet been sentenced, and it shall appear that such person is a criminal, sexual psychopathic person, then the prosecuting attorney, or someone on behalf of the person charged, may file with the clerk of the circuit court a statement in writing setting forth facts tending to show that such person is a criminal

sexual psychopathic person. (Acts 1949, Ch. 124, Par. 3; Burns: Sec. 9-3403.)

Upon filing of such statement by the prosecuting attorney the court shall, or if filed on behalf of the accused may, appoint two qualified physicians to make a personal examination of such alleged criminal sexual psychopathic person who shall file with the court a report in writing of the results of the examination together with their conclusions. Said alleged psychopath shall be required to answer the questions propounded by such physicians under the penalty of contempt of court. (Acts 1949, Ch. 124, Par. 4; Burns: Sec. 9-3404.)

In the event that both of the physicians report their conclusions to the effect that such person is a criminal sexual psychopathic person, a hearing will be held, without a jury, to ascertain whether or not such person is a criminal sexual psychopathic person. If the court so finds the court shall commit such person to the Division of Mental Health, to be confined in an appropriate institution under its jurisdiction until such person shall have fully and permanently recovered from such criminal psychopathy. (Acts 1949, Ch. 124, Par. 5; Burns: Sec. 9-3405.)

The Division of Mental Health has the right to release such person upon parole to such persons and under such conditions as his condition, in the judgment of the Division of Mental Health, merits. Such criminal sexual psychopathic person shall be discharged only after he has fully recovered from such criminal psychopathy. At any time when he shall appear to have so recovered, a petition in writing setting forth the facts showing such recovery may be filed with the clerk of the court by which he was committed and such court shall proceed to determine whether or not he has fully recovered from such criminal psychopathy. If, following such hearing such person is found to have fully recovered from such criminal psychopathy, then the court shall order such person to be discharged from the custody of the Division of Mental Health and the state institution wherein he was confined. In the event such person is found to have not fully recovered from such criminal psychopathy, then the court shall order such person to be returned to the custody of the Division

of Mental Health to be held under the previous commitment of such person. (Acts 1949, Ch. 124, Par. 8; Burns: Sec. 9-3408.)

No person who is found in such original hearing to be a criminal sexual psychopathic person, and such finding having become final, may thereafter be tried or sentenced upon the offense with which he originally stood charged, or convicted, in the committing court at the time of the filing of the original petition. (Acts 1949, Ch. 124, Par. 9; Burns: Sec. 9-3409.)

Admission of the Criminal Insane:

By the Court:

Not Guilty on the Ground of Insanity: If, in any criminal action, the court or jury trying the cause finds the defendant not guilty on ground of insanity, the court shall determine the defendant's sanity at the time of the trial, and if the court finds that the defendant is insane at the time of the trial, he shall order the defendant committed to the division for maximum security of the Dr. Norman M. Beatty Memorial Hospital; or if he finds the defendant sane at the time of the trial, but the recurrence of such an attack of insanity highly

probable, he shall also order the commitment of the defendant as above. At any time after two years from the date of commitment any person so confined may file an application to be discharged, in the court from which committed, and upon satisfactory proof made to such court of the restoration of sanity and that the recurrence of such an attack of insanity is improbable, the court shall order the discharge from such institution. A second or subsequent application for discharge cannot be made within five years from the time of any previous application. (Acts 1951, Ch. 238, Par. 1; Burns: Sec. 9-1704a.)

Commitment Before Trial: If at any time before the trial of any criminal cause or during the progress thereof and before the final submission of the cause to the court or jury trying the same, the court, either from his own knowledge or upon the suggestion of any person, has reasonable ground for believing the defendant to be insane he shall immediately fix a time for a hearing to determine the question of sanity. The court will appoint two competent disinterested physicians to examine the defendant. Other evidence may

TAKE A LOOK AT
NEW DIMETANE[®]
THE UNEXCELLED
ANTIHISTAMINE

be introduced to prove the defendant's sanity or insanity. If the court finds that the defendant has not comprehension sufficient to understand the proceedings and make his defense, he shall commit the defendant to the division of maximum security of the Dr. Norman M. Beatty Memorial Hospital. Whenever the defendant shall become sane the superintendent of the hospital shall certify the fact to the proper court, who shall order his release and place the defendant on trial for the original criminal offense. (Acts 1951, Ch. 238, Par. 2; Burns: Sec. 9-1706a.)

Transfer from the Department of Corrections:

When an inmate of any penal or correctional institution is in need of care and treatment in a psychiatric hospital, the chief administrative officer of the institution orders an examination of the inmate by a qualified psychiatrist to determine the need for hospitalization. The psychiatric report is submitted to the chairman of board of correction, and if the chairman is of the opinion that the inmate is in need of care and treatment in a psychiatric hospital, a request

is made to the commissioner of mental health for a transfer to a psychiatric hospital. After reviewing the report and/or examining the inmate the commissioner may prepare an authorization for the acceptance of the inmate by the superintendent of any psychiatric hospital: Provided, however, that no adult male may be transferred to any psychiatric hospital other than the division for maximum security of the Dr. Norman M. Beatty Memorial Hospital. (Acts 1955, Ch. 324, Par. 2; Burns: Sec. 22-4229; 1957 Cum. Supp.)

Whenever the inmate has recovered his mental health before the expiration of his sentence or before the expiration of the maximum limit of an indeterminate sentence, the superintendent in charge shall so certify to the commissioner, who, if satisfied as to the mental health of the patient, shall order the inmate to be transferred to the institution from which he was removed to the psychiatric hospital. (Acts 1955, Ch. 324, Par. 5; Burns: Sec. 22-4232; 1957 Cum. Supp.)

Whenever the superintendent of any psychiatric hospital is of the opinion that the mental illness of the inmate will continue beyond the

Continued

Dimetane[®]

(PARABROMDYLAMINE MALEATE)

TABLETS (4 MG.), ELIXIR (2 MG. PER 5 CC.)
AND EXTENTABS[®] (12 MG.) UNEXCELLED
POTENCY, UNSURPASSED THERAPEUTIC
INDEX AND RELATIVE SAFETY. MINIMUM
DROWSINESS AND OTHER SIDE EFFECTS.
A. H. ROBINS CO., INC., RICHMOND, VIR-
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TICALS OF MERIT SINCE 1878



expiration date of the sentence or of the maximum limit of an indeterminate sentence, he will file an application with the court of the county in which the hospital is located requesting that the court order the commitment of the inmate to the psychiatric hospital. Upon receipt of the application and report the court shall provide for a hearing to determine the mental illness of the inmate. If, upon the conclusion of the hearing and examination it shall appear to the court that the inmate is mentally ill and will continue to be mentally ill beyond the expiration of his sentence or beyond the maximum limit of his indeterminate sentence, he shall order the commitment of the inmate. (Acts 1955, Ch. 324, Par. 6; Burns: Sec. 22-4233; 1957 Cum. Supp.)

In the event any such inmate shall recover his mental health after the expiration of his sentence, or after the maximum limit of his indeterminate sentence, the superintendent of the hospital shall discharge such inmate in the same manner as other patients of the hospital are discharged. (Acts 1955, Ch. 324, Par. 6; Burns: Sec. 22-4233; 1957 Cum. Supp.)

Emergency Admission Pending Commitment Order:

Any health or police officer who has reason to believe that a person is mentally ill and, because of his illness, should not be allowed to go unrestrained pending an examination and certification by a licensed physician or pending court procedure to commit such person, shall take such person into custody and apply to the Dr. Norman M. Beatty Memorial Hospital for his admission. The superintendent may accept such person for admission to the hospital for a period of observation not to exceed 15 days. If during that time the superintendent ascertains such person is mentally ill he shall notify the proper authorities in the county of the person's legal residence. If the proper commitment order is not delivered to the superintendent within 20 days after the person has been accepted for hospitalization, such person shall be released. (Acts 1951, Ch. 238, Par. 4; Burns: Sec. 22-4134; 1957 Cum. Supp.)

Admission of Mental Defectives:

All feeble-minded persons who have had legal settlement in this state or who have lived continuously in this state for one year immediately preceding an application for admission, are

eligible for admission to the Fort Wayne State School or the Muscatatuck State School. (Acts 1943, Ch. 41, Par. 1; Burns: Sec. 22-1740.) All such persons residing north of Indianapolis, are admissible to Fort Wayne State School. All such persons residing in Indianapolis and the southern half of the state are admissible to the Muscatatuck State School. At the present time all such persons under the age of six years will be located at the Muscatatuck State School. (Acts 1939, Ch. 119, Par. 2; Burns: Sec. 22-1741.)

The procedure for admission is similar to the regular commitment of a mentally ill person. It requires an allegation by a reputable citizen accompanied by a physician's statement, a court hearing and appointment of two qualified physicians, and final action by the court of competent jurisdiction. Admission may be accomplished also by voluntary application and by temporary commitment by a court of competent jurisdiction. (Acts 1957, Ch. 359; Burns: Sec. 22-4701 et seq.; 1957 Cum. Supp.)

Admission of Epileptic Persons:

All epileptic persons who have a legal settlement in this state are considered admissible to the New Castle State Hospital (formerly known as the Indiana Village for Epileptics). (Acts 1905, Ch. 159, Par. 14; Burns: Sec. 22-2011.)

The procedure for admission is similar to the regular commitment of a mentally ill person. It requires an allegation by a reputable citizen accompanied by a physician's statement, a court hearing and appointment of two qualified physicians, and final action by the court of competent jurisdiction. Admission may be accompanied also by voluntary application and by temporary commitment by a court of competent jurisdiction. (Acts 1957, Ch. 359; Burns: Sec. 22-4701 et seq.; 1957 Cum. Supp.)

Admission of the Mentally Ill Teenager:

The admission procedures for persons between the ages of 12 and 18, usually referred to as teenagers are essentially the same as for adults. Admission is by voluntary application, temporary and regular commitment. (Acts 1957, Ch. 359; Burns: Sec. 22-4701 et seq.; 1957 Cum. Supp.)

A special treatment facility has been established at the Dr. Norman M. Beatty Memorial

Continued



puts colds down



gets patients up

CORICIDIN **FORTE**

on Rx only

CAPSULES

for "get-up-and-go"

METHAMPHETAMINE

- buoys spirits • potentiates pain relief • aids decongestive action

for stress support VITAMIN C

- supplements illness requirements • bolsters resistance to infection

for extra relief ANTIHISTAMINE

- higher dosage strength • optimal therapeutic benefit • virtually no side effects

Each red and yellow CORICIDIN FORTE Capsule provides:

CHLOR-TRIMETON® Maleate	4 mg.
(chlorpropenpyridamine maleate)	
Salicylamide	0.19 Gm.
Phenacetin	0.13 Gm.
Caffeine	30 mg.
Ascorbic acid	50 mg.
Methamphetamine	
hydrochloride	1.25 mg.

On Rx and cannot be refilled without your permission

dosage

One capsule every four to six hours.

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Bottles of 100 and 1000.

CORICIDIN,® brand of analgesic-antipyretic.

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Hospital which includes in addition to a complete treatment program, a school staffed with specialized teachers. Teenagers applying for admission or committed by the court from the Dr. Norman M. Beatty Memorial Hospital admission district, will, if accepted, be admitted to the special treatment facility. All other teenagers residing outside of the Dr. Norman M. Beatty Memorial Hospital admission district, must make application or be committed to the hospital within their district. If it is decided that the teenager can benefit from the special treatment facilities at the Dr. Norman M. Beatty Memorial Hospital, and is accepted, a transfer of commitment will be effected, and the teenager placed at the Dr. Norman M. Beatty Memorial Hospital.

Admission of the Mentally Ill Child:

The treatment center for children between the ages of 6 and 12 is located at the Larue D. Carter Hospital. Admission of children there is essentially the same as for adults, which consists of a voluntary application or a temporary commitment. (Acts 1957, Ch. 359; Burns: Sec. 22-4701 et seq.; 1957 Cum. Supp.) The Larue D. Carter Hospital's admission district is the entire state. Children in this age range may be admitted to the other mental hospitals if such admission appears to be the most realistic treatment plan. Admission to mental hospitals other than Larue D. Carter also follows the same procedure as for adults, by voluntary application, temporary and regular commitment. (Acts 1957, Ch. 359; Burns: Sec. 22-4701 et seq.; 1957 Cum. Supp.)

INDIANA DIVISION OF MENTAL HEALTH STATE HOSPITALS FOR THE TREATMENT OF THE MENTALLY ILL

Mental Hospitals

Dr. Norman M. Beatty Memorial Hospital	Westville
Larue D. Carter Memorial Hospital*	Indianapolis
Central State Hospital	Indianapolis
Evansville State Hospital	Evansville
Logansport State Hospital	Logansport
Madison State Hospital	Madison
New Castle State Hospital**	New Castle
Richmond State Hospital	Richmond

Schools for the Mentally Retarded

Fort Wayne State School	Fort Wayne
Muscatatuck State School	Butlerville

* Does not accept patients by regular commitment.

** Formerly known as the Indiana Village for Epileptics. Also includes the Nash Rehabilitation Center for the treatment of alcoholic patients.

Continued

SEVEN PHYSICIANS SERVE ON MENTAL HEALTH ADVISORY COUNCIL

Drs. Grant E. Metcalfe, South Bend; Walter U. Kennedy, New Castle; Carter Dunstone, Fort Wayne; Alex T. Ross, Indianapolis; Frank H. Green, Rushville; William C. Vance, Richmond; and Robert P. Acher, Greensburg, are serving on the 15-member Mental Health Advisory Council as appointees of the Governor.

With the approval of the Governor, the Council appoints a commissioner and deputy commissioner of the Division of Mental Health; acts in an advisory capacity to the commissioners on matters pertaining to personnel, hospital administration, medical and psychiatric care, and other programs conducted by the division.

Dr. Metcalfe was elected chairman of the advisory group.

Dr. John W. Southworth, superintendent of Logansport State Hospital, assumed the post of deputy commissioner of the Division of Mental Health January 1. Commissioner of the division is Dr. Stewart T. Ginsberg.

INDIANA DIVISION OF MENTAL HEALTH
FACILITIES FOR SPECIALIZED TREATMENT

Acute and Intensive Treatment	All State Mental Hospitals
Treatment and Training of the Mentally Retarded	Fort Wayne State School
	Muscatatuck State School
Treatment and Training of the Epileptic and Neurological Patient	New Castle State Hospital
Treatment of the Alcoholic Patient	Nash Rehabilitation Center and all State Mental Hospitals (except Carter Hospital)
Criminal Sexual Psychopath	All State Mental Hospitals (except Carter Hospital)
The Psychotic Tubercular Patient	Logansport State Hospital
	Madison State Hospital
	Evansville State Hospital
The Mentally Retarded Tubercular Patient	Muscatatuck State Hospital
The Psychotic Child (Age 6 to 12)	Larue D. Carter Hospital
The Psychotic Teenager	Dr. Norman M. Beatty Memorial Hospital
Nursery Care of the Mentally Retarded Child under Age 6	Muscatatuck State School
Treatment of the Psychotic Criminal Patient	Dr. Norman M. Beatty Memorial Hospital, Maximum Security Division

For Real Pain ...give real relief:

A.P.C.^{WITH} Demerol[®]
tablets

Each tablet contains:

Aspirin	200 mg. (3 grains)
Phenacetin	150 mg. (2½ grains)
Caffeine	30 mg. (½ grain)
Demerol hydrochloride....	30 mg. (½ grain)

Average Dose:

1 or 2 tablets.

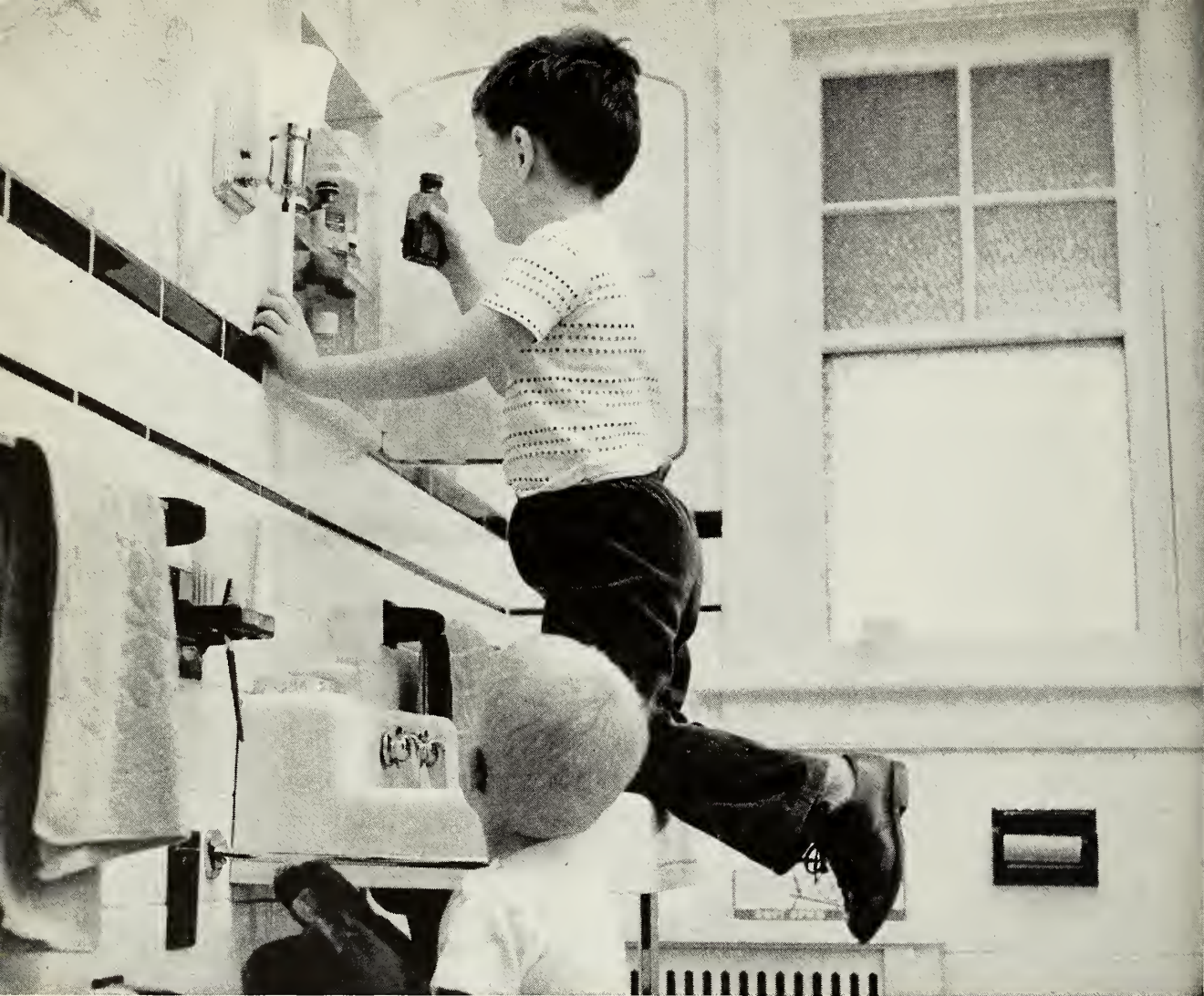
Narcotic blank required.

Potentiated Pain Relief

WINTHROP LABORATORIES

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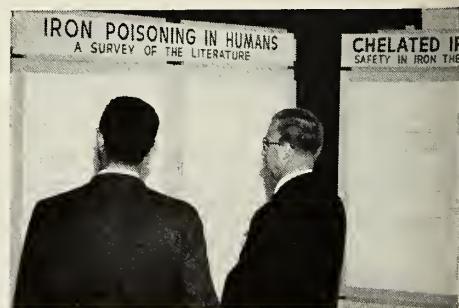
Demerol (brand of meperidine),
trademark reg. U.S. Pat. Off.



JIMMY J.: A CASE HISTORY OF ACCIDENTAL IRON POISONING

Reports of accidental poisoning by oral iron are increasingly common in current literature. However, a recent editorial (South. M. J. 50:117, 1957) can still describe the "shock when it was clearly demonstrated less than a decade ago that iron salts were not without danger to young children, and might even result in their death."

A Scientific Exhibit on "Iron Poisoning"* at the recent A. M. A. Clinical Meeting in Philadelphia points up the immediacy of the problem and sheds new light on the mechanism of iron toxicity. The case history illustrated here is typical of many mentioned in the exhibit. Ferrous sulfate poisoning is quick and often fatal. Even immediate and positive treatment is not always successful.



*Scientific Exhibit on "Iron Poisoning" by W. G. Rohse, Ph.D.; C. R. Kemp, Ph.D.; M. Franklin, M.D., and J. de la Huerga, M.D. at the American Medical Association Clinical Meeting, December 3-6, 1957. Philadelphia, Pa.

The curious, searching quality of a child can be a wondrous thing, wandering continually through a world of new sights and sounds and new objects that need to be experienced. But often the inquiring hand of the child inadvertently finds pain.

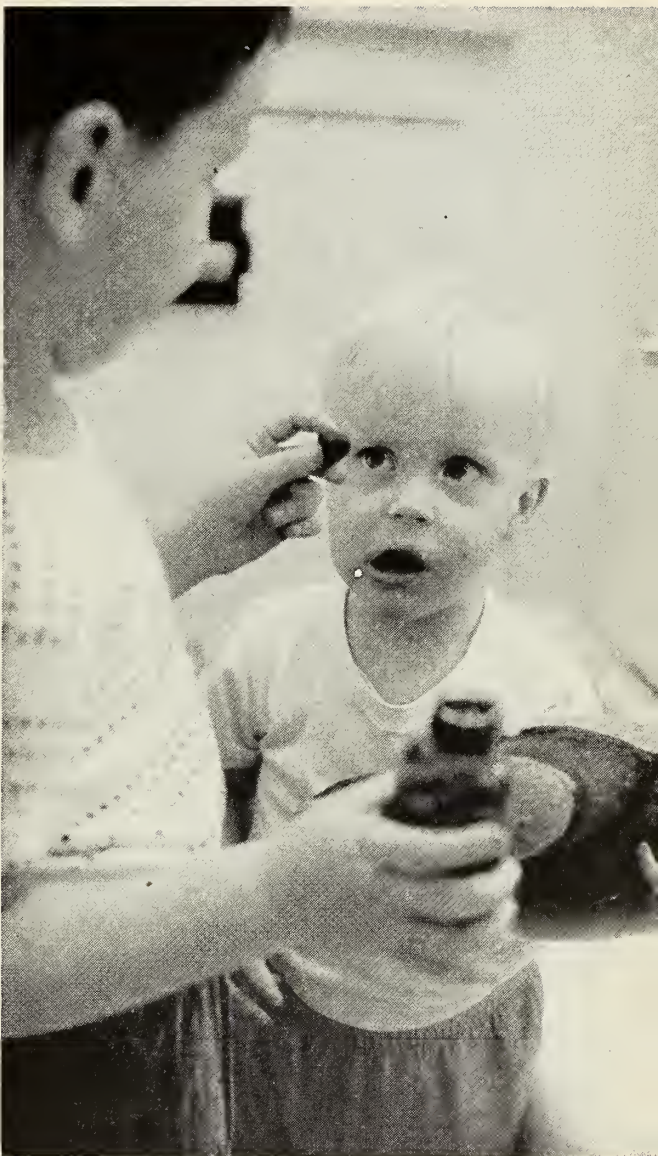
This is the case history of Jimmy J., an 18-month-old boy brought to the hospital with a complaint of diarrhea and vomiting. When first seen, Jimmy was in shock. It developed that he had eaten a number of enteric-coated ferrous sulfate tablets about two hours earlier. He vomited ten of the tablets soon after, and vomited again on administration of egg yolk. Now he was weak and somnolent, with hyperactivity of deep reflexes.

Initial laboratory examination showed a hemoglobin of 10.8 grams, RBC 5.4 million, WBC 52,000. *Serum iron level was approximately 55 times higher than normal* — 8150 mcg./100 cc. Necrotic intestinal mucosa was passed per anum.

Forced fluids, antibiotics and dextrose were started, but the patient remained in shock until given 150 cc. of whole blood by scalp-vein transfusion. Subsequent treatment included milk with added electrolytes, vitamin K and levulose. Jaundice developed two days after admission but cleared in five days. Bone marrow was compatible with tissue breakdown or with chronic infection.

Six days after admission, Jimmy was able to take a general diet. Serum iron returned to normal, the patient became asymptomatic eleven days after admission, and was then discharged.

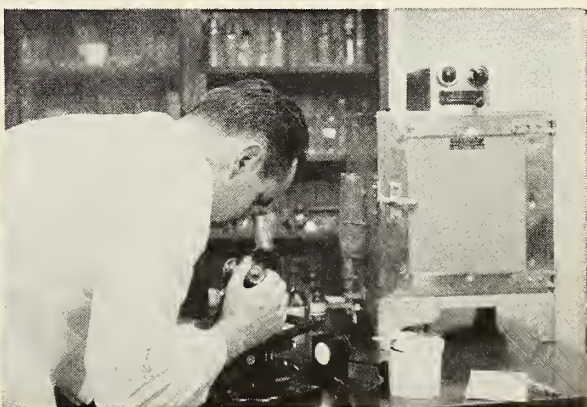
Jimmy was fortunate; approximately one out of every two cases of iron intoxication do not recover.



Jimmy was fed the ferrous sulfate tablets by his older brother. Attractively colored sugar-coated pills have an appeal for young palates, yet may often prove fatal.



On admission to the hospital just two hours later, Jimmy presented the classic triad of iron poisoning—vomiting, shock, leukocytosis. Treatment was started immediately.



Necrotic mucosal tissue passed by rectum indicated local g.i. damage caused by the corrosive action of the tablets. Fluoroscope confirmed presence of tablet material.



Significantly, serum iron level prior to transfusion had risen to 8150 mcg./100 cc., more than 50 times higher than normal, indicating uncontrolled absorption of iron salts from the child's intestinal tract.

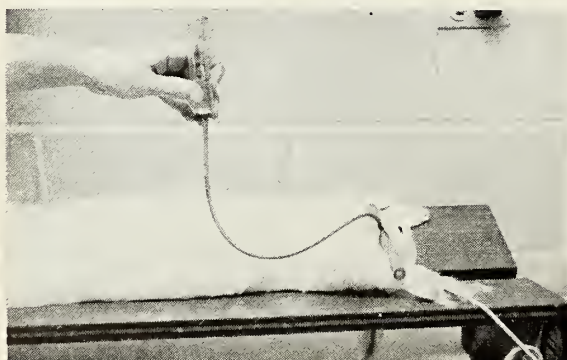


Despite apparent damage to g.i. tissue, Jimmy was able to take food by mouth six days after admission. Thus, systemic toxicity may not be related to tissue damage.

RECENT FINDINGS INDICATE CHELATION MINIMIZES RISK OF IRON TOXICITY

Studies of iron intoxication described in the recent A. M. A. Scientific Exhibit consistently reveal a direct ratio between elevation of serum iron and incidence of fatality. In a series of dogs and rabbits given 250 mg. iron per Kg. as aqueous solutions of ferrous sulfate or gluconate, all animals died. As in the case of Jimmy, toxicity in these experimental animals was al-

ways associated with serum iron elevation far beyond total binding capacities. However, in other animals given equal amounts of iron as iron choline citrate (FERROLIP®), an iron chelate, all rabbits and 90 per cent of dogs survived without evidence of toxicity. Thus, *chelated* iron seemed to permit controlled absorption of iron as needed, without decrease in hematinic effect.



Animal studies confirm relationship of fatality to excessive serum iron elevation with ferrous sulfate or gluconate.



A new iron chelate (iron choline citrate—FERROLIP) appears to avoid this excessive elevation of serum iron.

FERROLIP... EFFECTIVE AND SAFE

The inherent safety of FERROLIP is apparently due to chelation. The iron complex—"chelated," or bound—apparently can be absorbed and utilized by the body as physiologically needed, at a controlled rate, thus essentially obviating the possibility of excessive free iron in the blood stream. In contrast to readily dissociable iron salts such as ferrous sulfate or ferrous gluconate, experimental evidence has shown that massive doses of FERROLIP have rarely been associated with a dangerous elevation in serum iron.

FERROLIP has additional practical advantages over other forms of iron therapy. As a chelate, it is nonionized, nonastringent, and it remains in solution at pH levels up to 10.5. Consequently, FERROLIP is essentially free from g.i. irritation; it is not precipitated by protein or phosphate, and it can be given in milk or formula; also FERROLIP does not attack or discolor the teeth.



The Greek word *chele* means a claw. The term *chelation* is now applied to chemical processes whereby metallic ions are sequestered or bound into claw-like rings within certain organic molecules. Chelation can be applied to any problem wherein ions of a metal cause trouble. The iron in FERROLIP is bound by this process.

FERROLIP is available in the following forms:
TABLETS—Three FERROLIP Tablets supply 1.0 Gm. of iron choline citrate equivalent to 120 mg. of elemental iron and 360 mg. of choline base.

SYRUP—One fl.oz. of FERROLIP Syrup provides 120 mg. elemental iron, equivalent of 3 tablets.

DROPS—Each cc. of FERROLIP Drops provides 16 mg. elemental iron and 48 mg. choline base.

DOSAGE: Adults, 1 or 2 tablets or 2 to 4 teaspoonfuls of syrup t.i.d.; children, 1 tablet or 2 teaspoonfuls t.i.d.; 0.5 cc. of drops supplies M.D.R. for infants and children up to 6 years—therapeutic dose as determined by physician.

FERROLIP®

Iron Choline Citrate

a physiologic iron chelate

**for RESULTS WITHOUT RISK
in iron deficiency anemia**

TABLETS	Bottles of 100 and 1000
SYRUP	Pints and gallons
DROPS	30-cc. dropper bottles

also available:

FERROLIP ob during pregnancy

just 1 tablet t.i.d. (the daily dose) provides:

FERROLIP (Iron Choline Citrate®).....	150 mg.
Tricalcium Citrate	600 mg.
Calcium Gluconate	300 mg.
Thiamine Mononitrate	3 mg.
Riboflavin	3 mg.
Niacinamide	30 mg.
Calcium Pantothenate	10 mg.
Pyridoxine Hydrochloride	10 mg.
Ascorbic Acid	200 mg.
Folic Acid	0.5 mg.
Vitamin B ₁₂ with Intrinsic Factor Concentrate	1 U.S.P. Unit (Oral)
Vitamin A	5000 Units
Vitamin D	500 Units

DOSAGE: 1 tablet t.i.d.

SUPPLIED: Bottles of 60, 100, and 1000.

FERROLIP plus for macrocytic and microcytic anemias

Each capsule contains:

FERROLIP (Iron Choline Citrate).....	200 mg.
Vitamin B ₁₂ with Intrinsic Factor Concentrate	1/3 U.S.P. Unit (Oral)
Liver, Desiccated, N.F.	100 mg.
Ascorbic Acid	50 mg.
Folic Acid	0.5 mg.
Thiamine Hydrochloride	2 mg.
Riboflavin	1 mg.
Pyridoxine Hydrochloride	0.5 mg.

DOSAGE: 1 capsule t.i.d.

SUPPLIED: Bottles of 60, 100, and 1000. Also available:
FERROLIP plus Liquid, in 8-fl.oz. and gallon bottles.

Flint, EATON & COMPANY
Decatur, Illinois

Field Secretary for Northern Indiana Added to Medical Association Staff

ANNOUNCEMENT was made recently to county medical society officers in northern



Mr. Grindstaff

Indiana of the appointment of Howard Grindstaff of Indianapolis as field secretary for the Indiana State Medical Association. He will serve that portion of the state, where he has traveled during the last 10 years as representative of a dental laboratory.

Mr. Grindstaff is a graduate of Arsenal Technical High School in Indianapolis. He served as a gunner on a B-17 in World War II,

was shot down and confined in a German prison camp for 13 months.

Mr. and Mrs. Grindstaff have two sons, 5 and 3 years old.

Appointment of Mr. Grindstaff gives the I.S. M.A. a three-man field staff. Robert J. Amick, Scottsburg, who has been with the Association for six years, serves as field secretary for southern Indiana; and Wayne Worick, Indianapolis, who joined the Association August 15, 1957, works out of the Indianapolis office.

American medicine would do well to study the plight of physicians in Britain and France before accepting financial arrangements that would make them sitting ducks for capture by Government.

**PERFORMANCE WITH
GREATER PERMANENCE
IN THE MANAGEMENT
OF DERMATOSES...**

(Regardless of Previous Refractoriness)

**Confirmed by
an impressive and
growing body of published
clinical investigations** *

TARCORTIN[®] CREAM
Hydrocortisone 0.5% and Special Coal Tar Extract 5%
(TARBONIS[®]) in a greaseless, stainless vanishing cream base.

NEO-TARCORTIN[®] OINTMENT
Hydrocortisone 0.5%, Neomycin 0.35% (as Sulfate) and Special
Coal Tar Extract 5% (TARBONIS) in an ointment base.

ATOPIC DERMATITIS · ECZEMAS · SEBORRHEA · ANOGENITAL PRURITUS · DERMATITIS VENERATA · PSORIASIS

R&C REED & CARNRICK / Jersey City 6, New Jersey



1. Clyman, S. G.: Postgrad. Med. 21:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey 53:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. 3:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. 50:837, 1954.
5. Bleiberg, J.: Am. Practitioner 8:1404, 1957.

when are tranquilizers indicated in pediatrics ?

Some doctors have questioned the use of tranquilizers in children. They feel, and rightly so, that these drugs should not be used as palliatives to mask distressing symptoms, while etiological factors go uncorrected. But there are three situations in which even the most conservative physician would not hesitate to use tranquilizers:

1. When the usually well-adjusted child needs a buffer against temporary emotional stress, such as hospitalization.
2. When a child needs relief from an anxiety-reaction that is in turn anxiety-provoking, so as to pave the way for basic therapy.
3. When anxiety underlies or complicates somatic disease, as in asthma.

In such situations, tranquilizers are likely to be more effective and better tolerated than previously accepted therapy, such as barbiturates.

But the question arises: which tranquilizer is suitable for children?

Most of the physicians now using tranquilizers in pediatric practice have found the answer to be ATARAX, confirming the conclusions of repeated clinical studies.

ATARAX is effective in a wide range of pediatric indications.

ATARAX has produced a "striking response" in a wide range of hyperemotive states.* In a study of 126 children, "the calming effect of hydroxyzine (ATARAX) was remarkable" in 90%.* Among the conditions that are improved with ATARAX are tics, nervous vomiting, stuttering, temper tantrums, disciplinary problems, crying spasms, nightmares, incontinence, hyperkinesia, etc.*

ATARAX is well tolerated even by children.

"ATARAX appears to be the safest of the mild tranquilizers. Troublesome side effects have not been reported. . . ."

ATARAX offers two pediatric dosage forms.

ATARAX Syrup is especially designed for acceptability by medicine-shy youngsters. A small 10 mg. tablet is also available. In either case, you will get a rapid, uncomplicated response. Why not, for the next four weeks, prescribe ATARAX for your hyperemotive pediatric patients. See whether you, too, don't find it eminently suitable.

* Documentation on request

PEACE OF MIND **ATARAX**
(BRAND OF HYDROXYZINE)

ATARAX

in any
hyperemotive
state

for childhood behavior disorders

10 mg. tablets—3-6 years, one tablet t.i.d.; over 6 years, two tablets t.i.d. Syrup—3-6 years, one tsp. t.i.d.; over 6 years, two tsp. t.i.d.

for adult tension and anxiety

25 mg. tablets—one tablet q.i.d. Syrup—one tbsp. q.i.d.

for severe emotional disturbances

100 mg. tablets—one tablet t.i.d.

for adult psychiatric and emotional emergencies

Parenteral Solution—25-50 mg. (1-2 cc.) Intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

Supplied: Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

M. A. Seidell M.D.

Medical Director



New York 17, New York
Division, Chas. Pfizer & Co., Inc.

Dr. John B. Hickam Named to I.U. Department of Medicine Chairmanship

*A*PPPOINTMENT of Dr. John B. Hickam, professor of medicine at Duke University, Durham, North Carolina, to the vacant chairmanship of the Department of Medicine in the Indiana University School of Medicine, was announced December 27 by Dr. Herman B Wells, I.U. president.



Dr. J. B. Hickam

Dr. Hickam will succeed Dr. James O. Ritchey, Indianapolis, who retired from the chairmanship more than a year ago, retaining only his teaching and committee duties. The

new chairman will assume his duties in June following the close of the school year at Duke. Dr. Hickam was graduated and received his medical degree with honors from Harvard Medical School in 1940. During World War II he served in the Army Air Corps and was assigned to a research team at Wright Field, Dayton, Ohio. He started his teaching career at Emory University School of Medicine. Since 1947 he has been a member of the faculty at Duke University School of Medicine where he has advanced from instructor to professor. He has been recognized for research studies of cardiac failure, physiology and pathology of pulmonary circulation, and factors controlling respiration. Dr. Hickam is a descendant of a southern Indiana pioneer family. He is the son of Lt. Col. Horace Meek Hickam for whom Hickam Air Base in Hawaii was named.

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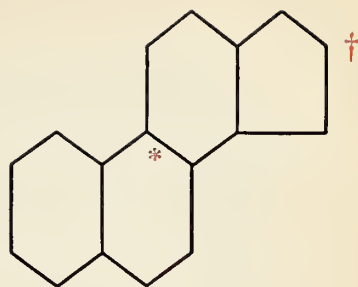
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8-Year Study Shows Televiewing Has Little Effect on Health or Grades

CONTRARY TO POPULAR BELIEF, television's effect on school children is not all bad, Northwestern University studies have shown.

In fact, children's strong interest in television may be an asset, if television watching is handled properly in the home, according to Paul Whitty, Ph.D., director of the psycho-educational clinic, Northwestern University, Evanston, Ill.

Each year since 1949 the Northwestern clinic has studied the TV viewing habits of more than 2,000 children in the Chicago area. Children, their teachers, and their parents have been interviewed, Whitty said in a recent *Today's Health*, the American Medical Association's popular health magazine.

By the spring of 1950, after TV's first appearance in 1949, 43 per cent of the children interviewed had TV sets at home. In 1951, 68 per cent had them, and in 1957, 96 per cent had them. In one school studied this year, only one child did not have a TV set at home.

In 1950 many people believed that televiewing would prove a passing fancy—especially for children—and that the amount of time given to it would drop sharply after its novelty wore off. This proved unrealistic. Children spend as much or more time watching TV now than they did at first, Whitty said.

In 1950 elementary school children averaged 21 hours a week watching TV; in 1951 the average dropped to 19 hours, but it went up later with the appearance of new and more appealing programs. High school students devote less time to TV; the average in 1957 was 12 hours a week.

The Northwestern studies show that TV is not having the predicted bad effect on children's health. In 1950, parents reported that children slept less, played less, and were more nervous and disturbed. But as the years have gone by,

fewer and fewer parents voice these complaints, apparently because they are trying to arrange proper conditions for televiewing and are encouraging rest periods and changes in activities, Whitty said.

While children's interests and hobbies have changed slightly since 1950, their outdoor recreation has not changed much, the studies have shown.

SOME EMOTIONAL PROBLEMS

Emotional and nervous problems appear to be diminishing. When children who spend an extremely large amount of time watching TV have emotional difficulties, teachers have found in every case other factors, such as poor home or unfavorable environment.

Television appears to have a conflicting effect on school work and grades, Whitty said. There seems to be little relationship between grades, and time spent watching television, although excessive watching appears to be associated with somewhat lower grades. However, one teacher remarked, "Good students tend to remain good; poor students stay bad."

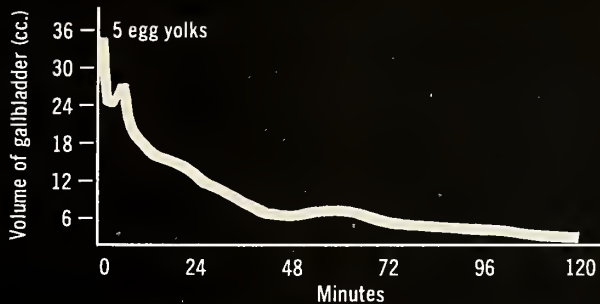
Television may serve as a way of learning or as an incentive to learn more about a particular subject. Children who think TV helps their school work mention its value in improving vocabulary and knowledge of history, current events, science, people at home and around the world, and books. Librarians report that children are reading "more than ever," which indicates that television has not cut reading.

Whitty urged parents and teachers to work for better programs, to give children the guidance and encouragement they need to derive the greatest benefit from their "newest and best-loved recreation," and to remember that television is "a problem only in homes in which it is permitted to become a problem."

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*Adapted from Wright, S.: Applied Physiology, ed. 8, London, Oxford University Press, 1947, p. 734.

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Source—Lichtman, S. S.: Diseases of the Liver, Gallbladder and Bile Ducts, ed. 3, Philadelphia, Lea & Febiger, 1953, vol. 2, p. 1177.

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Program on Obstetrics, Gynecology Scheduled

The Indiana University School of Medicine, Division of Postgraduate Education, will offer the following postgraduate program on obstetrics and gynecology at the I. U. Medical Center on Wednesday and Thursday, March 12 and 13.

MARCH 12

- 1:30 p.m. Registration
- 2:00 p.m. Post Maturity
Carl P. Huber, M.D.
- 2:45 p.m. Rupture of Uterus—Case Reports
Bernard Magid, M.D.
- 3:30 p.m. Use of I. V. Pitocin
Wm. Henderson, M.D.
- 4:00 p.m. Hemolytic Disease of Newborn
George Porter, M.D.
- 4:30 p.m. Hormones in Present Day
Gynecology
Sprague H. Gardiner, M.D.

MARCH 13

- 9:00 a.m. Prenatal Classes
Carl Freed, M.D.
- 9:30 a.m. The Fern Test
Wm. Ragan, M.D.
- 10:00 a.m. Fetal Distress
Sprague H. Gardiner, M.D.
- 10:30 a.m. Intermission—Coffee
- 11:00 a.m. Perinatal Mortality—
Case Presentations
Joe Thompson, M.D.
- 1:00 p.m. Abdominal Wound Complications
James Brillhart, M.D.
- 1:30 p.m. Hydatidiform Mole
John Melin, M.D.
- 2:00 p.m. Uterine Activity
Jack Lein, M.D.
- 2:30 p.m. Hemostatic Defects
Sprague H. Gardiner, M.D.
- 3:15 p.m. Intermission—Coffee
- 3:45 p.m. Management of Carcinoma of
Cervix—Round Table
Huber, Gardiner, Gastineau

AMA Committee's Rehabilitation Study Developing Guides for Societies

THE AMERICAN MEDICAL ASSOCIATION'S Intra-Association Committee on Rehabilitation has, for some time, been reviewing and studying the rehabilitation programs of various federal and private national agencies.

Through conferences and collection of pertinent material, the committee hopes to prepare guides for medical societies for developing sound rehabilitation services and facilities at the local level.

Dr. Frank H. Krusen of the Mayo Clinic is chairman of the intra-association committee. Other members are Drs. O. A. Sander, Milwaukee, from the Council on Industrial Health; Walter H. Baer, Peoria, Ill., from the Council on Mental Health; Guy A. Caldwell, New Orleans, from the Council on Medical Education and Hospitals, and Hoyt Wooley, Idaho Falls, Idaho, from the Council on Medical Service.

Briefly, the committee's objectives are to co-ordinate rehabilitation interests and activities within the A.M.A., foster medical supervision of rehabilitation services and centers, study the

problems and inter-relationships of the medical, social, educational, and vocational aspects of rehabilitation, and keep the medical profession abreast of new and pertinent information regarding rehabilitation.

The committee held a meeting in Washington recently and invited representatives from the Office of Vocational Rehabilitation of the U. S. Department of Health, Education and Welfare, the Division of Physical Medicine and Rehabilitation of the Veterans Administration, the President's Committee for the Employment of the Physically Handicapped, and the Council on Rehabilitation of the Medical Society of the District of Columbia, as well as representatives from five county medical societies in the surrounding area.

Previously the committee had met with representatives from the American Academy of General Practice and the American Heart Association.

The committee is presently organizing an educational program to acquaint physicians with the value, need, and importance of rehabilitation services.

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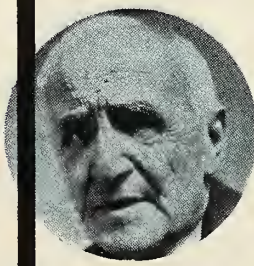
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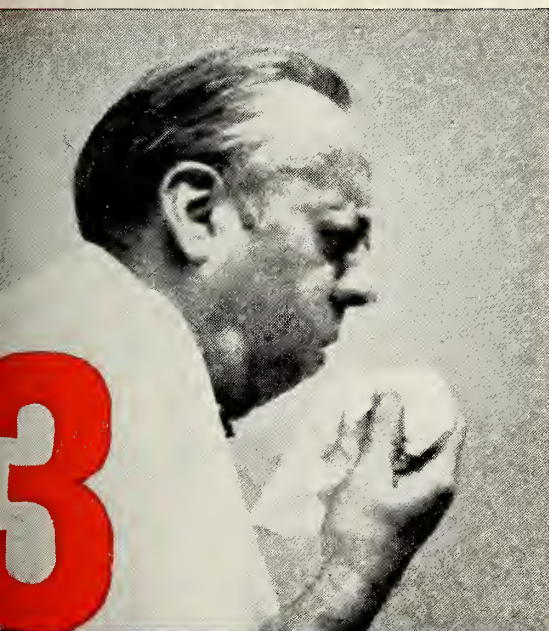
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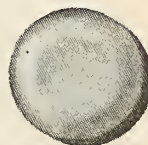
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Deaths . . .

Columbus B. Goodwin, M.D., 95, one of the oldest practicing physicians in the United



Dr. Goodwin

States, died December 20 in McCray Hospital, Kendallville. He had been a patient in the hospital for six days, taken there following a fall in his home. Although he had a fractured hip, his general condition was considered good. Death resulted from a coronary attack which he diagnosed a few minutes before he died.

Doctor Goodwin, who was selected as one of the two "Physicians of the Year" by the Indiana State Medical Association in 1955 following three tie votes, had kept regular office hours and made a routine visit to his patients in a home for elderly persons on the day of his accident. Aroused by the doorbell while taking a nap late in the day he slipped and fell.

Doctor Goodwin had occupied the same offices in Kendallville for 57 years. For four years he had practiced in Rome City before selecting Kendallville for his future home. A teacher for 11 years before he entered medical school, Doctor Goodwin was 32 when he received his medical degree in 1894 from the Kentucky School of Medicine in Louisville. He was a native of Clark county.

In Noble county during his long career Doctor Goodwin had cared for six generations of several families, had delivered so many babies he had lost count, and until he was past 90 had made house calls day or night. He had no plans to retire, and recently expressed the hope that he would continue "business as usual" until he was at least 100 years old.

Doctor Goodwin served for many years as secretary of the Kendallville Board of Health and was still a member of the board.

He was a senior member of Noble County Medical Society, a Fifty Year Club member of Indiana State Medical Association, and also held membership in the American Medical Association.

Canby L. Willson, M.D., 57, died December 25 in St. John's Hospital, Anderson, after suffering a heart attack two hours earlier in his home.

A native of Anderson, Doctor Willson was the son of a physician and immediately following service in World War I entered Georgetown University for his pre-medical studies. He received his degree in medicine from Emory University School of Medicine, Atlanta, in 1926 and after internship in Grady Hospital, Atlanta, returned to Anderson where he established his practice. A physician and surgeon, he had served for the last 10 years as surgeon for the Pennsylvania railroad.

Doctor Willson had been active in the work of veterans' organizations.

He was a member of Madison County Medical Society, the Indiana State and American Medical Associations.

Charles Owen McCormick, M.D., Indianapolis obstetrician and professor emeritus of obstetrics at Indiana University School of Medicine, died December 30 in Robert W. Long Hospital where he had been a patient only a few hours. He was 71.

Doctor McCormick was widely known as an obstetrician and for his medical writings. In addition to many articles he was the author of a book, "Pathology of Labor, Puerperium and Newborn". He served on the faculty at the medical school from 1916 to 1954 when he became professor emeritus. He had continued actively in his private practice.

Doctor McCormick was a native of Monitor in Tippecanoe county, was graduated from Indiana University and received his

medical degree in 1913 from Harvard Medical School. He served internship and residency at Boston City and Boston Lying-in Hospitals.

A diplomate of the American Board of Obstetrics and Gynecology, Doctor McCormick was a member of the American College of Surgeons, Central Association of Obstetrics and Gynecology and the American Association of Obstetricians and Gynecologists. He was the first president of the Indianapolis Society of Obstetrics and Gynecology, was an honorary fellow in the International College of Anesthetists, and a staff member at Methodist, St. Francis and Community Hospitals.

Doctor McCormick was a member of Indianapolis Medical Society, the Indiana State Medical Association and American Medical Association. He had served on several I.S. M.A. committees, was chairman of the Section on Obstetrics and Gynecology and chairman of the Committee on Maternal and Child Health.

In addition to his professional affiliations he was a member of church, service club and social organizations. A son, C. O. McCormick, Jr., M.D., Indianapolis, is among his survivors.

Lyman K. Gould, M.D., 68, retired Fort Wayne physician and surgeon, died December 31 in Lutheran Hospital, Fort Wayne.

Doctor Gould was born in Rochester. He received his degree in medicine from Rush Medical College, Chicago, and served his internship at Cook County Hospital, Chicago.

For many years he operated the Gould Clinic at 3415 Fairfield Avenue, Fort Wayne, and was active in community affairs in addition to his medical practice.

He was a member of Fort Wayne (Allen County) Medical Society, the Indiana State and American Medical Associations.

Neslen K. Forster, M.D., president of the Indiana State Medical Association in 1945,



Dr. Forster

died December 31, a suicide victim, in his home in Pacific Palisades, California. He left a note addressed to authorities in which he declared he took his own life.

Doctor Forster, who was in private practice in Hammond for many years, had lived in California since 1948. He made the change to benefit his health.

A 1919 graduate of the University of Illinois College of Medicine, he specialized in surgery.

Doctor Forster's services to the Indiana State Medical Association began in 1935 when he was elected to the Council for three years. He was reelected to that post in 1942 and resigned in 1944 when he was named president-elect of the State Association. In the interim he served as chairman of the Permanent Study Committee on Health Insurance and the National Medical Situation for four years, and following his year in the presidency became chairman of the budget committee, chairman of the Committee on Medical Service and Public Relations, was associate editor of *The Journal* in 1946 and 1947, and a member of the Scholarship Committee in 1947. In 1947 he was named alternate delegate from Indiana to the American Medical Association.

At the time of his death Doctor Forster was a member of the Los Angeles County Medical Society, California State Medical Association and the American Medical Association as well as numerous special societies.

William F. Molt, M.D., 82, retired Indianapolis physician, died January 12 in his home. He retired in 1953.

Doctor Molt was in practice in Indianap-

olis for most of his 56 year career. He was on the teaching staff at Indiana University School of Medicine for a number of years and became professor emeritus in 1952. An otolaryngologist, he studied under Chevalier Jackson, pioneer broncho-esophagologist, and while serving in the ear, nose and throat clinic at Indianapolis General Hospital, established the broncho-esophagological clinic there and was its chief for many years.

Doctor Molt was a native of Illinois. He was a graduate of the Physio-Medical College of Indiana, receiving his degree in 1897. He also attended Toledo Medical College and later did postgraduate work in New York Polytechnic, New York Lying-in Hospitals, Manhattan Eye, Ear, Nose and Throat Clinic, Chicago Polytechnic and at Indiana University.

Doctor Molt was a senior member of Indianapolis Medical Society and of the Indiana State and American Medical Associations. He was also a Fifty Year Club member of I.S.M.A. He was a diplomate of the American Otolaryngological Board, a life member

of the Academy of Otolaryngology and a senior member of the American Broncho-Esophagological Association.

In addition to membership in medical organizations, Doctor Molt had been a member of his church for 50 years and also held lodge membership.

Frequently physicians' deaths occur and The JOURNAL receives no information from the society of which the physician was a member . . . our clipping service does not furnish us with a newspaper report . . . and so The JOURNAL fails to report the death of a member of Indiana State Medical Association. We regret this.

County society secretaries, or some member appointed by the society as necrologist, are urged to send not only word of the death of members promptly but local newspaper clippings which will assist in proper preparation of obituaries.

Mail newspaper reports to The JOURNAL, Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

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^{*}Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

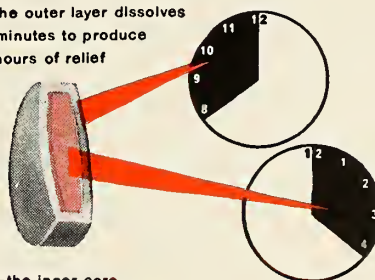
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NEWS NOTES—from State and Nation

Indiana Heart Foundation Offers Fellowships

The Research Committee of the Indiana Heart Foundation is accepting applications for grants-in-aid, research fellowships, advanced research fellowships and for established investigators.

Dr. Kenneth G. Kohlstaedt, Indianapolis, is chairman of the Research Committee of the Heart Foundation. Further information and applications may be obtained from Robert H. Patty, acting executive director, Indiana Heart Foundation, 615 North Alabama Street, Indianapolis 4, Indiana.

Dr. Millard L. Hoyt, Indianapolis, was named secretary-treasurer of the Tri-State Group Psychotherapy Society at the annual meeting of the group in Columbus, Ohio, on November 23. The organization includes members from Ohio, Kentucky and Indiana.

Drs. Raymond J. Doherty and Donald T. Dhein moved to their new office building at 47 West 68th Place, Merrillville, on January 1. They will occupy seven rooms of the 30 by 84 foot structure and plan to lease space to Dr. Ed Organ, a 1955 graduate of Loyola Dental School, who has just been discharged from the USAF.

Dr. Doherty, a 1953 graduate of I. U. School of Medicine, and Dr. Dhein, a 1955 graduate of Loyola Medical School, have planned adequate off-street parking for their patients.

The University of Colorado Medical Center at Denver has planned a three-day postgraduate conference on "Edema—Its Pathogenesis and Management." Dates for the conference are March 13-15. Five guest lecturers will participate with members of the faculty in a program devoted to basic

considerations and clinical applications of kidney function, edema, and diuresis. Special emphasis will be placed on treatment. Complete information on the conference may be obtained by writing to The Office of Postgraduate Medical Education, University of Colorado Medical Center, 4200 East Ninth Avenue, Denver 20, Colorado.

"Fractures and Other Trauma" Subject of Chicago PG Course

The second annual Postgraduate Course in Fractures and Other Trauma will be given by the Chicago Committee on Trauma of the American College of Surgeons for four days from April 16 through April 19 at the John B. Murphy Memorial Auditorium, 40 East Erie Street, Chicago.

All phases of trauma will be discussed by outstanding teachers from five medical schools, and chiefs of services of leading hospitals in the Chicago area as well as notable guest speakers from other parts of the country, according to Dr. Sam Banks, director of the course, and chairman of the Chicago Committee on Trauma. Among the visiting guest speakers are Dr. Walter Blount, Milwaukee; Dr. H. Relton McCarroll, St Louis; Dr. Don O'Donoghue, Oklahoma City, and Dr. Joseph Boyes, Los Angeles.

Topics will include trauma of the hand, head, chest, abdomen, heart, knee, shoulder, treatment of burns, athletic injuries, and other subjects selected in answer to a questionnaire sent to last year's registrants. Illustrated lectures, patient demonstrations, and question and answer periods will also be held.

Registration fee is \$50.00. Residents, interns and students will be admitted free of charge if a note of identification is provided from their chief of service or dean.

All inquiries regarding the course should be addressed to Dr. John J. Fahey, 1791 West Howard Street, Chicago 26, Illinois.

Continued

News Notes

Continued

A **Symposium on Selected Medical and Neurological Problems** is to be presented Sunday, February 23, in the Netherland-Hilton Hotel, Cincinnati, under the joint sponsorship of the Ohio Academy of General Practice and the Southwestern Ohio Society of General Physicians. Guest lecturers will be Dr. Edwin Litin, Mayo Clinic; Dr. G. H. Marquardt, Chicago; and Dr. Samuel M. Feinberg, Chicago, who will speak at the morning session; and Dr. Louis S. Smith, Dallas; Dr. William E. Barfield, Augusta, Georgia; and Dr. Frank F. Mayfield, Cincinnati, the afternoon speakers.

A program has been arranged for wives of physicians attending. All physicians, and especially those in the Cincinnati area, are invited to attend. Lederle Laboratories is serving as host for the entire program.

Division of Mental Health Appointments Announced

Dr. John W. Southworth, who served as superintendent at Logansport State Hospital from September 1955 until January 1, has accepted appointment as Deputy Commissioner, Indiana Division of Mental Health. He assumed his duties January 1. Dr. Southworth was first identified with the Indiana psychiatric hospital system in 1954 when he served as clinical director at Madison State Hospital. Dr. and Mrs. Southworth and their four children now live in Indianapolis.

Dr. Ernest J. Fogel, chief of neurology and psychiatry at the West 10th Street VA Hospital, Indianapolis, and associate professor of psychiatry at Indiana University, will become the eleventh superintendent at Logansport State Hospital March 1. Before coming to Indianapolis in 1955 he was director of professional services at Veterans Hospital for Neurology and Psychiatry, Pittsburgh, Pennsylvania. He and Mrs. Fogel and their two children will live in Logansport after March 1.

From January 1 to March 1, Dr. Frank D. Hogle, assistant superintendent, has been acting superintendent at Logansport State Hospital. A native of Plymouth and graduate of Indiana University, Dr. Hogle has been associated with the state's psychiatric hospitals since 1948.

All members of the medical profession are invited to attend a three-day **Sectional Meeting of the American College of Surgeons** in Des Moines, Iowa, March 27 through 29, at the Hotel Fort Des Moines.

Topics will include emergency care of multiple injuries, surgery for congenital lesions, cardiac arrest, cancer, jaundiced patient, ovarian tumors, fluids and electrolytes. Medical motion pictures will be shown daily with an especially selected program scheduled for March 27.

The Indiana Society of X-Ray Technicians has organized a placement service for the benefit of physicians and technicians in In-

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diana. It is a new undertaking for the society, members of which hope it will be a genuine help to doctors throughout the state.

Doctors interested in contacting X-ray technicians for work in their localities may obtain such information by writing Mrs. Shirley J. McGuire, R.T., at Larue D. Carter Memorial Hospital, Indianapolis 7, Indiana, or by calling Melrose 5-8401, extension 354.

Dr. Jonathan G. Yoder returned to his home in Goshen December 31 after completing a year's tour of duty as staff surgeon at the Mennonite Mission hospital in Dahmtari, India. He has served a total of 15 years at the mission hospital and interrupted a furlough to serve on an emergency basis during 1957 because there was no surgeon at the hospital. Dr. Yoder plans to resume private practice in Goshen.

Dr. Raymond L. Reed has established an office for the private practice of obstetrics and gynecology at 401 East 34th Street, Indianapolis. He is a graduate of Indiana University School of Medicine and served a three-year residency at San Francisco from 1953 to 1956. Dr. and Mrs. Reed and their three children live at 5001 North Capitol Avenue.

Two Hartford City physicians, Drs. George O. Parks and Charles A. Dudgeon, are now associated in the practice of medicine with offices in a new Medical Arts Building, 720 North Spring Street, Hartford City. The building which was recently completed is near the Blackford county hospital. Drs. Parks and Dudgeon began practice in their new quarters on January 6.

Dr. Sohrab Amini moved recently into the new clinic at 521 Fourth Street, Huntingburg. The modern brick building has a large waiting room, six examination rooms, two offices, a laboratory and two rest rooms. It is located directly across from the Stork Memorial Hospital.

Dr. Charles H. Crudden, who has been director of the outpatient psychiatric clinic

Continued

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moniliacide

MICOFUR T.M.
brand of nifuroxime

the established
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85% CLINICAL CURES*

In 219 patients with either trichomonal vaginitis, monilial vaginitis or both, clinical cures were secured in 187.

71% CULTURAL CURES*

157 patients showed negative culture tests at 3 months follow-up examinations. Patients reported rapid relief of burning and itching, often within 24 hours.



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TRICOFURON VAGINAL POWDER **IMPROVED**
at least once weekly.

STEP 2 Home use of
TRICOFURON VAGINAL SUPPOSITORIES **IMPROVED**
by the patient, 1 or 2 daily, including
the important menstrual days.

*Combined results of 12 independent clinical investigators. Data available on request.

SUPPOSITORIES:

0.375% Micofur, 0.25% Furoxone.

POWDER:

0.5% Micofur, 0.1% Furoxone.

EATON LABORATORIES, NORWICH, NEW YORK

at St. Albans Psychiatric Hospital, Radford, Virginia, is now associated with Clearview Hospital, Evansville. He is a graduate of University of Louisville School of Medicine and did postgraduate work in psychiatry and neurology at Columbia Presbyterian Medical Center, New York. Dr. and Mrs. Crudden are living at 2511 East Powell avenue, Evansville.

Indiana physicians recently appointed to health officer posts include Dr. Daniel G. Bernoske, Michigan City, who is Lake County's new health commissioner, succeeding Dr. Peter Stecy, Whiting, who became county coroner January 1; Dr. Robert K. Webster, Brazil, who was named Clay County health officer to replace Dr. John M. Palm, who was killed in an accident before the expiration of his term; Dr. Milton L. Bankoff, Michigan City, who has been appointed to a four-year term on the LaPorte County Board of Health; and Dr. Eugene Gillum, Portland, who has been appointed Jay County Health officer, succeeding Dr. George C. Morrison.

Fort Wayne VA Hospital Manager Goes to Louisville

Dr. Russell L. Hiatt, manager of the 200-bed Veterans Administration Hospital at Fort Wayne, has been transferred to Louisville where he will be manager of the 494-bed VA Hospital. He succeeds Dr. Harvey C. Hardegree who retired December 31.

Dr. Hiatt is a native of Sheridan and is a 1920 graduate of Indiana University School of Medicine. He joined VA in 1946 and served in the Chicago branch office and as chief of the professional division of the former VA area office in Washington, D. C.

He will be succeeded at the Fort Wayne facility by Dr. Michael H. Travers, director of professional services at the VA center at Kecoughtan, Virginia. Dr. Travers, a Pennsylvanian, received his medical degree from the University of Pittsburgh in 1928. From 1929 to 1942 he was in private practice in Pittsburgh, Johnstown and New Florence, Pennsylvania. During World War II he served in the Army Medical Corps as depot surgeon and medical

Continued



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Write for Latest Technical Bulletins.

*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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News Notes

Continued

examiner at Fort Jackson, South Carolina, in the rank of lieutenant colonel. He joined VA in 1946 and has been chief medical officer of the VA regional offices in Wilmington, Delaware, and Baltimore, and director of professional services at the Fort Howard, Maryland, VA Hospital.

Industrial Health Conference Planned for Atlantic City in April

How to keep workers healthy and on the job through control of hazardous exposures in the working environment and provision of preventive medical services in industry will be the subject of a national Industrial Health Conference, to be held in Atlantic City, New Jersey, April 19-25. The Conference, an annual meeting, brings together physicians, nurses, engineers, chemists, toxicologists, and other specialists to discuss recent developments, problems, and progress in worker health.

Expected to attend the conference are over 3,000 members of the five participating organizations: the Industrial Medical Association, the American Association of Industrial Dentists, the American Association of Industrial Hygiene, the American Association of Industrial Nurses, and the American Conference of Governmental Industrial Hygienists, as well as representatives of industrial management, labor, and others concerned with health in industry.

Indiana Society of Internal Medicine Organized; Will Meet March 9

A founding committee, named by Dr. John F. Ling, Richmond, chairman of the Section on Medicine of the Indiana State Medical Association, met December 8 in the Sheraton-Lincoln Hotel, Indianapolis, and initiated the founding of the Indiana Society of Internal Medicine. Temporary officers were named to serve until March 9 when the next meeting of the organization will be held.

Members of the original committee were Dr. Robert B. Sanderson, South Bend, chairman;

Dr. Stephen L. Johnson, Evansville; Dr. George D. Willison, Evansville; Dr. Thomas M. Brown, Muncie; and Dr. E. P. Tischer, Indianapolis. They met with other interested internists to form the new society which has the following objectives: To unite qualified internists of the state into a representative organization for the furtherance of the practice of internal medicine; to study economic, social, political, and scientific aspects of medicine in order to secure and maintain the highest standards of practice in internal medicine; to cooperate with other organizations of like purposes, particularly the American College of Physicians and the Indiana State Medical Association; and, to seek membership in the American Society of Internal Medicine.

Temporary officers selected by the founding committee are: Dr. Robert B. Sanderson, South Bend, president; Dr. Walter Chroniak, Indianapolis, vice-president; and Dr. E. P. Tischer, Indianapolis, secretary-treasurer.

By-laws to remain in effect until the next meeting were adopted.

All certified internists in Indiana are being notified of the formation of the new organization. Membership application blanks are being furnished them. These applications will be considered at the March 9 meeting.

Officers, serving on a temporary basis, hope to complete formal organization at the next meeting and to gain national recognition by the time the American Society of Internal Medicine meets in conjunction with the American College of Physicians in April.

GIVE GENEROUSLY

TO A.M.E.F.

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

December 11, 1957

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump and Robert Hollowell, attorneys; James A. Waggener, executive secretary; Robert J. Amick and Wayne Worick, field secretaries.

Membership Report

Number of members, December 15, 1957 ----4,140*
Number of members, December 15, 1956 ----4,045
Gain over last year----- 95
Number of members December 31, 1956----4,049

* Includes 99 in military service (gratis)
168—\$10 members (residents and interns)
291—senior members
71—members, dues remitted by Council
1—honorary member

Number who have paid AMA dues:
November, 1957 -----3,971**
November, 1956 -----3,859
Gain ----- 112

** Includes 652 exempt members (gratis)
410 prior to 1/1/57
242 so far this year

Additional AMA members needed to give Indiana another delegate ----- 30

Treasurer's Office

By consent it was agreed to renew the Position Schedule bonds for three years on the treasurer, the executive secretary, and the assistant secretary.

The treasurer reported on the condition of the General Fund account and the fact that it appeared that some of the investments would necessarily have to be cashed in order to finish out the year. By consent, it was agreed that the treasurer should use his own judgment and cash any bonds necessary to cover the expenses of the operation of the Association.

Legislative Matters

Dr. Wood discussed the Forand Bill and the secretary was instructed to duplicate the statement of the American Hospital Association regarding their stand on this legislation and send it to each officer of the Association.

Statements of Receipts and Expenditures for September for The JOURNAL and for October

and November for the Association, and report on Budget for October and November, were approved.

Headquarters Office

The secretary reported on the operation of Medicare.

The advancing of funds to finance the Medicare program was discussed. On motion of Drs. Topping and Wood, the secretary was instructed to begin negotiations immediately with the Government to obtain an advance of Medicare funds to operate the program.

The secretary read the letter from Washington regarding the meeting for the renegotiation of the Medicare contract with the Indiana State Medical Association being called for March 6 and 7, in Washington. The letter further pointed out that the Government would pay the expenses of two representatives. Upon motion of Drs. Owsley and Wood it was directed that the president and treasurer, the attorney and the executive secretary comprise the team for renegotiation.

The secretary reported on his transmittal of the resolution known as the Grant County resolution,

Continued



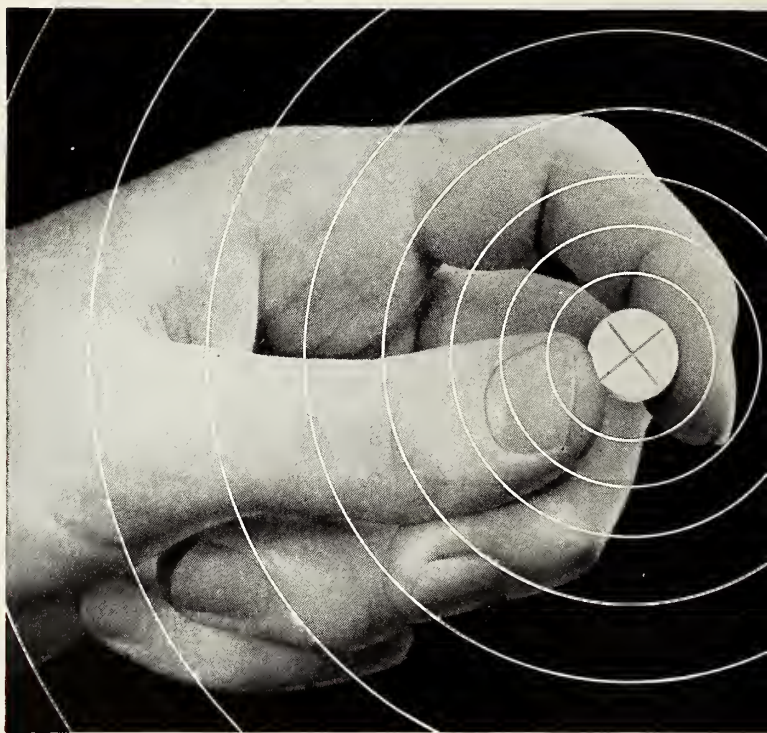
Artificial Arms Return Wearer to Normal Life

Dwight McGee of Lancaster, Ohio, wearing two Hanger Arms, can write, shave, use a knife and fork, drive an automobile, and says he can do about anything an ordinary person can do. Hanger Arms are custom-made to fit the wearer's stump and his particular daily needs, and are carefully fitted by experienced Hanger fitters. Arms can be furnished with cosmetic or mechanical hand and hook.

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- Lowest Oral Dose In Sulfa History—0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
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- Effective Antibacterial Range—exceptional effectiveness in urinary tract infections
- Convenience—the low dose of 0.5 Gm. (1 tablet) per day offers optimum convenience and acceptance to patients

NEW DOSAGE

The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

Tablets:

Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxy-pyridazine. Bottles of 24 and 100 tablets.

Syrup:

Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxy-pyridazine. Bottle of 4 fl. oz.

¹ Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

Society Reports

Continued

adopted by the 1957 session of the House of Delegates, together with the other requests for changes in the fee schedule, and read their reply which asked for a delay in changing the fees until the renegotiation in March.

The secretary reported that the space adjacent to the headquarters office is now available and had been leased in accordance with previous instructions of the Committee. The secretary presented an estimate of the cost for furniture to equip the new space, and on motion of Drs. Owsley and Topping, the purchase of the equipment was approved.

Organization Matters

On motion of Drs. Topping and Owsley, the Executive Committee went on record to refer to the Council at its next meeting a recommendation that a top level Liaison Committee be established with Indiana University School of Medicine.

Request from the Medical Assistants Association for approval of certain changes in their Constitution and Bylaws was approved as amended upon motion of Drs. Wood and Owsley.

The Committee noted the cards of thanks from

the families of Drs. C. E. Gillespie and J. William Wright, Sr.

The request of the Hoosier State Press Association for the Association to purchase an ad in the forthcoming convention issue was considered, and upon motion of Drs. Topping and Owsley, the Committee agreed to take a page ad.

Request of Dr. Lall Montgomery and the comment of the AMA Legal Department concerning the film entitled, "A Pre-Trial Conference", was discussed, and upon motion of Dr. Topping and taken by consent, the secretary is to rent this film for showing to the Council at its meeting on January 19.

A letter from the French Lick-Sheraton Hotel, in which they offered the dates of October 25-29, 1959, for the 1959 convention was read, and the secretary was instructed to contact the hotel, telling them we would prefer dates earlier in the month. This matter is to be referred to the Council.

A letter from Dr. Lowell F. Beggs concerning the rating on fire insurance for physicians who have their offices in their homes was read, and by consent this matter was referred to the Commission on Medical Economics and Insurance.

Letter from Junior Chamber of Commerce soliciting a contribution of \$25.00 for an award in community health was turned down on motion of Drs. Owsley and Topping.

Letters asking for remission of dues of two members of the Indianapolis Medical Society were approved by consent.

Letter from Joseph E. Seagram & Sons, Inc., was referred to the Commission on Convention Arrangements.

Letter from the Indiana Neuropsychiatric Association was referred to the Commission on Governmental Medical Services by consent.

Upon motion of Drs. Sicks and Wood a contribution of \$100.00 to the National Society for Medical Research was approved.

New Business

Dr. Andrew C. Offutt, secretary, State Board of Health, appeared before the Committee and discussed plans of the Board of Health to conduct in conjunction with the component county societies in selected areas an intensive educational program in an effort to encourage people to see their physician for continuation of polio immunization. The proposal was approved on motion of Drs. Topping and Owsley.

Another request was presented for permission of Abdel Rahman Hafez Ismail to approach county medical societies in selected areas to solicit their cooperation in a study he is doing for his thesis on farm injuries. The Committee stated they had

Continued



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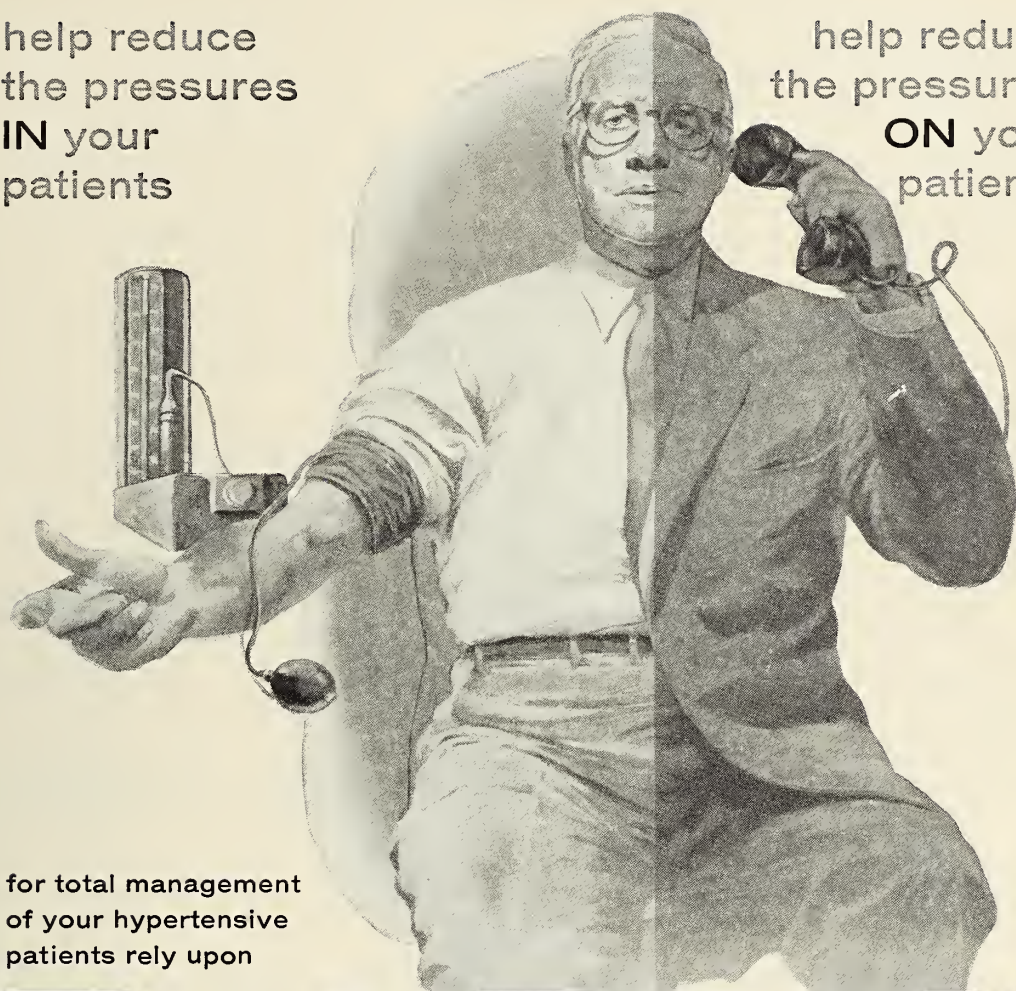
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Corrin, K. M.: Am. Pract. & Dig. Treatment 8:721 (May) 1957.

Tranquilizing Raudixin helps relax the anxious hypertensive patient so that he is better able to cope with external pressures without being overwhelmed by them. By reducing these anxieties and tensions, Raudixin helps break the mental tension-hypertension cycle.

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Society Reports

Continued

no objection to Mr. Ismail contacting the county medical societies.

Future Meetings

American Medical Education Foundation, Chicago, January 25-26, 1958. The chairman of the sub-committee dealing with this matter is to be informed that the Association will pay his expenses to the meeting if he desires to attend.

Eighteenth Annual Congress on Industrial Health, Milwaukee, January 27-29, 1958. The committee members are to be notified of the meeting, but no one is to attend at Association expense.

Professional Convention Management Association, Phoenix, January 14, 15 and 16, 1958. Upon motion of Drs. Wood and Topping, the Commission on Convention Arrangements was authorized to obtain a transcript of the proceedings of this meeting if they thought it was necessary.

There being no further business, the Committee adjourned to meet again at 3:00 p. m. on January 18, 1958, in the Student Union Building. The Auxiliary representatives are to be invited to come in for dinner at 6:30. The Committee also designated this as a meeting for the preparation of the 1958 budget.

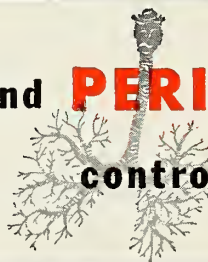
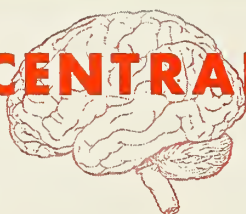
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News from the County Societies

The first scientific meeting of the **Fort Wayne (Allen County) Medical Society** in 1958 was held January 7 in the Shrine Club. Following dinner at 6:30 members of the Lutheran Hospital staff presented the program. A panel discussion of "Renal Failure—Diagnosis and Treatment" was moderated by Dr. Richard M. Craig. Panelists were Drs. Victor C. Moeller, Richard B. Smith and Gerald H. Somers.

A general business meeting was held following the scientific program.

Twenty members of **Bartholomew-Brown County Medical Society** met in Palms Restaurant, Columbus, for a general business meeting on January 8. Matters discussed were principally of local interest. The I.S. M.A. field secretary discussed action of the recent House of Delegates, the Forand bill and other policy matters at both state and national level.

Dr. James M. McFadden, Lafayette, was the guest speaker at the January 7 meeting of **Boone County Medical Society**. His topic was "Pap Smears". Fifteen members of the society attended the meeting in Witham Memorial Hospital, Lebanon.

The Christmas dinner and election of officers of **Carroll County Medical Society** was held December 18 in Roth Park Hotel with 19 members and guests present.

Dr. John Van Kirk, Burlington, will serve the society as president during 1958; Dr. George Wagoner, Delphi, is vice-president; and Dr. Charles L. Wise, Camden, secretary-treasurer. The society reported all members had paid dues in full for the year.

Cass County Medical Society members met in the Ben-Hur restaurant, Logansport, Jan-



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uary 6 for a dinner meeting with 22 present. Tape recordings on "Medicine and Taxes" were provided by Dr. E. L. Hedde. The February 3 meeting of the society was to be held in the home of Dr. C. L. Viney, Logansport.

Dr. Mier A. Bizer, Jeffersonville, was elected president of **Clark County Medical Society** at a December 10 dinner meeting in Point Inn, Jeffersonville. Others elected to serve in 1958 are Dr. Mallory P. Weems, Jeffersonville, vice-president; and Dr. John Carney, Jeffersonville, secretary-treasurer.

Officers for 1958 were elected at the dinner meeting of **Elkhart County Medical Society** December 5 in the Elkhart Hotel. Dr. Leon H. Chandler, Goshen, was named president to succeed Dr. Elmer G. Koehler. Dr. Irving Mishkin, Elkhart, will serve as vice-president; and Dr. Page E. Spray, Elkhart, was reelected secretary-treasurer. The meeting was the annual Christmas party for members with no formal program planned.

Members of the Auxiliary held their Christmas party on the same date. Following dinner in the home of Mrs. Hugh A. Miller, Jr., Elkhart, they held an auction sale of baked goods with proceeds donated to the AMEF fund.

Floyd County Medical Society elected officers at a December 13 business meeting held in the New Albany Country Club. Twenty-eight members attended the meeting.

Dr. J. I. Streepey, New Albany, was named president; Dr. Donald LaFollette, New Albany, vice-president; Dr. Daniel H. Cannon, New Albany, secretary-treasurer; Drs. W. F. Edwards, P. M. Davis, and K. H. Brown, elected to the Board of Censors.

Members of **Fountain-Warren County Medical Society** viewed the film, "Case of the Doubting Doctor," at a meeting held January 2 in the home of Dr. John E. Fisher in Attica. A business meeting followed.

New officers of the society elected at the December 5 meeting are: Peter R. Petrich, Attica, president; Lowell R. Stephens, Covington, vice-president; and Edward Humphrey, Covington, secretary-treasurer.

Dr. Robert Raber was guest speaker at the November 25 meeting of **Hancock County Medical Society**. Dr. Raber, Indianapolis plastic surgeon, presented a paper on "Plastic Surgery Procedures."

Eighteen members of the society attended the meeting in Hancock County Memorial Hospital, Greenfield.

At the business meeting, members voted to oppose construction of an ISMA office building and also voted to oppose legislation which would provide for governmental medical care for social security recipients.

Dr. Jack G. Oatman of the Davis Clinic, Marion, was the guest speaker at the January 7 meeting of **Huntington County Medical Society**. He presented a paper on "Psychiatric Aspects of Treatment of Peptic Ulcer."

The dinner meeting was held in the Hotel LaFontaine with 20 members attending.

The annual dinner meeting with election of officers of **Jasper-Newton County Medical Society** was held in Hazeldon Country Club with 9 members present.

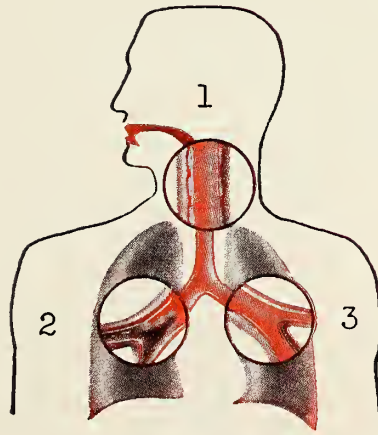
Kingdon Brady of Morocco was named president and Ralph I. Hartsough, Remington, secretary-treasurer for 1958.

The January 8 meeting of the society was held at Anstedt's House of Good Food with 17 members attending. A business meeting

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to discuss several local problems was held following dinner.

Members of **Johnson County Medical Society** held their annual election of officers at a dinner meeting in Hillview Country Club December 12.

Dr. R. H. K. Foster, Franklin, was elected president; Dr. Charles A. Jones, Franklin, president-elect; and Dr. J. L. Walters, Franklin, secretary-treasurer.

Executive Committee members named are Dr. William D. Province, Franklin, chairman; Dr. George Tiley, Greenwood; and Dr. L. L. Gammell, Edinburg.

Members of the Credentials Committee are Dr. H. K. Andrews, Franklin, chairman; Dr. George E. Brown, Greenwood, and Dr. A. T. Chappel, Franklin.

Twenty-three members of **Knox County Medical Society** met in the Grand Hotel, Vincennes, November 19, for dinner and a business meeting at which reports were given on the polio clinic and by the Public Service Committee.

The annual Christmas party and election of officers was also held in the Grand Hotel, Vincennes, on December 17. Twenty-two members attended.

"The Current Myth of Mal-practice Suits" was the subject of a talk given by Kenneth Moeller, state agent for Medical Protective Company, before a meeting of **LaPorte County Medical Society** members on December 17. The society reported the talk as "a very interesting presentation".

The dinner meeting in the Spaulding Hotel, Michigan City, was attended by 19 members.

Dr. R. D. Hawkins, Bedford, was elected president of **Lawrence County Medical Society** at a luncheon meeting in Dunn Memorial Hospital, Bedford, on December 4. Other 1958 officers named are Dr. William Robin-

son, Mitchell, vice-president; and Dr. Robert Morrow, Bedford, secretary-treasurer.

On January 8 the society met again in Dunn Memorial Hospital for luncheon and a discussion of dues and special problems concerning the society.

Twenty members were present for each meeting.

Miami County Medical Society members met in Veach's Inn, Peru, for dinner on December 27. Election of 1958 officers was the only business transacted.

Dr. Donald W. Ferrara, Peru, will serve as society president; Dr. Samuel J. Ferrara, Peru, as vice-president; and Dr. Parker W. Snyder, Peru, secretary-treasurer.

Eleven members were present for the election.

Noble County Medical Society officers for 1958 were named at an afternoon meeting December 12 in Crossroads restaurant. The following physicians will serve: President, Dr. J. R. Nash, Albion; vice-president, Dr. Carl Stallman, Kendallville; secretary-treasurer, Dr. F. W. Messer, Kendallville.

Committees named are:

Public Relations—Dr. Quentin Stultz, Ligonier; Dr. E. D. Mattmiller, Avilla; and Dr. R. E. Bryan, Kendallville.

Schools and Physical Health—Dr. H. O. Williams, Kendallville; Dr. Mattmiller; and Dr. Paul L. Webster, Ligonier.

Dr. Robert J. Rohn of the Indiana University Medical Center, was the guest speaker at the **Owen-Monroe County Medical Society** meeting on November 21 in the Bloomington Country Club. He spoke on "The Anemias and Their Treatment".

Thirty-seven members attended the dinner meeting.

During the business session the annual election of officers was held. Selected to head the society in 1958 was Dr. Herman S. Hepner, Bloomington, who accepted the gavel from the outgoing president, Dr. W. C. Reed; Dr. Anthony Pizzo, Bloomington, vice-presi-

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dent; Dr. E. F. Hardtke, Bloomington, secretary; and Dr. James Topoligus, also of Bloomington, treasurer.

Reports of three meetings of **Putnam County Medical Society**, all held in the DePauw Union Building, Greencastle, have been made.

On November 8 the society heard Dr. Robert Harger, Indianapolis, speak on "Traumatic Eye Injuries and Strabismus". Sixteen members attended the dinner meeting.

At the December 13 meeting a unanimous vote was taken to continue the \$20 per member contribution to the Medical Education Foundation which had been established previously. This donation is in addition to the \$10 included in State Association dues through action of the House of Delegates.

Dr. Hubert Goodman, Terre Haute, and L. E. Converse of Blue Shield discussed matters pertaining to the Blue Shield plan with the 18 members present.

"Cancer of the Prostate" and "Psychological Aspects of Cancer", films provided by the

Indiana chapter, American Cancer Society, were shown at the January 10 meeting of the society. A routine business meeting was held with discussion of local conditions and several matters of state and national significance which were outlined in a report by the I.S. M.A. field secretary. Eleven members attended the meeting.

Officers recently elected for 1958 are Dr. V. Earle Wiseman, Greencastle, president; Dr. L. W. Veach, Bainbridge, vice-president; and Dr. Anne S. Nichols, Greencastle, secretary-treasurer.

Seven members of **Starke County Medical Society** met in the Starke Memorial Hospital, Knox, on January 7 for a general business meeting. Following dinner the Science Fair project was discussed and a screening program for tuberculosis was considered.

The society was scheduled to meet February 4 at the Starke Memorial Hospital.

At the January 9 meeting of **Rush County Medical Society** members voted to send telegrams to their Senators and Representatives stating their views on the Forand bill which is under consideration by a House committee.

Host at the dinner meeting in the Durbin Hotel, Rushville, was the Blue Shield, with L. E. Converse, Indianapolis, the speaker. Twenty-two members and guests were present.

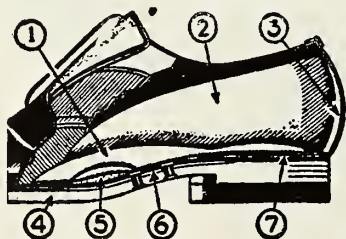
County society secretaries are urged to send reports of meetings to the Indiana State Medical Association as promptly as possible. The JOURNAL would like to publish reports of each meeting and would appreciate receiving additional information on the program or business transacted.

Interest is always high in "what the other fellow is doing." Let The JOURNAL help you publicize the activities of YOUR society.

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1. Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. 8:1075 (July) 1957.
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Books: Reviewed

RHEUMATIC DISEASES, RHEUMATISM AND ARTHRITIS. Heinrich G. Brugsch, J. P. Lippincott Co., Philadelphia and Montreal, 1957.

The author points out in the preface that this is a personal book. It is the result of a long interest in rheumatic diseases. He endeavors to write from an internist's point of view in order to provide the practicing physician an easy introduction to the field of arthritis. The book is full of factual material and, fortunately, omits much discussion of controversial or theoretic issues. There are 330 pages and the book appears well indexed. There is a short bibliography at the close of each chapter if further reading is desired. Although there are a few printing mistakes, the book, on the whole, is generally well written and well printed. I found the book to be excellent reading and much material is included. The procedures are well laid out and demonstrated by diagrams whenever possible. I would endorse this book for reading to any practicing physician.

GEORGE N. LEWIS, M.D., Gary.

THE CLINICAL ASPECTS OF THE AUTONOMIC NERVOUS SYSTEM. L. A. Gillilan, M.D., Little, Brown and Company, Boston and Toronto. First Edition: 1954. Foreword by: Perry S. MacNeal, M.D., Jefferson Medical College.

The book numbers 316 pages.

It is well written and excellently presented. It is divided into two main parts. The first part discusses

the anatomy of the autonomic nervous system. The second part discusses the innervation of visceral organs and systems with clinical application. This book is a good review of the autonomic nervous system. The diagrams and figures are excellent and the book is small in size and light in weight, which is unusual considering the volume of many of the newer books. At the conclusion of the book there is a long and informative bibliography. The indexing is excellent. The book is concise. The information is easily found and serves as a wonderful reference for the busy doctor. I can heartily recommend this book to the physician.

GEORGE N. LEWIS, M.D., Gary.

DIAGNOSIS AND TREATMENT OF VASCULAR DISORDERS. Edited by Saul S. Samuels, Baltimore, The Williams and Wilkins Company, 1956. 621 pp.

This is a textbook written by many contributors covering the entire field of vascular disease and vascular surgery. The photographs in it are excellent as are the diagrams and x-rayed photographs. Arteriography is discussed. Many arteriograms are printed in the book. The format is excellent and the general discussion is not blurred by references to numerous articles. There is an excellent bibliography at the end of each chapter. There are brief historical notes throughout the textbook. This book can be highly recommended for the practicing physician and is an excellent reference book.

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An Australian strolling past a Sydney hotel noticed a red setter dog that looked lost. He was about to call the owner's number listed on the dog's collar when he read the remainder of the writing on the tag. It said: "If found near a pub, don't bother, thanks. Owner not far away."

You know, very few people go to the doctor when they have a cough or a cold. They go to a movie.

Joe: "I hear Smith married a widow with three children so he could be reclassified out of 1-A."

Moe: "Yeah, but the draft board said anyone that brave was just what the army needed."

First middle-aged wife: "Your husband doesn't seem as carefree and jolly as he used to be."

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It was in a remote section of the country where the tobacco crop had been a failure on account of a prolonged drouth. One afternoon three tobacco growers met on the porch of a little corner general store, and as they sat on the porch glumly, they passed a jug of corn liquor around freely from one to the other.

"My wife is a wonderful woman to stick with me through this drouth," said one man sadly. "I'm going sell my tobacco, I'm going to buy her a piano."

"That's a good idea," said the second man. "When I to buy my wife a washing machine and some new clothes. How about you, Jim?"

"Better pass me that jug again," drawled Jim. "I ain't even out of debt yet!"

Overheard in a hardware store: Said the customer to the proprietor, "Do you have any four-volt, two-watt bulbs?"

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"Two what?"

"Yes."

"No."

Pat: "Have you christened the new baby yet?"

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Pat: "And what did ye call it."

Mike: "Hazel."

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1. Zimmerman, F. T., and Burgemeister, B.: *Arch. Neurol. & Psychiat.* 72:720, 1954.

2. Zimmerman, F. T., and Burgemeister, B.: *J.A.M.A.* 157:1194, 1955.

3. Zimmerman, F. T.: *Arch. Neurol. & Psychiat.* 76:65, 1956.



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Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 2, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

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2.	Sam I. Rotman, M.D., Jasonville	J. S. Brown, M.D., Carlisle	
3.	Wm. H. Robinson, M.D., Mitchell	Joseph C. Dusard, M.D., Bedford	New Albany, May 14, 1958
4.	William A. Johnson, M.D., North Vernon	Benet W. Thayer, M.D., North Vernon	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City	John C. Shattuck, M.D., Brazil	Brazil, May 21, 1958
6.	H. N. Smith, M.D., Brookville	Kenneth G. Hill, M.D., New Castle	Greenfield, May 8, 1958
7.	Malcolm O. Scamahorn, M.D., Pittsboro	Arthur W. Records, M.D., Franklin	
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	Muncie, June 11, 1958
9.	R. K. Kincaid, M.D., Tipton	A. E. Stouder, M.D., Kempton	Tipton, May 22, 1958
10.	George N. Lewis, M.D., Gary	George A. Carberry, M.D., Gary	Crown Point, May 14, 1958
11.	Robert M. Brown, M.D., Marion	Charles L. Wise, M.D., Camden	Peru, 1958
12.	Milton F. Popp, M.D., Fort Wayne	Harold F. Zwick, M.D., Decatur	Fort Wayne, 1958
13.	R. L. Bender, M.D., Elkhart	James M. Wilson, M.D., South Bend	Michigan City, Nov. 12, 1958

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—Those who are trying to follow the course of medical legislation, find an unusual situation developing in this session of Congress. All of Washington is being subjected to forces, some completely new, that often work at cross-purposes to each other. The result could be a moratorium on health legislation—or again it could be a flood of new laws.

At the start of the session, a new-born interest in science completely dominated the scene—by a frantic spending of billions of dollars we would overtake Russia. That was the theme in Washington, and it persisted despite a few quiet voices that asked whether Russia really had far out-distanced the U. S. or was merely exploiting a slight advantage.

Even before the American satellite started on its orbit, some of the panic had subsided and most of the legislators had decided that advent of the space age had not removed all of the old problems and opportunities in legislation and politics. The familiar issues were still there, medical panaceas included.

The shock of Russian achievements will, at any rate, produce legislation designed to shore up our educational system. This seems to be generally accepted. For the medical profession, two provisions are of major interest. Scholarships would be four years—possibly six—offering some assistance to premed students and in some cases to those in their first year of medical school. Also, fellowships would be available for medical and other graduates if they wanted to teach or go into research.

THERE'LL BE SOME CHANGES

The administration's idea was a program that would cost a billion dollars; several leading Democrats joined in a bill proposing three billion dollars as a stimulant to mathematics and science.

But there are other factors to be reckoned with. For the first time a President set down in

black and white in his budget just how he proposed to withdraw the federal government from some activities, or limit its participation, and turn the programs back to the states. Mr. Eisenhower wants to slow down on the Hill-Burton hospital construction program and change its emphasis; he wants to mesh in some veterans' benefits with social security payments; he would have the states do more and the U. S. less in public assistance (where medical payments are a growing factor), and he hopes to get Congress to drop the \$50 million a year program of grants to help build water treatment plants.

Whether Congress will follow the President's lead in the back-to-the-states movement is another question. At least he has said specifically what he thinks should be done, and when.

PARTISAN LINES DRAWN

There was no expectation that the Russian scare would dilute politics this election year—and it hasn't. If anything, the partisans are struggling harder than ever to make records that will reflect glory on them next November. Some of course would be pressing for their projects regardless of the election.

So this is the prospect, in brief:

The Defense Department and science will get the major attention and the major money, but some may spill over into medicine.

There is some interest in a tight domestic budget and returning certain activities to the states, but old fashioned politics combined with a fear of a continuing recession may again open up the federal purse.

Medical legislation, always a popular subject, may get more and more attention as the session rolls on. If so, the Forand bill among others would come immediately to the fore.

NOTES

Several developments in the legislative field on Jenkins-Keogh bills came early in the session.

The American Thrift Assembly, representing some 10 million self-employed, urged favorable House Ways and Means action, and the American Medical Association pointed out that the proposal for tax deferment of money paid into retirement plans could help solve the problem of maldistribution of physicians.

In the Senate, a majority of the Small Business Committee introduced a tax relief bill with a J-K provision. The section would allow anyone not now benefiting from a qualified pension plan to set aside 10 per cent of annual income (\$1,000, maximum). The bill went to Senate Finance Committee.

A limited number of medical scientists from this country and Russia will give lectures in each other's countries this year in an exchange program worked out by the State Department and the Soviet government. Also planned are exchanges of medical journals between medical libraries and of medical films. All these are part of a broad scientific, cultural and education program between the two nations. Details haven't been worked out.

Six members of the Health Resources Advisory Committee have been named by Defense Mobilizer Gordon Gray. The committee, headed by Dr. Elmer Hess, advises government on health and medical problems in time of war or national emergency. Members are Dr. George C. Whitecotton, Oakland, Calif.; Dr. Franklin Yoder, Cheyenne, Wyo.; Dr. Mary Louise Gloechner, Conshocken, Pa.; Harold Oppice, D.D.S., Chicago; Dr. William Walsh, Washington, D. C., and Frances Graff, R.N., Grand Rapids, Mich.

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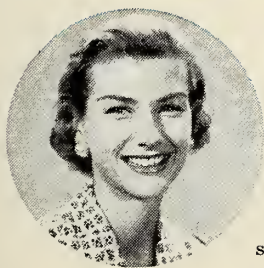
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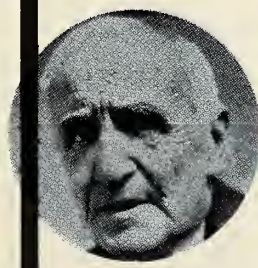
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Ball Visiting Professors at I.U. School of Medicine Announced

THREE SPECIALISTS in the field of surgery were appointed George A. Ball Visiting Professors in the Indiana University School of Medicine, an announcement released February 16 by Dean John D. VanNuys disclosed.

The first of the Visiting Professors, Dr. Willard Goodwin, arrived on the Medical Center

campus February 17 to lecture to medical students and staff members and participate in ward rounds and clinics. Dr. Goodwin heads the urology division in the department of surgery at the University of California School of Medicine in Los Angeles. He also addressed the Indiana Urological Association on February 19.

Dr. Oliver Cope, associate professor of surgery at Harvard Medical School, was scheduled to arrive on the campus on March 12 for a week's lectures and clinics.

On May 4 Dr. Barnes Woodhall, professor of neurologic surgery at Duke University School of Medicine, will arrive in Indianapolis to spend a week at the School of Medicine.

The Visiting Professorships in surgery were established by the James Whitcomb Riley Memorial Association in memory of the late George A. Ball, Muncie industrialist and for many years a trustee of the Riley Association and the university.

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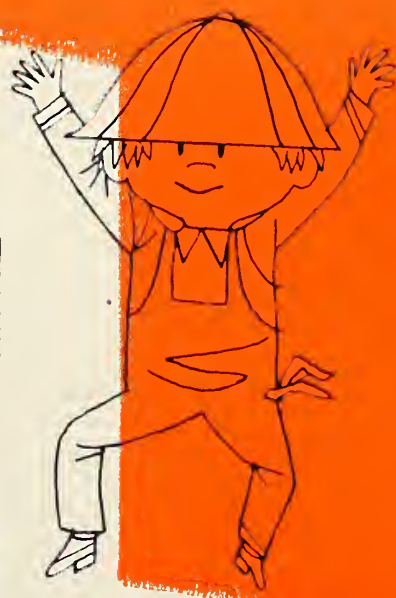
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The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

A MAIL ORDER SUPPLY OF SOCIALISTS

The socialized British health service, which has already distinguished itself by supplying false teeth and wigs to the populace, announced that it stands ready to accommodate any women who hanker for a baby by artificial insemination. This practice recently got an airing in a British divorce court, which held that it couldn't be called adultery, but it has been condemned by the Church of England.

The availability of the health service in this matter is a neat trick. The Socialists put over state medicine; state medicine accommodately offers to produce more little Socialists by test tube. Never did the law of supply and demand, which Socialists scorn, achieve nicer demonstration.

—*Chicago Tribune.*

PHYSICIANS SUPPORT PROGRAM

Madison County physicians, well acquainted with the urgent need for expanded hospital facilities to serve the area, have given ample evidence of their endorsement of a program to provide those facilities.

Acting as individual citizens, the physicians have pledged the equivalent of 10 percent, or \$300,000, of the proposed \$3 million goal which has been set as the amount required for construction of a 125-bed hospital and to increase services at St. John's.

Demonstrating their interest in the move more than a month in advance of the public subscription campaign, Madison County's doctors have taken the lead in an undertaking that is of record size and importance to Anderson and the surrounding area.

Physicians of the county have been active in the hospital expansion project since the start. They have provided leadership in several phases of the movement, working with representatives of labor, industry, other professions, commerce, religious, civic, educational, patriotic, fraternal and other groups.

Early action by the physicians gives fresh impetus to the comprehensive program of the Anderson-Madison County Hospital Development Corporation. Just as all segments of the county's population have aided in determining hospital needs and in planning for a satisfactory solution, all individuals and groups will share in the raising

of funds for hospital facilities that will serve them, their families, friends and neighbors.

—*Anderson Bulletin.*

MEDICAL PROFESSION AND THE PRESS

There are perhaps only a handful of followers of the newspaper and medical professions who have ever considered that there is a direct kindredship of the two professions, but there is and the Louisville Courier Journal recently pointed out the kindredship in an unusual editorial which, in part, read:

"The two professions, medicine and journalism, have notable points of similarity. Both are concerned with important functions of human life. Doctors strive to preserve and restore human health. Journalists deal with the health of human minds in a democracy by trying to keep them adequately informed. Both professions are practiced by men and women who are passionate believers in their calling. . . . A doctor believes that all must recognize the nobility of his profession. A newspaperman is just as convinced that the satisfaction of the people's right to know is a duty of a high moral order."

There are other kindredships. Doctors and newspapermen come in direct contact with and zealously harbor more of humanity's secrets than the followers of any other business or profession with the exception of the ministry. The medical and newspaper professions are dependent upon each other, but in different ways. Within the last couple of decades medical societies have come to realize more than before the value of good public relations and the best public relation field open to the profession and the societies is their home newspaper, however large or small, provided, of course, the newspaper is cooperative and understandable. Newspapers must, in turn, often depend upon their home doctors for accuracy, especially in reporting accidents.

Were a newspaper to report the injuries suffered by accident victims as the newspaper hears about them on the streets, thousands of persons living today would have been reported "dead" a long time ago. If the public would strive for the accuracy a newspaper must exercise, the people of every state would be better informed before their newspaper reaches them. Frequently, the newspaper is told that this or that person is "about dead" in an accident. A check with the attending doctor discloses that the "about dead" person was treated for cuts and bruises and sent home. The opposite also happens to every newspaperman.

It is not uncommon, however, for newspapermen, especially in large cities to press doctors for information beyond the realm of reason. Some

newspapermen have been known to confuse a doctor with a police officer. They expect the doctor to say where the accident happened, how, why and when. These fellows will even pester a doctor five minutes after he gets the patient. A doctor's obligation to a newspaper and its public is limited to giving an accurate account of the injuries. All of the rest of the accident information rests with the investigating officers.

If we may get a little personal at this juncture (and this should be good news to our readers), The Call-Leader has enjoyed exceptional cooperation from Mercy hospital.

The two professions have another kindredship. Both operate under a code of ethics similar in a way to the ministry and the legal and dental professions. Both, too, share in being misrepresented by the movie and television businesses. Ethics of the medical profession are better known to the public than those of the newspaper profession, but the latter has several iron-clad ethics which are often attacked by a public which does not understand. Working hand in hand within reason, both the medical and newspaper professions can profit; and when they profit, the public profits.

—Elwood Call-Leader.

HUMAN FACTOR IS KEY TO AUTO ACCIDENT PREVENTION

The medical profession, public officials, the automobile industry and many private organizations and individuals are united in the belief that we must do many things to reduce the toll of deaths and injuries from highway accidents.

Deaths from motor vehicle accidents run to about forty thousand per year in the United States alone, with many more in Canada and elsewhere. The injuries, many of them extremely serious, count up to many times that number annually.

Many lines of attack are open, but only a few can be mentioned here. Of course, highway and motor car design are important. And speeding

has long been recognized as one of the factors involved in motor vehicle accidents.

There is an organization called the Safe Winter Driving League, which is interested particularly in scientific research for winter road maintenance against snow and ice and what the individual driver under winter conditions should do.

Among other things, the communication pointed out that snow tires are a big help in loose snow and slush, but not of much value on ice or hard packed snow. For the latter tire chains with cross links reinforced by teeth or cleats are the most effective means of improving traction.

Certainly, until and if the time ever comes when motor vehicles will be propelled by robots and controlled by automatic radar or similar devices, the human driver will continue to be the major factor leading toward, or preventing accidents.

Unfortunately, all of us who drive are dependent not only on ourselves but also on everyone else on the road. For this reason there is no better rule for drivers than the Golden Rule.

Six simple "Safety Prescriptions" have been sent out by the Fraternal Order of Police. These are:

- 1) The difference between reckless and wreckless is ALERTNESS. When you drive, stay alert and stay alive!
- 2) Make sure you are sufficiently rested before taking the wheel. Don't drive after too little sleep or too much exertion.
- 3) Don't set yourself an impossible driving schedule. Drive for safety, not for distance.
- 4) On trips, stop at intervals for a coffee break, and have a cup or two before driving home from a party. Drowsiness can be disastrous.
- 5) Keep a car window open and fresh air circulating at all times otherwise, your car heater could put you to sleep—permanently.
- 6) Alcohol and gasoline make a deadly mixture. Keep them separate and keep on living.

—Kokomo Tribune.



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INTEGRITY, INTELLIGENCE, PATIENCE

Here is an editorial which should be classified as news because of the ideas proposed at the end. It is from the pen of a District Councilor and Trustee of the Medical Society of the State of Pennsylvania. It concerns an issue which apparently has caused more bitterness from "feuding" in some other states (e.g., Pennsylvania and Illinois) than it has in Indiana, yet we really are involved in principle to the same extent, and so are physicians everywhere in the U. S. A.

THE DEPLORABLE MEDICAL-UNION CONTROVERSY

In an editorial in the December issue of this JOURNAL, reference was made to the amazing similarity existing in the conflict between the free and the communist worlds and that between organized medicine and third-party groups. This article deals with some aspects of the latter situation.

The feud between organized medicine and individuals, organizations, welfare funds, and certain insurance plans, which provide or pay for medical services to eligible patients, is long-standing. This struggle has largely narrowed down to a contest between the medical profession and welfare funds established and controlled by labor unions. The main points of contention are the rights, privileges, and responsibilities of the opposing groups.

The medical profession claims that licensed physicians as individuals alone possess the right to practice medicine and that no third party has the right to interfere in any way with this privilege. It claims that all legally licensed physicians must be considered competent and therefore should be eligible to participate in any program under any third-party sponsorship. It claims the right to be the sole judge of the competency and integrity of its members and to be the only organization that may discipline members of the profession. It battles to retain the traditional physician-patient relationship and the free choice of physician and hospital by all patients. It asserts its right to prevent control of hospitals and other medical facilities by any third party. It demands fair compensation for services rendered and at the same rates as normally paid by patients who pay their own medical bills. It seeks to prevent the exploitation of the medical profession as a whole and individual doctors by any group or agency.

The medical profession accepts the responsibility to provide complete medical care of high quality to all patients at costs commensurate with present-day economic standards. It stands ready to investigate charges of incompetency, unethical practices, and exploitation of patients or third parties against individual doctors and to discipline all doctors proved guilty of such offenses.

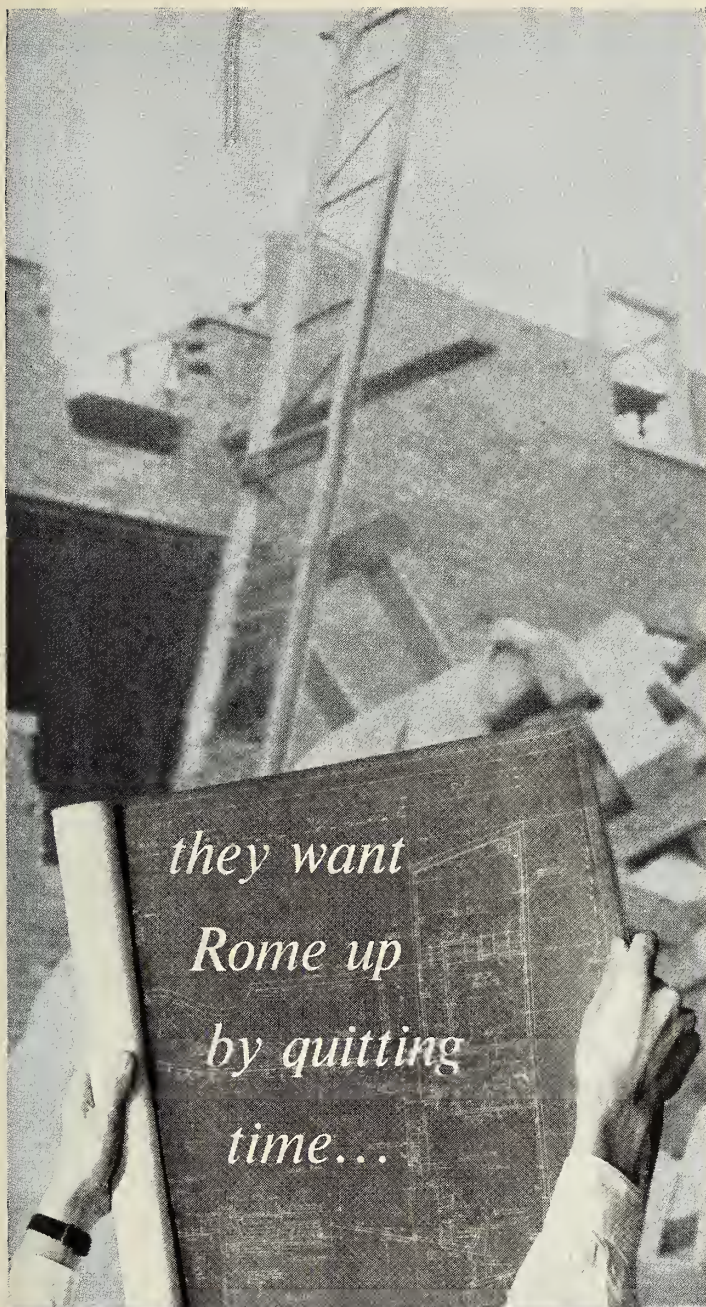
Labor unions contend that welfare funds exist as a result of actual need on the part of union members and their families and have been established as a result of collective bargaining. The unions contend that services provided by welfare funds constitute a part of earned pay for services performed by workers. Unions claim that, as the bargaining agents of their members and custodians of such funds, they have certain rights, privileges, and responsibilities. They demand the right to set standards of medical treatment, to judge the competency of doctors and hospitals, and even the right to question the actual need for medical or surgical services to individual beneficiaries of the fund. They insist upon their right to have doctors of their choosing appointed to hospital staffs. They assert their so-called right to black-list doctors and hospitals without filing specific charges against them and without investigation of alleged abuses.

The unions have claimed that it is their privilege and responsibility to determine amounts and collection of contributions to the funds, and to control completely expenditures from the funds. They establish eligibility standards and impose conditions and limitations of services to be paid for by the funds.

The controversy arises from these divergent views. Differences of opinion between contracting parties need not be harmful—may, in fact, be good. Wise decisions can be made as a result of careful exploration of all aspects of a problem when both contracting parties act in good faith and with determination to reach a just and equitable solution. In this case nothing but harm has come to all concerned—patients, organized medicine, and labor unions.

Patients have suffered by receiving less medical care than was promised and expected. Some groups of workers have contributed to welfare funds for years and have received no benefits because the proposed health program has not been started due to bickering between the unions and medical societies. Other patients have been greatly inconvenienced and their lives jeopardized because a union has black-listed a hospital in their community and thus forced them to travel many miles to the nearest union-approved hospital. Many

Continued



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patients who expected their medical care to be paid for by their union welfare fund have been billed by doctors because no contract exists between the physicians and the union.

The entire medical profession and many individual doctors have suffered greatly from this controversy. The true state of affairs has not been reported by unions to their members. A distorted picture of the medical profession has been shown to these people. Medical prestige has plummeted among this segment of our population. Even the public press has, at times, presented an erroneous analysis of the situation and has published only parts of the story, thus leaving false impressions in the minds of readers. In some sections of our country where a large part of the population is dominated by a union, doctors have suffered great economic losses and the loss of many patients as a result of being black-listed by the union. In some cases it has been proved that such black-listing has been due only to objections voiced by doctors against attempts at regimentation and exploitation by the unions.

Labor unions have suffered less than patients and physicians, but have nevertheless lost some ground as a result of this struggle. Disgruntled members in increasing numbers are speaking up against the obstructionist tactics of their unions. The Internal Revenue Service and other governmental agencies are showing ever-increasing interest in the management of such funds and are threatening action unless prompt steps are taken to put proposed health programs into effect and to administer the funds honestly and efficiently.

What is needed to solve this problem? The only need is for men of integrity to sit down and honestly negotiate a settlement—fair-minded men with intelligence, a vast amount of patience, and an unyielding determination to reach a just and equitable solution—men who will put aside all thoughts of personal gain and dedicate themselves to the task at hand—men who will approach the problem with open minds, not with inflexible preconceived ideas of their own—men who will concede rights actually possessed by the opposition but who will battle valiantly to safeguard the valid rights of their own constituents. We know there are such men in the medical profession. We believe there are men of such qualities in labor unions. Let's seek them out and put them to work. Let's solve this problem as soon as possible, for the good of all concerned.

W. BENSON HARER, M.D.,
Trustee and Councilor,
Second District.

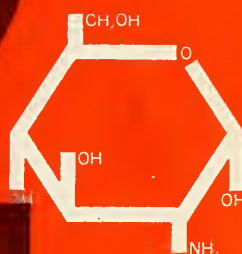
At the 107th annual session of the Medical Society of the State of Pennsylvania, September 15, 1957, several resolutions concerning this matter were adopted, including one implementing the ideas in the last paragraph above quoted.

Continued

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Let us hope that Dr. Harer's voice will not be "as one crying in the wilderness," but as a true prophet of better relations in this field.

"RUN FOR COVER, BOYS—"

In a lighter vein (yet perhaps not so light, either) comes an editorial from the *Bulletin* of the Greene County (Missouri) Medical Society, by W. E. Woolridge, M.D. Such fresh breezes as this help clear the heat waves from the atmosphere, and improve our perspective. Also, you can chuckle—a little.

Our conclusion, to date, regarding the cigarette-lung cancer issue is that if the experts don't hush up pretty soon the world will never get the mess untangled.

We haven't seen such confusion since Gallup and Dewey collapsed together in 1948.

Only this morning we read that one scientist stated, "A person who does not smoke stands only one chance in 275 of developing lung cancer. A person who smokes two packs of cigarettes daily stands one chance in 10 of developing lung cancer." There is nothing wishy-washy about that. Even the most hardened fag addict would find cause for pause.

We found the next expert's opinion confusing, however. "Obviously," he said, "there is no simple cause and effect mechanism resulting from smoking."

This might be comforting except for the report of the British Medical Research Council's statement that the relationship between cigarette smoking and lung cancer is "one of direct cause and effect."

Next, however, was the statement by another, "Per capita consumption of tobacco is much less in England than in the United States while lung cancer incidence is much greater."

We might remark, without meaning to be facetious, that the lesser consumption of cigarettes in England is perfectly understandable to those who have tried smoking English cigarettes, although we only throw this remark in the pot as a personal observation. We do not wish to further becloud the issue by being quoted as another expert off on his own tangent.

Since everyone seems anxious to get in the act we might also quote a veterinarian patient who recently told us, "In the past ten years the incidence of lung cancer in cattle has tripled. However," he confided, "so far as I know, none of them smoke."

Well, anyway, this is all very confusing to us. To the man on the street we doctors, with our experts, must begin to look like a bunch of beauties for sure.

We would venture an opinion that the present cause of this whole investigation might be best served by a very loud silence. We clearly recall the clarion advice of our dear, old, gray-haired, second-grade teacher who angrily told us each day, "Wilfred, keep your mouth shut until you have something to say."

A parting dismal shot to you readers is the recommendation of the British Medical Association, "The Association firmly places before each physician the responsibility of setting a personal example to his patients by refraining from smoking."

Run for cover, boys; it's raining close to home!

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Gallbladder Surgery, Three Days, June 2
Surgery of Hernia, Three Days, June 5
General Surgery, Two Weeks, May 5; One Week, May 12
Fractures & Traumatic Surgery, Two Weeks, June 9
Breast & Thyroid Surgery, One Week, May 5

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, April 14
Vaginal Approach to Pelvic Surgery, One Week, April 28
General & Surgical Obstetrics, Two Weeks, May 5

MEDICINE—

General Review Course, Two Weeks, May 12
Electrocardiography, One-Week Advanced Course, June 16
Hematology, One Week, June 2

PEDIATRICS—

Two-Week Intensive Course, April 21

DERMATOLOGY—

Clinical & Didactic Course, Two Weeks, May 5

RADIOLOGY—

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Clinical Uses of Radioisotopes, Two Weeks, May 5

UROLOGY—

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answer: By balancing the types of fat in the daily diet. Many doctors now agree that from one third to one half of the total fat intake should be in the form of a vegetable oil such as corn oil (MAZOLA).

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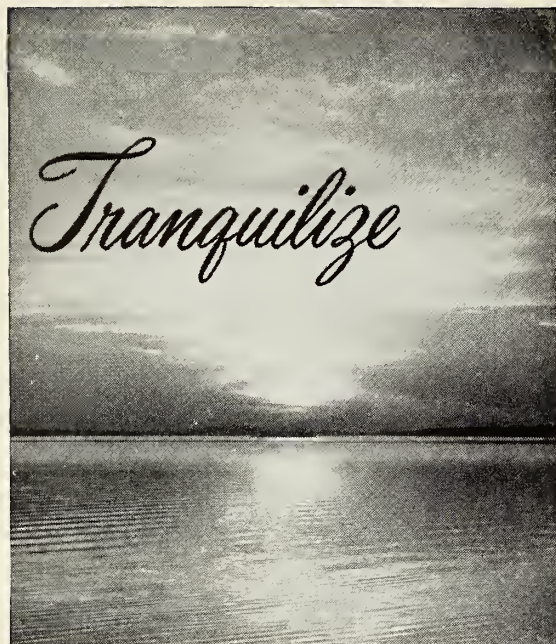
5 How can I obtain further information on the value of corn oil as a source of unsaturated fatty acids?

answer: The subject is reviewed in the book "Vegetable Oils in Nutrition." Also available is a recipe book for distribution to your patients. It tells how to use corn oil in everyday meals. Both books will be sent free of charge to physicians, on request.



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The annual Pediatric Postgraduate Course of the University of Louisville will be held this year in the amphitheater of the Children's Hospital in Louisville. Sessions will be on Tuesdays, 9:30 a.m. to 12:30 p.m. from April 15 through June 3. Two subjects will be covered each day together with a conference. The subjects in the order of presentation will be Obstructive Uropathies, Office Evaluation of Cardiac Murmurs, Practical Approach to Fluid Therapy, Value of Well Baby Clinic, Pediatric Diagnostrix, Allergy in Childhood, Hernias and Cryptorchidism, Foot Problems in Children, The Problem of "Low Grade Fever", Adolescence, Jaundice in the Newborn, Emotional Disorders Associated with Physical Disease, Growth Problems, Intelligent Use of Laboratory, Drug Therapy, and Question and Answer Period. Information may be obtained by addressing Joseph A. Little, M.D., Children's Hospital, Louisville 2, Kentucky.

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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — March 1958 — Number 3

Lingular Disease Simulating the Right Middle Lobe Syndrome: Report of a Case

D. EDMUND STOREY, M.D.

Indianapolis

THE PURPOSE of this paper is threefold: (1) To present a case of lingular disease in a 40 year old white female, secondary to an obstructing broncholith with no demonstrable evidence of other pulmonary disease. It is the opinion after reviewing the Anglo-American literature rather intensively for the past 10 years that such a case has not been previously recorded. The findings in lingular disease will be correlated with the symptomatology and findings in the middle lobe syndrome and with the general subject of broncholithiasis; (2) To review the subject of broncholithiasis and pulmonary calcifications in the Anglo-American literature for the past 10 years and selected papers prior to that time; (3) To review the Anglo-American literature relative to the middle lobe syndrome for the past 10 years and to review the symp-

tomatology, physical findings and roentgenological findings of this interesting syndrome.

THE MIDDLE LOBE SYNDROME

Graham, Burford and Mayer¹ in 1948 proposed the name of the "Middle Lobe Syndrome" and described 12 examples, including some in which they thought that the glandular infection and enlargement was not tuberculous. They suggested that following a pneumonic infection, the enlarged glands causing bronchial obstruction prevented resolution of the lung infection and a vicious circle was set up.

Brock, Cann and Dickinson² in 1937 pointed out the strategic location of the middle lobe bronchus in relation to the lobar lymph nodes and revealed how broncho-compression from the node was a causative factor in the so-called bron-

chostenosis and non-aeration of the middle lobe syndrome in pulmonary tuberculosis.

Brock³ in his monograph on the anatomy of the bronchial tree published in 1954 shows that the middle lobe bronchus is particularly vulnerable to the effects of glandular enlargement because it lies in the lymphatic pathway from the right lower lobe and is closely surrounded by glands which drain the lower and middle lobes. He shows that a very acute angle is formed by the origin of the middle lobe bronchus from the main stem and that a large gland lies in the acute angle formed by its junction with the main stem and that other glands lie in close approximation along its medial and superior surfaces.

Zdansky⁴ in 1946 apparently was the first to report a case of middle lobe disease due to broncho-compression with broncholithiasis. Graham and his co-workers¹ pointed out that bronchostenosis may result from edema and stricture of the bronchial wall due to infection.

Frethheim⁵ in 1952 published an article entitled "The So-Called Middle Lobe Syndrome" in which he reviewed 19 cases involving the middle lobe. He pointed out that the essential pathological features were chronic atelectasis and pneumonitis of the right middle lobe due to obstruction of the middle lobe bronchus and noted that the obstruction could be extraluminal or intraluminal. It was his opinion that the most frequent symptom was cough. Frethheim pointed out that radiologically the disease might be missed on the PA view because it was behind the hilum but could easily be seen in the lateral views. He felt that recognition of the "Middle Lobe Syndrome" as a separate entity was hardly justified and if used, should be limited to post-tuberculous or non-specific bronchostenosis with chronic atelectasis and inflammatory changes of the right middle lobe. He pointed out that the right middle lobe was more frequently involved than other lobes but any of the other lobes could be involved. It was Frethheim's opinion that bronchoscopic findings were of little significance.

Lindskog and Spear⁶ published an article dealing with the "Middle Lobe Syndrome" in 1955 reviewing a recent series of seven cases each of which constituted a distinct pathological entity but each case presented some clinical and radiological features in common with the middle lobe syndrome including one case of pulmonary neoplasm.

Paulson and Shaw⁷ in an article in 1949 reviewed 32 cases of the "Middle Lobe Syndrome" and pointed out that the diagnosis was made on the basis of careful history, roentgenographic, bronchographic and bronchoscopy findings. They pointed out that the diagnosis should be suspected in a patient with a chronic cough, anterior chest pain, recurrent pneumonia, low-grade fever and easy fatigability.

BRONCHOLITHIASIS

Aristotle⁸ in the course of dissections on animals noted that the lungs frequently showed rock-like induration similar to those found in the spleen and kidneys. Galen⁸ reported cases of cough with expectoration of stones. Pulmonary calcifications and broncholithiasis have been known since the earliest times. Poulalion⁸ in 1891 reviewed the literature up to that date and noted that actinomycosis, cladothricosis and other mycotic infections could produce pulmonary calcifications in addition to pulmonary tuberculosis. Since that time the literature contains numerous reports of individual cases and groups of cases of pulmonary calcification and broncholithiasis.

The most recent complete review of the Anglo-American literature regarding broncholithiasis is a paper published by Walsh⁹ in 1954 in which he reviewed 142 cases of broncholithiasis present in the Anglo-American literature up to that date. He described two types of broncholithiasis. The first type arises from aspirated foreign bodies including tissues, secretions and dust and it was his opinion that this type was quite rare. Cases of the second type were intrinsic, taking their origin from within the tissue proper of the lungs, bronchi or lymph nodes. Walsh discussed three mechanisms for the production of the intrinsic type. The first type included the senile calcification of the elastic cartilage of the bronchi with sequestration resulting in bronchial calculi. Another mechanism was metastatic calcification consisting of the deposition of calcium in the soft tissues incident to hyperparathyroidism, multiple myeloma and renal rickets. It was his opinion that this second mechanism of calcification occurred peripherally in the lungs and did not result in broncholithiasis. A third mechanism for production of the intrinsic type was dystrophic calcification with deposition of calcium in necrotic, inflamed or degenerating tissue. Walsh felt that this was the most common

mechanism for the production of the calcifications. Walsh described the stones as irregular, gray-white and a few millimeters in diameter with pigmentation occurring in anthracosis. He stated that they usually occurred in the right lung and right upper lobe probably due to the greater number of nodes in the right side. Others¹⁰ described the calcifications as varying in size from granules to 139 grams. The symptoms in broncholithiasis are quite varied and may simulate any condition within the chest. Ziskind¹¹ reviewed 65 cases and found that only three of 65 lacked a cough which was productive in 46 cases with hemoptysis in 45 and atelectasis in 63 cases. Myers¹² published four cases and suggested that the symptoms resulted from ulceration of the bronchial tree or bronchial obstruction. These symptoms included hemoptysis, suppuration, asthma and bronchostenosis. Walsh⁹ pointed out that the pathognomonic symptom was the expectoration of a stone. Laff¹³ published a case of broncholithiasis associated with cardiospasm, pneumonitis and bronchial granuloma. Kidd and Christopherson¹⁴ published a case of broncho-esophageal fistula which was confirmed 18 months after the original episode when a pneumonectomy was performed for pulmonary carcinoma. Other symptoms of broncholithiasis include pain which may be either pleuritic or retrosternal in type suggesting angina, fever, chills, weight loss, wheezing which is usually referred to as "stone asthma" and dyspnea. Many of these cases are discovered only at autopsy while others constitute a medical emergency.

Friedman and Billings¹⁵ in a paper published in 1949 reviewed the Anglo-American literature up to that date and recorded 46 cases of broncholithiasis. They pointed out that the clinical picture varied to such an extent as to simulate any pathological condition within the chest. Friedman and Billings noted that the bronchorrhea was caused by increased goblet cell activity in the irritated mucosa and it was their opinion that laminography was an important diagnostic aid. Other differential diagnoses which they considered were chronic bronchitis, bronchiectasis, tuberculosis, lung abscess, pneumonitis, foreign body, pneumoconiosis, spirochete infection of the lungs, angina, congestive heart failure and bronchial neoplasm.

LINGULAR DISEASE

Brock³ states that the term "lingula" really refers to the tip or tongue-like projection of the left upper lobe and most anterior part of the left upper lobe but adds that it is justifiable to make use of the name to describe the whole portion of which the true lingula is really but a part. Older descriptions of the left upper lobe did not recognize the lingula as an entity. Its chief practical importance lies in the frequency with which it is involved by bronchiectasis in common with the left lower lobe. The bronchus to the lingula arises from the common stem of the left upper lobe and proceeds in a downward, forward and slightly lateral direction for 1-2 centimeters before it divides into a superior and inferior division. The anatomy of this bronchus varies from the middle lobe bronchus in that the branches are superior and inferior rather than medial and lateral, which is the arrangement of the middle lobe bronchus. This results in the superior and inferior segments of the lingula in contrast to the medial and lateral disposition of the middle lobe segments.

Hopkins and Leigh¹⁶ in 1952 published an article which concerned itself exclusively with lingular disease and was the only article in the Anglo-American literature that discussed lingular disease exclusively. One paper¹⁷ published in 1954 described the lingular biopsy in mitral stenosis but there were no other articles devoted solely to lingular disease. Lingular disease was mentioned in articles by Paulson and Shaw⁷ and by Ziskind¹¹ while others^{9, 15, 18, 19} mentioned involvement of the left lung in broncholithiasis but did not specifically mention the lingula. In their paper Hopkins and Leigh reviewed 370 cases of bronchiectasis involving the left lung, 32 of which had solitary lingular disease. Included in these 32 cases of lingular disease were 15 cases of bronchiectasis, four of carcinoma, five had an undetermined etiology, two had atypical pneumonia, one had tuberculosis, one had chronic interstitial pneumonia, one had chronic granuloma, one had an abscess and one had pneumococcal pneumonia. Extensive review of these 32 cases revealed that none were secondary to an obstructing broncholith as described later in this paper. Hopkins and Leigh corroborated Brock's opinion that bronchiectasis of the lingula was usually associated with left lower lobe bronchiectasis and occurred in 75-80% of the cases of lower lobe bronchiectasis.

In contrast they could find no cases of isolated lingular bronchiectasis without segmental disease of the lung elsewhere.

The symptomatology of the lingular disease is similar to that of the "Middle Lobe Syndrome" with a chronic productive cough, purulent sputum, wheezing or asthma, anterior chest pain, recurrent pneumonia, low-grade fever, easy fatigability, hemoptysis and weight loss. These symptoms had a duration of 5 days to 22 years. Hopkins and Leigh described three types of chest pains: (1) the pleuritic pain over the anterior chest wall in the region of the lingula often associated with chest wall tenderness; (2) pleuritic pain referred to the lateral chest wall by the way of the intercostal nerves; and (3) deep chest pain referred to the left shoulder by the way of the phrenic nerves. According to Hopkins and Leigh posterior-anterior x-ray views of the chest and lateral views of the chest revealed a triangular shaped area with partial or complete obliteration of the normally sharp cardiac border, presumably due to pleural pericardial adhesions.

Of the 32 cases reported by Paulson and Shaw⁷ only four cases involved the lingula with three being due to peribronchial lymph node enlargement and calcified gland in one case. Samson in discussing the paper by Paulson and Shaw at the 28th Annual Meeting of the American Association of Thoracic Surgery in 1948 stated that he had three cases with bronchiectasis limited to the lingular segment but did not mention the exact etiology of the disease. Schmidt, Clagett and MacDonald¹⁰ reported 41 cases of broncholith, eight of which involved the left lung, but the lingular segment was not definitely mentioned in their article. Freedman and Billings¹⁵ reported one case involving the left upper lobe but did not mention the lingula.

CASE REPORT

A 40 year old white woman was seen in the office for the first time on March 5, 1954, complaining of a productive cough and left chest pain. On physical examination the patient had a fever of 101° and decreased breath sounds with tubular breathing associated with changes in the vocal and tactile fremitus in the left mid-chest anteriorly and posteriorly and rales in the same area. PA of the chest on March 8, 1954 (Figure 1) revealed a homogeneous infiltration involving

the lower half of the left lung. The remaining lung fields were clear. It was the opinion of the roentgenologist that this represented a pneumonia of the left lower lobe. A follow-up PA of the chest on March 18, 1954, revealed a resolving pneumonia of the left lower lobe and a repeat x-ray examination of the chest on March 25, 1954, revealed an incompletely resolved pneumonia in the left lower lobe. Anti-microbial therapy was started on March 5, 1954, which consisted of 1 gram of Aureomycin daily for 10 days. The patient reported definite improvement in symptoms after 24 hours of the Aureomycin and the patient became afebrile after three days but continued to have a productive cough. After the examination of the chest by x-ray on March 25, 1954, which revealed unresolved pneumonia the patient was started on intra-muscular procaine penicillin and was given 450,000 units daily for seven days. At the end of the seven days of intramuscular penicillin the patient was asymptomatic without sputum or fever and was allowed to return to work on April 1, 1954.

The patient returned to the office on April 23, 1954, complaining of pain in the left lower chest present for 24 hours accentuated by deep breathing. She reported a fever of 100° and admitted to some pain in the left leg. Percussion and auscultation of the chest revealed no significant abnormalities. Examination of the legs revealed a positive Homan sign on the left side and a negative Homan sign on the right. The primary impression following this examination was that the patient had an infarction of the left lung secondary to thrombophlebitis and secondarily an unresolved pneumonia. PA (Figure 2) and left lateral of the chest on April 23, 1954, revealed a lesion in the lingular segment of the left upper lobe which in the opinion of the roentgenologist could represent a pulmonary infarction. It was also his opinion that since there was a triangular infiltration which appeared to involve primarily the lingular segment of the left upper lobe, that this lesion could be secondary to a bronchostenosis. The patient was admitted to the hospital on April 23, 1954, and was discharged on May 6, 1954. Sputum cultures revealed *Streptococcus viridans*, *Neisseria catarrhalis* and *Aerobacter aerogenes*. Susceptibility studies showed that these organisms were resistant to penicillin, Aureomycin and Erythromycin. The white blood count on admission to the hospital was 6,350 with 56 neutrophils, 35

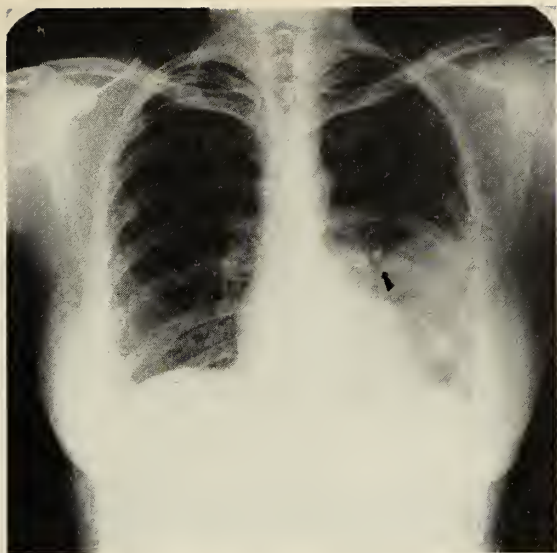


Figure 1. Initial episode of pneumonitis (March 8, 1954). Note calcifications in left hilum.

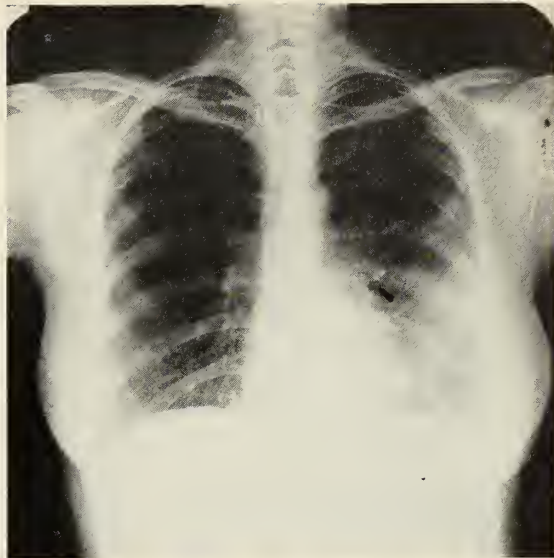
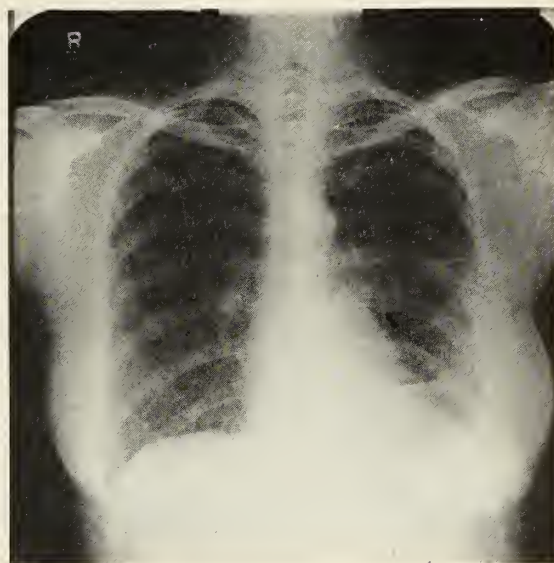


Figure 2. Second episode of pneumonitis (April 23, 1954).

Figure 3. Four and one-half months after surgery (December 4, 1954). Calcifications previously present were removed at surgery. (Lower right)



lymphocytes, 4 monocytes, 4 eosinophils and 1 basophil. The red blood count was 4.6 million with a hemoglobin of 11.9 grams. Electrocardiogram was normal. Anti-microbial therapy during this hospitalization consisted of 600,000 units of procaine penicillin intra-muscularly and 1 gram of Aureomycin daily. The patient also received 1.2 grams of potassium iodide daily as an expectorant. AP and lateral films of the chest taken on May 5, 1954, revealed definite clearing of the infiltration in the left chest. The patient became asymptomatic and was allowed to go home on potassium iodide and Aureomycin.

She was examined in the office on May 13 at which time all symptoms had subsided. A follow-up chest x-ray on May 20, 1954, revealed no clearing of the lesion in the lingular segment of the left upper lobe. Because of the possibility of an acid fast infection the patient was started on 8 grams of PAS and 300 milligrams of INH daily on May 25, 1954. She also continued her potassium iodide 0.9 grams daily. X-ray of the chest on June 14, 1954, revealed that the lesion in the lingular segment had cleared and it was the opinion of the roentgenologist that the chest

x-ray was now normal. Because of anorexia associated with weight loss and the lack of symptoms all therapy was discontinued.

The patient was seen again on July 15, 1954, because of pain in the left chest and a cough productive of yellow purulent material. Physical examination revealed a fever of 99.4 with a few rales in the left mid-chest anteriorly and posteriorly. The patient was started on 1 gram of Aureomycin daily and after consultation with a thoracic surgeon the patient was admitted to the hospital on July 20, 1954, for bronchoscopy and possible exploratory thoracotomy. X-rays taken on July 15, 1954, again revealed considerable clouding of the lingular segment. Hemogram on admission to the hospital was within normal limits as was the urinalysis, blood NPN, PSP test

and Mazzini test. The patient was continued on the Aureomycin after admission to the hospital. Bronchoscopy was carried out on July 21, 1954. The right main bronchus showed no significant pathological findings. The left main stem bronchus was also entirely within normal limits but there was a moderate amount of muco-purulent exudate aspirated from the region of the lower lobe orifice. Bronchial washings for acid fast bacilli were negative on smear of concentrate and the Papanicolaou smear was reported as Class I—negative. The patient was taken to surgery on July 24, 1954. Upon opening the left pleural cavity the lingular portion of the left upper lobe was found to be atelectatic and involved in a chronic suppurative process. During dissection of this an obstructive broncholith measuring approximately 1.5 centimeters in diameter was found in the superior branch of the lingular bronchus. The lingular portion of the left upper lobe was removed. There were no other significant gross pathological findings in the left lung. It was the opinion of the surgeon that the clinical picture and x-ray findings were the result of chronic obstruction as a result of the presence of this concretion. Pathological examination revealed pneumonitis and bronchiectasis. Postoperative course of the patient was uneventful and she was discharged from the hospital on August 4, 1954, in good condition. X-ray of the chest on December 4, 1954 (Figure 3) revealed a postoperative chest without parenchymal involvement. Calcifications previously present in the left chest were no longer visible. This patient has been followed for approximately two years and has had no recurrences of her respiratory symptoms and no further episodes of pneumonitis.

DISCUSSION

The middle lobe syndrome and its symptom complex is well recognized and the possibility of the diagnosis is always considered whenever disease occurs in the right lower chest. Isolated lingular disease with a similar symptom complex is definitely less well known and apparently seldom recognized. The etiology of isolated lingular disease is probably not as variable as the middle lobe syndrome but one must conclude it may be due to intraluminal or extraluminal causes such as seen in the middle lobe syndrome. The anatomy of the middle lobe bronchus and the anatomy of the bronchus to the lingular segment

of the left lung are definitely different and therein accounts for the definitely smaller number of isolated cases of lingular disease. However, one should keep in mind the possibility of anatomical variations simulating the middle lobe bronchus in the left lung.

The definite diagnosis of isolated lingular disease can be made only by surgery and after examination of the resected specimen. Clinical bronchoscopy and radiological findings are important in the preoperative preparation of the patient but a definite diagnosis cannot be made on these findings alone.

SUMMARY

1. A case of isolated lingular disease in a 40 year old woman is presented.
2. A review of the Anglo-American literature from the past 10 years and pertinent articles prior to that time failed to reveal any cases of isolated lingular disease due to obstructive broncholith which were fully documented.
3. As in the case of middle lobe syndrome the definitive diagnosis of isolated lingular disease can be made only by surgery and after examination of the resected specimen.

REFERENCES

1. Graham, E. A., Burford, T. H. and Mayer, J. H.: Middle Lobe Syndrome, *Postgrad. Med.* 4:29, 1948.
2. Brock, R. C., Cann, R. J. and Dickinson, J. R.: Tuberculosis Mediastinal Lymphadenitis in Childhood: Secondary Affects on the Lung, *Guy's Hospital Report.* 17:295-317, 1937.
3. Brock, R. C.: *The Anatomy of the Bronchial Tree*, Oxford University Press, London, New York, Toronto, 1954.
4. Zdansky, E., Wien. *Klin. Wchnschr.* 58:197, 1946.
5. Frethheim, B.: The So-Called Middle Lobe Syndrome, *Thorax.* 7:156, 1952.
6. Lindskog, G. E. and Spear, H. C.: Middle Lobe Syndrome, *New England J. Med.* 253:489, 1955.
7. Paulson, D. L. and Shaw, R. R.: Chronic Atelectasis and Pneumonitis of the Middle Lobe, *J. Thoracic Surg.* 18:747, 1949.
8. Head, J. R. and Moen, C. W.: Late Non-Tuberculous Complications of Calcified Hilus Lymph Nodes, *Am. Rev. Tuberc.* 60:1, 1949.
9. Walsh, J. J.: Broncholithiasis, *Dis. of Chest.* 26:2, 1954.
10. Schmidt, H. W., Clagett, O. T. and MacDonald,

- J. R.: Broncholithiasis, *J. Thoracic Surg.* 19:226, 1950.
11. Ziskind, M. M.: Effects of Calcified Lymph Nodes Perforating the Bronchial Tree, *New Orleans M. & Surg. J.* 104:640, 1951-2.
 12. Myers, D. W.: Broncholithiasis, *Dis. of Chest.* 6:269, 1940.
 13. Laff, H. I.: Cardiospasm Associated with Pneumonitis, Bronchial Granuloma and Broncholithiasis, *Ann. Otol., Rhin. & Laryng.* 62:144, 1953.
 14. Kidd, H. M. and Christopherson, E.: Broncho-lithiasis and Broncho-Esophageal Fistula, *Canad. M. A. J.* 64:142, 1951.
 15. Freedman, E. and Billings, J. H.: Active Broncho-Pulmonary Lithiasis, *Radiology.* 53:203, 1949.
 16. Hopkins, W. A. and Leigh, T. F.: Lingular Disease, *Dis. of Chest.* 2:22, 1952.
 17. Enticknop, J. B., Milstein, B. B. and Backer, C.: Lingular Biopsy and Mitral Stenosis, *Thorax.* 9:1, 1954.
 18. Buckles, M. C.: Surgical Aspect of Calcified Hilar Lymph Nodes, *Ann. Surg.* 132:972, 1950.
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A VAST TAPPABLE HUMAN RESOURCE

In an article in a recent *A.M.A. Journal*, Dr. Edward L. Compere, a Chicago orthopedic surgeon, illustrated serendipity's role in medical practice when he said, "Much of what I have learned . . . has been with little effort on my part and not the result of intensive investigation or of delving into medical and scientific literature.

"New ideas have been handed to me by nurses, medical students, interns, and residents. The sum total of what I know or believe about orthopedic surgery includes many things which came to me because I seem to have the good fortune to possess 'the gift of finding valuable or agreeable things not sought for.' "

Whether it occurs in medical research or in medical practice, serendipity must have a substantial part of its mechanism embedded in the physician's total education, according to an accompanying *Journal* editorial.

Serendipity may become a "vast tappable human resource" if students are taught how to use it, the editorial added.

According to Dr. Edward Turner, secretary of the A.M.A. Council on Medical Education and Hospitals, who was quoted in the special article, medical education has already undertaken this task. Educational methods today come closer to inducing serendipity than ever before, he said. In medical school, the student is exposed to many phases of medicine. This helps increase his potential for recognizing situations that can help the whole patient.

Anatomical Studies of the Main Pancreatic Duct

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FOLLOWING Opie's¹ epic contribution in which he first postulated the common channel as an etiological mechanism initiating pancreatitis, there has been a marked controversy surrounding the anatomical and physiological aspects of the ampulla of Vater and of its component parts, namely the terminal portion of the common and pancreatic ducts.

In recent years, Doubilet and Mulholland² have been the most vigorous proponents of the common channel, bile reflux, etiological mechanism theory of pancreatitis with specific emphasis on sphincter of Oddi spasm. In substantiation of this theory they have reviewed their clinical and experimental experiences in many recent reports.

Through the years, others have attempted by anatomical dissections and experimental studies to prove or refute the common channel theory.^{3,4,5,6,7,8} Hichen¹² questions whether the reflux of bile into the pancreatic duct is pathological. Sterling^{3,4} after an extensive anatomical review of this region in fixed injected specimens contends that there is a common channel capable of bile reflux in only approximately 15 per cent of all cases.

We became interested in this problem from a technique point of view associated with an attempt to find a practical and rapid method of demonstration and catheterization of the pancreatic duct. Our technique paralleled closely that presented at the last clinical congress of the American College of Surgeons in Chicago. During these studies in technique the variability in the anatomical relationship between the common and pancreatic ducts at the ampulla were noted. The main text of his paper deals with this relationship.

† Deceased.

TECHNIQUE

In 50 consecutive routine autopsies performed on adults at Indianapolis General Hospital, we were able to probe the common and pancreatic ducts in the following manner:

Upon exposing the common duct, the duodenum was mobilized with the head of the pancreas by incising the lateral peritoneal reflection after the method of Kocher. Stay sutures were then placed in the common duct and this structure was incised. A suitable probe or groove director was then threaded distally in the common duct through the ampulla of Vater. The duodenum was then incised in a longitudinal direction over the presenting probe. With the walls of the duodenum retracted, the ampulla was exposed and a clamp was then placed on the tip of the probe so the anterior wall of the ampulla could be lifted. This latter procedure must be done and tension must be maintained in this fashion in order to blindly intubate the pancreatic duct (the duct of Wirsung). A second blunt probe approximately one millimeter in diameter is then gently inserted in a retrograde manner into the ampulla. This probe passes easily in a posterior and medial and slightly cephalad direction. With the left hand placed posterior to the duodenum and head of the pancreas the right hand guides the probe invariably into the pancreatic duct. The probe can be felt through the pancreatic substance passing in the main duct toward the left upper quadrant. With the probe in place a sphincterotomy is then done. At this point the probe may be withdrawn and a polyethylene tube inserted to obtain a pancreatogram.

In all of our cases the pancreatic duct was directly visualized in this manner and subsequently measured and incised. In many in-

stances the minor duct or duct of Santorini was identified just cephalad to the ampulla. The pancreatic duct was then incised throughout the length of the pancreas. In most instances the pancreatic duct formed a horizontal "Y" with the larger and lower duct opening in the ampulla as the duct of Wirsung. The upper limb of the "Y" was also traced and was found to enter the duodenum approximately one to two centimeters cephalad and slightly medial to the ampulla of Vater.

Since we were interested in this mainly from a technical standpoint, our data was limited to (1) the position of the ampulla in reference to the pylorus, (2) the prominence and length of the ampulla of Vater in its intraluminal position in the duodenum, (3) the position of the pancreatic duct orifice to the ampulla, and (4) the relationship of the accessory duct to the ampulla.

RESULTS

The following results were based on 50 consecutive autopsies. These were routine autopsies and death was from a variety of causes, none of which were directly related to the extra hepatic biliary tree or pancreatic duct system. The age range was from 13 to 85 years.

Upon dissection of this region, we demonstrated that the ampulla is a definite structure projecting into the duodenal lumen for a variable distance. It is further emphasized that the ampulla is well along the second portion of the duodenum. The finding of this papilla is greatly facilitated by mobilization of the duodenum medially.

Table 1 shows the measured linear aspects of these structures. In our specimens we found that the ampulla varies from 7.5 cm. to 11 cm. from the pylorus measured along the posterior wall of the duodenum. This variation was consistent with the size of the individual. The papilla itself projects into the lumen of the duodenum for a distance ranging between .5 cm. to 1.5 cm.

These measurements were made after the mucosa had been removed from the ampulla. The length of the papillary mucosa distal to the sphincter muscle varies from .1 to .3 cm. The accessory duct of Santorini orifice was found in only about one-third of the cases, but in the ones demonstrated it was about 3 cm. proximal to the ampulla.

Table 2 shows the relationship of these structures on a percentage basis. In all but three instances the duct of Wirsung was the major pancreatic duct; it extended the full length of the pancreas and emptied through the ampulla. In the three exceptions, the duct of Wirsung was a small rudimentary structure which opened into the main pancreatic duct, which in these three instances was the accessory duct of Santorini.

A definite ampulla was present in all 50 of our cases with the pancreatic and common ducts opening either as independent structures at the tip of the ampulla, or as constituents of a common channel opening at variable distances from the tip of the ampulla. In 12 per cent of our cases, there were two distinct openings at the tip of the ampulla. In 32 per cent of our cases there was a common channel less than one-third of the total length of the ampulla, or less than .5 cm. In 48 per cent of our cases the pancreatic duct orifice was in the middle third of the ampulla. In 8 per cent of our cases the common channel was longer than one centimeter and the pancreatic duct opened in the proximal one-third of the ampulla.

In all of our cases the ampulla was easily demonstrated and the pancreatic duct was probed by the above described method. In 56 per cent of our cases the pancreatic duct orifices were more than .5 cm. from the tip of the ampulla.

DISCUSSION

An extensive amount of time and effort has been devoted to the study of pancreatitis and its

TABLE ONE
Measurements

	Variation	Mean
Distance of ampulla from pylorus	7.5 to 11	9.25
Length of intraluminal ampulla	.5 to 1.5	1.0
Length of papilla distal to sphincter	.1 to .3	.2
Accessory duct orifice proximal to ampulla	2.5 to 3.5	3.0

TABLE TWO
Statistics

	Number	Per Cent
Duct of Wirsung as minor pancreatic duct	3	6
Demonstrable accessory duct	15	32
Ampulla present	50	100
Two distinct openings at tip of ampulla	6	12
Common channel, distal one-third of ampulla	16	32
Common channel in middle one-third of ampulla	24	48
Common channel, proximal one-third	4	8
TOTAL	50	100

etiological mechanism. An excellent and extensive review of this subject was presented recently by Dreiling and Richmon.¹⁶ Although it is not the purpose of this paper to discuss the etiology of pancreatitis, it seems permissible to digress slightly and review some of the pertinent historical contributions.

It is believed that Claude Bernard¹⁷ in 1856 was the first individual to experimentally produce pancreatitis. This was accomplished by injecting bile and olive oil into the pancreatic duct of dogs.

Opie¹⁸ is given credit for initiating the common channel theory of pancreatitis. Although bile reflux has been accepted by many as the initiating etiology of pancreatitis, other investigators have presented work which tended to discredit this theory. Foremost among these were Rich and Duff¹⁹ who advanced the theory that it was not bile *per se* but volume and pressure in the pancreatic duct system which caused breakdown of acinae with escape of activated enzymes into the glandular tissue. They believed that pancreatitis was secondary to obstruction following metaplasia of the ducts.

Doubilet and Mulholland² reported that of 319 patients operated by them for recurrent pancreatitis, 316 were demonstrated to have a common channel. They are convinced that pancreatitis is secondary to physiological dysfunction of the sphincter of Oddi in the presence of a common channel allowing bile reflux.

Powers¹⁹ suggested in a recent experimental work that pancreatitis results from activation of trypsinogen by bile or other activating agents in the presence of obstruction of the duct system.

There are probably few subjects upon which

so much has been written with such diversity of opinion. Anatomical studies of the ampullary region have been carried out by numerous groups with no uniformity of results. It would appear that errors in interpretation of anatomical findings must be present. Most of these studies varied in the type of preparation of the specimens studied. Our material was gathered from fresh unfixed autopsy specimens.

Table 3 presents a comparison of results of a few of the major contributors in this field. This is patterned after the work of Howard and Jones.⁵

We feel that most of the variation in reported results does not exist in actual linear measurements and anatomical relationships, but in the interpretation of the measurements and relationships observed. For example, Opie found that in 89 per cent of his cases there was a distinct common channel, but in only 30 per cent did he feel that reflux could occur, for in only 30 per cent the common channel was greater than .5 cm. Mann and Giordano⁹ found that in 76 per cent of their cases the ampulla either did not contain both ducts, or it was less than .2 cm. in length. They found a common channel greater than .5 cm. in only 3.5 per cent of their cases and felt reflux could occur only in that number.

Cameron and Noble⁶ in unfixed specimens found the ampulla to be greater than .5 cm. in 40 per cent of their cases, but felt that reflux could take place in any ampulla longer than .3 cm.; thus they felt that reflux was possible in 66 per cent of their cases. Their studies were done by causing reflux of bile into the pancreatic duct following impaction of a small gallstone in the tip of the ampulla. The same technique was

TABLE THREE
Comparison of Results

	No.	Com. Chan.	Per Cent	Reflux Pos.	Com. Channel Greater .5 cm.
Opie, 1903	100	89	89	30%	30%
Mann and Giordono, 1923	200	130	65	3.5%	3.5%
Cameron and Noble, 1924	100	74	74	66%	48%
Rienhoff and Pickerel, 1945	250	173	69	32%	19%
Howard and Jones, 1947	150	109	73	54%	26%
Sterling, 1954	100	58	58	15%	17%
Present Series, 1956	50	44	88	65%	56%

used by Howard and Jones⁵ with comparable results. Sterling's^{3,4} results are based on fixed specimens and would indicate a greater number of separate orifices for the two ducts than were demonstrated in our specimens and in the unfixed state.

There is a distinct difference in linear measurements taken in fixed and unfixed specimens. This difference is due to shrinkage and distortion in the fixed specimens. Had all the anatomical dissections in the literature been done on unfixed specimens in the immediate postmortem stage, there would probably have been much less discrepancy in reported results.

We felt that even though only 56 per cent of our cases had a common channel greater than .5 cm., 65 per cent were capable of reflux since in this percentage of cases at least a portion of the common channel was proximal to the sphincter of Oddi.

SUMMARY

We have reported the anatomical relationships observed in the ampullary region in 50 consecutive autopsy studies. The ampulla is at a relatively fixed distance from the pylorus. It is composed in all instances of both pancreatic and common duct components, even though in a definite percentage of cases there are separate openings on the tip of the papilla. The variability of the pancreatic duct orifice in relation to the ampulla was presented, as well as the relationship of the accessory duct orifice to the ampulla.

REFERENCES

1. Opie, E. L.: The Causes and Varieties of Chronic Interstitial Pancreatitis, *Am. J. M. Sc.* 123:845, 1902.
2. Doubilet, H. and Mulholland, J. H.: Eight Years Study of Pancreatitis and Sphincterotomy, *J. A. M. A.* 160:7, 521, 1956.
3. Sterling, J. A.: Termination of the Common Bile Duct. *Rev. Gastroenterol. N. Y.*, 1949, 16:821.
4. Sterling, J. A.: The Common Channel for Bile and Pancreatic Ducts, *Surg., Gynec. & Obst.* 98:420, Apr. 1954.
5. Howard, J. M. and Jones, R., Jr.: The Anatomy of the Pancreatic Ducts, *Am. J. M. Sc.*, 214:617, 1947.
6. Cameron, A. L. and Noble, J. F.: Reflux of Bile Up the Duct of Wirsung Caused by an Impacted Stone, *J. A. M. A.* 82:1410, 1924.
7. Archibold, E.: The Experimental Production of Pancreatitis in Animals as a Result of Resistance of the Common Ducts Sphincter, *Surg., Gynec. & Obst.* 28:529, 1919.
8. Dragstedt, L. R., Hamond, H. E. and Ellis, J. C.: *Arch. Surg.* 28:232, 1934.
9. Mann, A. C. and Giordono, A. S.: The Bile Factor in Pancreatitis. *Arch. Surg.* 6:1, 1923.
10. Rich, A. R. and Duff, G. L.: Experimental and Pathological Studies on the Pathogenesis of Acute Pancreatitis, *Bull. Johns Hopkins Hosp.* 58:212, 1956.
11. Rienhoff, W. F., Jr., Pickerel, K. L.: Pancreatitis, An Anatomic Study of the Pancreatic and Extrahepatic Biliary Systems, *Arch. Surg.* 51:4, 205, 1945.
12. Hichen, N. F. and McAllister, A. J.: Is the Reflux of Bile into the Pancreatic Ducts a Normal or Abnormal Process?, *Am. J. Surg.*, 83:781, 1952.
13. Fisher, B., Fisher, E. R., and Sicken, R., Further Observations on Role of Bile in Pathogenesis of Pancreatitis, *Surg. Forum*, 1953, Vol. 4:406.
14. Walters, W. and Cleveland, W. H.: Surgical Lesions of the Pancreas, *Arch. Surg.* 42:819, 1941.
15. Kleitsch, W. P.: Anatomy of the Pancreas, *Arch. Surg.*, 71:6:795, 1955.
16. Dreiling, D. A. and Richmon, A.: Pancreatitis, A Review, *J. Mt. Sinai Hosp.* 21:3:122, 1955.
17. Bernard, C. quoted by Opie, E. L.: Diseases of the Pancreas, Philadelphia, J. B. Lippincott, 1903.
18. Opie, E. L.: The Etiology of Acute Hemorrhagic Pancreatitis, *Bull. Johns Hopkins Hosp.* 12:182, 1901.
19. Powers, S. R., Brown, H. H. and Stein, A.: The Pathogenesis of Acute and Chronic Pancreatitis, *Ann. Surg.* 142:4:690, 1955.

The Physician and Rehabilitation of His Hemiplegic Patients

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IT HAS BEEN ESTIMATED that in 1980, 15 per cent of the population will be over 65 years of age. This is significant when it is recalled that in 1948 cerebrovascular accidents were the third leading cause of death but that many of these patients live for years following the onset of apoplexy. Too frequently this fact is ignored by the attending physician and early neglect of preventive measures results in deformities of the paralyzed extremities and disuse atrophy of the nonaffected musculature. Later efforts to institute known methods of rehabilitation are then greatly handicapped, causing delay and increased expense for the patient.

Solving the immediate problems of correct diagnosis of the neurological lesion and its underlying medical cause should be accompanied by total evaluation of the patient with the understanding that rehabilitation begins with nature's reparative process at the onset of the stroke.

Within the first week of illness, proper positioning in bed should be established to prevent the development of contractures. This can be done by placing a pillow in the affected axilla to avoid adduction of the upper extremity. Flexion deformity can be minimized by keeping the arm extended at least part of each day. Foot drop can be controlled by the use of padded boards or boxes at the feet to hold them in dorsiflexion and sandbags should be placed along the external aspect of the knee to avoid external rotation of the extremity. The patient should lie on a bed that does not sag and several times during the day should lie flat without pillows to prevent dorsolumbar and hip flexion deformities.

The maintenance of normal range of motion of the affected joints can be accomplished by

passive exercises during the patient's daily bath period by a nurse or member of the family. The arm should be elevated so that the hand and elbow are raised above the patient's head. It should be abducted, placing the humerus at a right angle to the thorax, then adducted, permitting the hand to touch the head and opposite shoulder. The elbow, wrist and fingers should be flexed and extended plus rotation of the proximal joints. In brief, the extremity is carried passively through its entire range of motion and the unskilled person, such as a member of the family, need not fear doing the "wrong thing" if the range of motion of the good side is used for comparison. This type of passive exercise can be utilized also in bathing the lower extremity. Since the entire surface is expected to be cleansed, the positioning of the extremity during this nursing procedure might as well be purposeful!

As soon as the sensorium has cleared, the physician attending a patient suffering from hemiplegia should evaluate him as a whole man. Has he retained sufficient intelligence to learn simple changes in gait and other adaptations that will be necessary? No matter how ambitious our program, we can not teach a person existing at a vegetable level to walk. Does he have sufficient strength in the nonaffected side to carry a double burden of rising from a chair to a standing position early in his training? If not, these muscles must be strengthened by active exercises with constantly increasing weights to develop more power. Disuse will weaken strong muscles; thus an active exercise program is always necessary and should be started as soon as the general medical condition permits.

The overall medical condition must be considered in this evaluation. It is obvious that one

who has hemiplegia as a result of embolism following a recent coronary infarction will have a delay in his ambulation program. Likewise progressive conditions, such as brain tumors, will modify your treatment goals.

What is the emotional situation? Many victims of cerebral accidents develop emotional lability and are often given to periods of depression and crying. For many the future appears hopeless. It is wise to be conservative in your remarks regarding future return of function. Concentration on one goal at a time is important and walking is usually an obtainable achievement which gives the greatest degree of independence. Remember to prepare the patient emotionally that to walk it may be necessary to use assistive devices such as braces.

Balance is an important early achievement in both sitting and standing and can be effected by most persons suffering a cerebrovascular accident. It can also be disturbed by prolonged bed rest and weakened circulatory status.

When examining a hemiplegic patient following prolonged immobilization, one must include the extent of his deformities resulting from contractures. These need not be staggering and insurmountable, but they do require more work to gradually stretch the tendon and joint capsules by the use of braces with turnbuckle attachments or by surgical techniques.

Repeated evaluations are necessary periodically, for the patient may improve beyond your expectations, especially if you have followed proper bed positioning and passive exercises. Occasionally adverse changes in the general medical condition of the patient will limit rehabilitation efforts.

The patient may be started on a program of ambulation within a short time of the onset of

his hemiplegia by using posterior metal splints applied with Ace bandages to stabilize the affected knee and with bandages to hold the foot in dorsiflexion. This permits training in standing, balance and gait. Parallel bars or a single railing for support of the good arm is helpful and prepares the patient for the later use of a cane or crutch if necessary. Not all patients will need expensive metal bracing. Muscle reeducation procedures under the supervision of a well-trained physiotherapist will make the most of any neurological improvement, but many patients will need a long leg brace. The brace should be built with a 180 degree stop and lock at the knee to preserve extension of the leg. This can be a sliding lock which permits release and use of the knee when sufficient muscle strength is regained. A 90 degree stop at the ankle joint will prevent stumbling from foot drop.

SUMMARY

The purpose of this discussion has been to give the physician treating hemiplegic patients a more positive approach to their early rehabilitation. If proper bed positioning and range of motion exercises are instituted early, the disability of contractures can usually be prevented. An overall evaluation of the patient should be performed repeatedly if he is to obtain the greatest utilization of his remaining abilities. Most hemiplegics will be able to walk and have a greater amount of independence if a few simple exercises and procedures are performed.

REFERENCES

- Pollock, L. J.: Behavior and Treatment of Strokes in Later Life, Medical Clinics of North America, Jan., 1956.
- McMorris, R. O.: Office Practice of Physical Medicine and Rehabilitation, The Journal of the Kentucky State Medical Association, July, 1957.

The Treatment of Common Respiratory Infections

KEITH HAMMOND, M.D.

Paoli

THE "GOOD OLD DAYS" were less than good so far as medicine was concerned. In moments of nostalgia the aging physician may yearn for such things as a good horse and buggy and an end to exhaust fumes. Even those of us in our dotage would shy and back off if we had to give up antibiotics and other such wonders and go back to calomel and the like. We might take back the buggy but not the bag in it.

Still, with all our sharp modern therapeutic armamentaria, hot ginger tea does the common cold almost as much good as anything we atomic age doctors have to offer. You will notice that I said "almost" but the fact still hurts and it is the truth.

Lacking a specific, a curative, many of us either consciously or unconsciously class the common cold with such diseases as measles and influenza. At least they are in a class so far as therapy is concerned. Our advance now is largely that we try to relieve the symptoms, treat or attempt to prevent the complications while supporting nature in her curative efforts. We turn up our Hippocratic noses at such things as cultism, symbolism, and homeopathy. We struggle against empiricism and often deny it to our faces while we clandestinely embrace it. The result is a group of concoctions or a shotgun mixture with which we hope to attack the lowly runny nose and allay its victim's discomfort, prevent its

complications, and still hold up our scientific heads.

Perhaps it was with such thoughts as these in mind that a number of preparations have recently appeared on the market. There may be an antihistamine for the stuffiness, an ephedrine-like drug for bronchial dilatation and maybe to give a lift to the mood of the poor sufferer. Aspirin or one of its more acceptable relatives is inevitably included in the formula and there may even be something to relieve the tickle which causes the cough. Who knows what else there might be, but finally, the frosting on the cake, so to speak, the *picce de resistance*, will be an antibiotic, a wonder drug.

These, in short, are the culmination and the combination of all that is modern in the treatment of the lowly common cold. The satellite age may offer more, but to date the atomic age has about shot its therapeutic wad so far as acute coryza is concerned.

Seriously, though, with nothing to attack the primary cause, there is no real disgrace to medicine or false deception to the patient in basing therapy upon one or more of the principles already mentioned above. Until the cause of a disease can be attacked we can base our treatment upon four principles, namely: the relief of symptoms, the prevention of complications, the curative treatment of complications, and the furnishing of supportive measures pending an expected natural cure.

One preparation* which was compounded up-

Note: Approaching a universal problem in an "unscientific" article (to quote the author), Doctor Hammond concludes that the antibiotics in combination with other drugs are the best therapy to date for respiratory infections where the cause is unknown. He adds his own cartoon, drawn "with tongue in cheek."

* Supplied through the courtesy of Wyeth Laboratories as PEN.VEE.Cidin.

on the basis of this or a similar philosophy has the following formula:

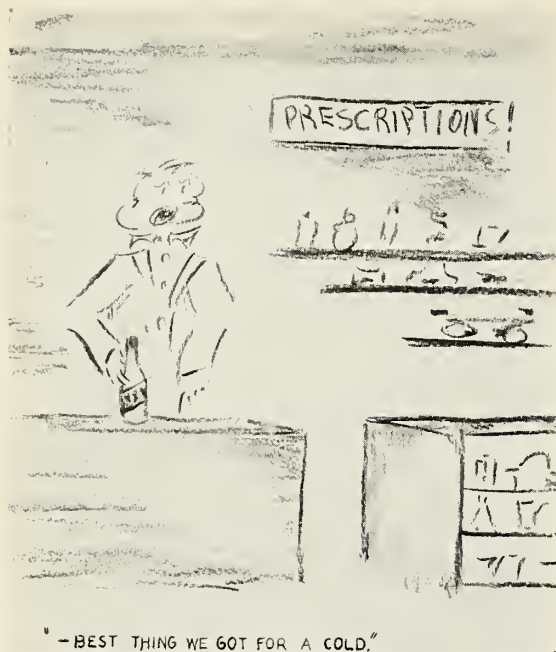
Penicillin V ----- 62.5 mg. (100,000 units)
 Salicylamide ----- 3.0 grains
 Promethazine HCl - 6.25 mg.
 Acetophenetidin --- 2.5 grains
 Mephentermine
 Sulfate ----- 3.0 mg.

This combination of drugs, in capsule form, was used in the following cases in the doses indicated with the results briefly noted under "Comments":

Many other preparations in tablet, capsule and liquid forms have combinations of drugs such as those appearing in this one. Variable ingredients include the antibiotic. Obviously the one chosen should not necessarily be the one with the broadest spectrum. Rather it should be the one which you expect to be most effective in the disease or, in the case of a cold, its bacterial complications.

Suppose some malicious and all-powerful genie would suddenly announce to the medical world,

No.	Age	Diagnosis	Duration	Dosage	Comment
1	21	Bronchitis -----	2 days	2 q. 4 h.	Recovered in 2 days.
2	15	Bronchitis -----	6 wks.	2 q. 6 h.	No response. Recovered on tetracycline.
3	70	Bronchitis -----	6 wks.	1 q. 6 h.	No follow-up.
4	12	Common cold with bronchitis	2 days	1 q. 4 h.	Recovered from all symptoms in 2 days.
5	65	Maxillary sinusitis -----	1 mo.	2 q. 4 h.	Recovered from acute phase in a few days.
6	6	Otitis media -----	2 days	1 q. 4 h.	Complete recovery in 6 days.
7	8	Tonsillitis -----	1 day	1 q. 4 h.	Recovered in 2 days.
8	7	Tonsillitis -----	1 wk.	1 q. 6 h.	Recovered in 3 days.
9	35	Sinusitis -----	1 day	2 q. 4 h.	Recovered in 3 days.
10	8	Gastroenteritis -----	3 days	1 q. 4 h.	Later developed herpetic stomatitis. No response.
11	49	Bronchitis -----	1 wk.	2 q. 4 h.	Dramatic response with complete recovery 3rd day.
12	50	Bronchitis -----	5 days	2 q. 6 h.	Dramatic response with complete recovery 2nd day.
13	8	Sinusitis and tonsillitis -----	7 days	1 q. 4 h.	Recovered in 3 days.
14	6	Common cold (no obvious complications) -----	5 days	1 q. 4 h.	Symptom-free in 3 days.
15	69	Bronchiectasis (acute episode) -----	8 days	1 to 2 q. 6 h.	No response.
16	9	Sinusitis -----	4 days	1 q. 6 h.	Recovered in 3 days.
17	6	Bronchitis -----	1 day	1 q. 4 h.	Greatly improved 2nd day.
18	46	Sinusitis -----	6 days	2 q. 4 h.	Recovered in 3 days.
19	16	Common cold (no obvious complications) -----	1 wk.	2 q. 4 h.	No follow-up.
20	5	Laryngitis -----	2 days	1 q. 4 h.	Greatly improved 3rd day. Recovered 5th day.
21	35	Bronchitis -----	3 wks.	2 q. 6 h.	Very dramatic recovery. Cough stopped 3rd day.
22	65	Bronchitis -----	4 days	2 q. 6 h.	No follow-up.
23	63	Probably bronchiectasis -----	6 mos.	2 q. 6 h.	No response.
24	38	Bronchitis -----	3 wks.	2 q. 6 h.	Dramatic recovery in a few days.
25	8	Sinusitis -----	2 days	1 q. 4 h.	No response.
26	9	Bronchitis and sinusitis -----	1 day	1 q. 4 h.	Complete cessation of symptoms in 4 days.
27	45	Bronchitis -----	1 day	2 q. 6 h.	Complete recovery 3 days.
28	5	Otitis media and tonsillitis	12 hrs.	1 q. 4 h.	Complete recovery 3 days.
29	7	Bronchitis -----	2 days	1 q. 6 h.	Prompt and dramatic improvement.
30	65	Recurring attacks bronchitis -----	3 wks. (present attack)	1 or 2 q. 6 h.	Improved only on 2 q. 6 h.
31	10	Bronchitis -----	12 days	1 q. 6 h.	Greatly improved 3rd day, recovered 5th day.
32	4	Tonsillitis -----	2 days	$\frac{1}{2}$ q. 6 h.	Recovered in 3 days.
33	36	Bronchitis -----	6 days	2 q. 6 h.	Recovered in 3 days.
34	30	Pharyngitis -----	1 day	2 q. 6 h.	Recovered in 2 days.
35	12	Pharyngitis -----	2 days	1 q. 4 h.	Completely recovered in 2 days.



"From now on you can have only one antibiotic to use in your management of respiratory infections." Then he would go on to ask, "Which one do you want?" All the doctors in the world would ballot. The winner might be any one of them, but odds would be such that penicillin would almost surely win, place, or show—probably win.

It is true that many respiratory diseases are not complications of the common cold. There

may be laryngitis and no snuffle, bronchitis and no drippy nose. Many of these are not responsive to any antibiotic and may even be of primary viral origin. On the other hand, otitis media, bacterial pneumonia, acute sinusitis and acute bronchitis, particularly if it is mucopurulently productive, are all quite often responsive to penicillin. The most obvious thought, if one is arguing along these lines, is that there should be more than one antibiotic in the formula. Maybe there should be, but which one should it be if there is only one?

SUMMARY

Attempts to treat the common cold by attacking its cause have been failures to date. As in many other conditions, treatment must be based upon relief of symptoms, efforts to prevent or treat complications, and supportive measures in anticipation of an eventual natural recovery. The same might be said of many respiratory infections in which the cause is unknown whether or not they occur as complications of the common cold. One preparation which has a formula based upon these or similar principles was used in 35 unselected cases in general practice, most of them respiratory infections. The results are tabulated. It is argued that in formulae such as these, designed for use in respiratory infections where the cause is unknown, the antibiotic of choice is penicillin.

IMAGINATION

Imagination is wonderful, so long as it is kept under control. A small boy can become Ted Williams within a second and a tiny girl may live like a princess when she starts day-dreaming. But imagination is a two-way road that can lead to unpleasant and terrorizing experiences. We have all heard stories of natives who collapsed shortly after a voodoo rite. Whether death was due to terror is a moot question; it is conceivable that some had heart attacks. Dr. James Householder passed along the following story: A railway employee entered a refrigerator car and the door slammed shut. He was found dead several hours later but had written a short account of his sensations on the wall. He included the details of how cold he felt and what was happening while he slowly froze to death. His last remark was: "I'm going to close my eyes now and die." An investigation disclosed that the boxcar was not airtight and the temperature inside had never gone below freezing. This man died of an overactive imagination. I have witnessed related phenomena in hospitals when an extremely ill patient decides to give up. The course of the disease from that moment is downhill and the end comes within a day or two. Imagination is not wholly responsible, because these patients are critically ill to begin with. On the other hand, I have seen equally sick persons who refused to lose hope. Luke, the beloved physician apostle, said: "Thy faith has made thee whole."

—From "How to Keep Well," by T. R. VAN DELLEN, M.D., in *Chicago Sunday Tribune*, September 15, 1957.

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NATIONAL LIBRARY WEEK

THE OCCASION of National Library Week, March 16 to 22, affords an opportunity to consider the facilities which are provided for physicians to explore the intricate and rewarding vistas of medical literature.

While the country at large is being reminded of the advantages and satisfactions of reading, we as physicians are to be reminded of the wealth of writing which surrounds us and without which the modern practice of medicine would not be possible.

Medicine is a living and dynamic system of knowledge, constantly changing, constantly improving. Without the printed word and without its assimilation physicians are without progress, and are quickly out of touch with the knowledge that is vital to their work.

THE JOURNAL of the ISMA has as one of its important missions the recording of medical knowledge. This it accomplishes not only by way of its original scientific articles, but also by

its book reviews and abstracts. One of its prime editorial policies is the encouragement of publication of significant case reports, a form of medical literature in which every physician may participate as author and also as reader.

THE JOURNAL exchanges copies with all the state medical journals of the United States and with several of the best foreign journals. The library of Indiana University School of Medicine is the eventual repository of these examples of current medical literature. These and other journals and books may be obtained by mail on request to the medical library.

In addition to the loan service, medical reference librarians will prepare literature surveys, compile or verify bibliographies, and perform other reference activities on request. Instructions pertaining to this service are reproduced elsewhere in this issue.

"All this is the goal of Library Week. Its success will lie in the hands of the men and

women who want to awaken their fellow citizens to the delight, the value and the magnificent opportunities of the habit of reading, and who will

encourage them, in the first concerted national effort that has ever been made in this field, to "Wake Up and Read!"

INDIANA PHYSICIANS CITED

DURING the winter Council meeting at Indianapolis on January 19, plaques were presented to two Indiana doctors in recognition of their outstanding work on behalf of the handicapped. Dr. Emmett Lamb, a member of and representing the Governor's Committee for Employment of the Physically Handicapped, presented citations to Dr. K. Randolph Manning of Indianapolis and to Dr. E. S. Jones of Hammond. Dr. Manning was cited for his work as chief medical consultant to Crossroads Rehabili-

tation Center in Indianapolis. Dr. Jones was cited for his industrial work in job classification and educational work in industry in regard to the advantageous hiring and encouragement to the physically handicapped. The two doctors, by virtue of recognition by the Governor's Committee, were Indiana's nominees for a similar national award which is given each year by the President's Committee for Employment of the Physically Handicapped. Dr. Manning was the nominee for 1957; Dr. Jones for 1958.

TOBACCO RESEARCH

THE TOBACCO Industry Research Committee was organized in 1954 to sponsor independent scientific research into tobacco use and human health. Since 1954, a total of \$1,715,200 has been allocated to 67 independent scientists in 52 universities, hospitals and research institutions for specific projects. The research program and policy is the responsibility of a nine-man Scientific Advisory Board of which Dr. Clarence Cook Little is the chairman.

The Advisory Board's annual report dated July 1, 1957, has just been published. In it are listed the major findings to date. Some of these are as follows:

1. No substance has been found in tobacco smoke known to cause cancer in human beings.
2. No specific mouse carcinogen has been found to account for biologic activity reported on skins of mice.
3. Laboratory animals exposed to massive

doses of cigarette smoke have not developed lung cancer as a result.

4. Tobacco smoke condensates have not produced skin cancer on laboratory animals.

Dr. Little, in discussing the scientific difficulties involved in the search, said "All evidence from both laboratories and clinics indicates that the problem of causation of any type of cancer is complex and difficult to analyze. A philosophy of over-simplification and an attempt to convince the public of a final solution or of a lethal risk not demonstrated by experimental evidence are neither kind nor accurate nor wise".

It might be said that an attempt to soothe the public's apprehension about the relation of cigarette smoking and lung cancer, by demonstrating the cigarette's inability to produce cancer in animals, is likewise not kind nor accurate nor wise. It is the effect of cigarette smoke on the human lung which is in question, and no direct type of proof for either side of the question is to be expected from this type of research.

A much more satisfactory type of experiment would be to have volunteers smoke varying quantities of cigarettes for a number of years and tabulate the numbers of lung tumors occurring. Controls could be considered by having other volunteers refrain from smoking and observe the number of tumors occurring in this group.

The fact that this experiment has been conducted in our midst for many years and that malignancies of the lung have been verified and counted in each group, apparently has not been considered by the Advisory Board. As a matter

of fact it is difficult to understand how any amount of investigation on laboratory animals will ever be able to set aside the data which have been collected from clinical records of patients with carcinoma of the lung.

Further researches are indicated with an approach from the clinical side, with observations on human beings. It is probable that the riddle, when it is finally solved, will be solved by a group which is looking for the cause of cancer of the lung, and not by a group which is trying to prove what does not cause it.

OPPORTUNITY FOR FOREIGN SERVICE

ARE YOU TIRED of it all? Would you like to get away to see how medicine is practiced in the rest of the world . . . take a vacation and get some pay for it? A new service being offered by the Indiana State Medical Association may be the answer to your wants.

Through the efforts of Dr. Truman Caylor, the Association in cooperation with religious foreign missions groups worked out a plan to offer members of the Association an opportunity to relieve practicing physicians in foreign hospitals while they get away for refresher courses and vacations. Through this plan, physicians may be sent to foreign lands to practice, have vacations for themselves and families, with no worries about housing.

Physicians practicing in foreign hospitals have little opportunity to get away for a rest and cannot take advantage of refresher or postgraduate courses as Indiana physicians do. It is in the hope that these men may be given an opportunity to get away for a few months to keep abreast of the new medical and surgical developments that this plan was evolved.

Surgeons, general practitioners and men from the other specialties are needed. Physicians are wanted in northern India, the Belgian Congo, and various locations in Africa. Language difficulties might be a problem in some areas, especially the Belgian Congo, but the churches will arrange for interpreters to overcome this situation.

Housing is available, as are all the other necessities of life, so you and your family will be comfortable and happy during your vacation-practice period in a foreign hospital.

Doctor Caylor has been engaged actively in working with the foreign missions organizations of the Methodist, Baptist, Christian and Presbyterian churches, and others will be contacted to learn of their needs.

Sounds inviting, doesn't it?

Here is an opportunity for you to get away from the demands of your everyday practice, to practice in an entirely different world, where you will have the chance to learn, to compare, to be a missionary yourself by bringing new techniques to your colleagues who are devoting their lives to the cause of medicine in these far-away places. Here is an opportunity for you to serve and to teach and at the same time to learn the art and problems of medicine in these countries. Here is a challenge that is intriguing.

Physicians interested in knowing more about this offer should write either the Indiana State Medical Association, or to Dr. Truman E. Caylor, Bluffton, Indiana. When writing, please give your qualifications and the length of time you feel you would be able to participate in such a program. Locations needing physicians in your field will be supplied together with complete information concerning the plan.

Continued



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in sulfa therapy

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- Lowest Oral Dose In Sulfa History—0.5 Gm. (1 tablet) daily in the usual patient for maintenance of therapeutic blood levels
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NEW DOSAGE. The recommended adult dose is 1 Gm. (2 tablets or 4 teaspoonfuls of syrup) the first day, followed by 0.5 Gm. (1 tablet or 2 teaspoonfuls of syrup) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

TABLETS: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

SYRUP: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

1. Nichols, R. L. and Finland, M.: *J. Clin. Med.* 49:410, 1957.

Guest Editorials:

"... MUCH MORE AT STAKE"

THE FOLLOWING STRONG, INFORMATIVE editorial on the Forand Bill was written by John R. Schenken, M.D., Omaha, Nebraska pathologist and professor of pathology and bacteriology at the University of Nebraska College of Medicine. It was sent to The JOURNAL by Donald J. Bucholz, M.D., editor of The Bulletin of the Omaha-Douglas County Medical Society.

The editorial has a serious, composite message for every physician. It follows:

FORAND BILL

H. R. 9467 was introduced into the last session of Congress by Rep. Aime Forand (Dem. R. I.). It represents the second major extension of the compulsory Social Security, an act which forms the foundation of the Welfare State, U. S. A. The first extension was H. R. 7225 which makes disabled persons past 50 years of age eligible for Federal Social Security benefits.

The Forand bill provides for hospitalization and specified surgical benefits, if the surgical services are performed by a Board-certified surgeon or a member of the College of Surgeons. (A nice built-in method of creating a schism in the medical profession.)

About 13,000,000 Americans will be eligible for its benefits and it will be financed by all persons who are now on the Social Security rolls, with the employee and the employer each paying an additional 2 to 3 per cent tax. Thus, the total social security contribution will be about 9½ per cent of the earned income subject to social security tax. It also provides an increase of this earned income subject to social security tax from \$4,200 to \$6,000 per year.

If this bill should become law, socialism in the United States will be assured because it is estimated that within 25 years, 30 to 40,000,000 Americans will be dependent upon the government for their health care and practically all persons will receive Social Security checks. The Marxian philosophy of individual dependence upon the central government will have been adopted through the democratic processes of a

Republic. NO WONDER KHRUSHCHEV RECENTLY STATED THAT WAR AND REVOLUTION WERE NO LONGER NECESSARY TO ACHIEVE THE OBJECTIVES OF COMMUNISM.

Organized medicine has much more at stake than the fear of professional regimentation under socialized medicine. Organized medicine must fear the ravages of all of the evils of socialism in a totalitarian state.

The medical profession represents an informed group of professional persons who not only know that health care under a regimented system of government control soon deteriorates into an impersonal, unsympathetic trade-like service, but it also knows, as a body of responsible citizens, that the passage of the Forand bill would mean the destruction of the last vestige of individual responsibility. By this I mean that our enormous inheritance tax places in the hands of the government the right to distribute a substantial part of our personal lifetime earnings to those in whom we have no personal interest or who do not deserve such a gratuity, our confiscatory income tax destroys any possibility of accumulating enough wealth which could be used as risk capital, the means by which this nation has developed the highest standard of living of any nation in the world; and now the proposed expanded social security act will soon make the government largely responsible for the health care of this nation, as well as the custodian of the "savings" program for all of its citizens, a program which, because of its compulsory nature, is based on the thesis that Americans are incapable of taking care of themselves.

WHAT TO DO? Organized medicine has done poorly in the national political ring. It has won only one major national political battle, the defeat of the Wagner-Murray-Dingell Bill in 1948. It immediately broke training after that victory and has not won a bout since. The worst defeat was the acceptance of the principle that Health, Education, and Welfare are close relatives and should be combined under one Cabinet post. Oscar Ewing could not have done it bet-

ter because all one needs to create a welfare state is control of education and health; Bismarck, Lloyd George, and Lenin all proved that.

We must revitalize the force which was mobilized to defeat the Wagner-Murray-Dingell Bill. We must join forces with enlightened groups such as the U. S. Chamber of Commerce and our numerous voluntary insurance carriers in the United States. We must tell the American

people that they are selling their birthright for a mess of pottage. And, finally and most important of all, we must make an all-out effort to analyze the health needs of the aging in order to provide on a voluntary but individual basis for the deficiencies which are present.

—*The Bulletin, January, 1958, Omaha-Douglas County Medical Society.*

A PHYSICIAN ADVISES AS MANY CIGARETS AS HE SMOKES HIMSELF!*

AN OLDER generation of physicians was said to advise as much alcohol as each consumed. The teetotaler physician advised abstinence. The tippler let his patients drink. Study of the reaction of physicians to the current tobacco controversy seems to be a rehash of the alcohol business.

In the United States, and limiting the remarks to those over eighteen years of age, it appears that some 32 per cent of men have never smoked. Despite appearances, about 68 per cent of our womenfolk do not smoke.

The furor regarding cigaret smoking and lung cancer caused about 11 per cent of men who formerly smoked to desist. This leaves more than half the adult male population and about 25 per cent of the women as habitual "weed" smokers. A few per cent of each sex smoke occasionally.

Attendance at any medical meeting furnishes evidence that physicians smoke. You see the ash trays. You catch the odor of burning tobacco. The stench of ancient butts assails the nonsmoker.

North Americans traveling abroad find the local tobacco in the form of cigarets difficult to enjoy. Reference to tobacco literature, particularly the chemistry of the ingredients of the cigaret, furnishes reasons. The industry in the United States catches up to technology. The introduction of the filter requires change in the nature of the material burning. A revolution in content of the cigaret is reflected in the changing price of types of tobacco once spurned for the finished product. Strange, little if anything appears in print regarding the possibility

of an ingredient of the paper being responsible for lung cancer. How else can we explain the apparent immunity of those who smoke cigars or pipes and not cigarets? Some time ago, analysis of cigaret paper disclosed arsenic. It was then indicated as a cause of eczema of the skin otherwise not explained or explainable. The late Chester Myers, Ph.D., was one of a group of investigators in this field. Of course, the test for arsenic was crude. Perhaps tagged cigaret paper content would be located in lung tissue and specifically in lung cancer of cigaret smokers—a potent argument.

We must review the possibility that tobacco additives which make cigarets fit the taste buds of the North American smoker may be a cause of lung cancer. Trade secrecy casts a cloud over the individual company formula, but the industry knows. Are the additions carcinogenic? As they are added? At the temperature of burning tobacco? At the temperature of the lung tissue in which the particles lodge?

But to return before closing to the lesson. Physicians who smoke cannot in honesty recommend no smoking to their adult patients. Not, that is, unless they preface the warning with that trite phrase, "Do as I say; not as I do."

The best argument against a physician smoking is that for the most part and for the longest time the odor from his mouth carries the memory of a cuspidor in a saloon. Needless to mention, the writer of these sentences is a non-smoker from way back, not a Johnny come lately to the abstainer's bench. Don't smoke if you tell your patients not to.—H. G.

—*New York State Journal of Medicine.*

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The President's Page

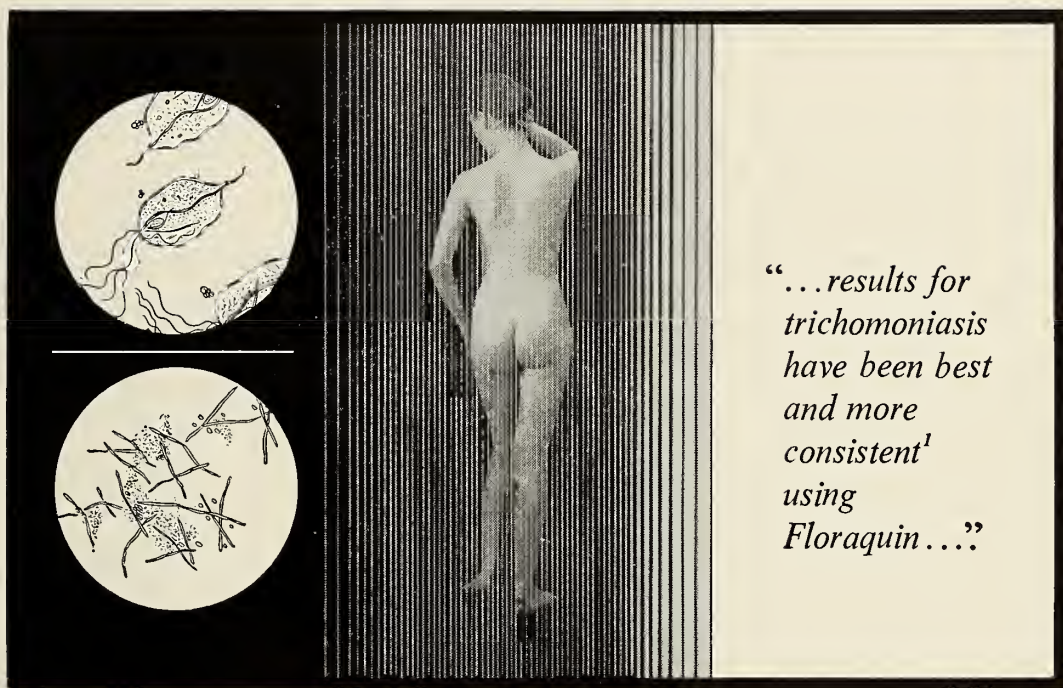
FRIENDS

KNOW HOW to avail yourself of your friends. Some acquaintances are agreeable only in perspective and not close up. Distance dims frailties which are intolerable at hand. He who is not facile at conversation may cultivate the former by correspondence, whereas the latter, upon whom we most depend, must be cultivated by tolerance. A friend should not only bring you satisfaction, but stimulation, for from friendship comes much knowledge. Few of us make good friends outside of the profession, and he who does not know how to choose them makes fewer. Likewise to know how to keep a friend is of more value than to know how to choose one. Search out those who promise to last and though at first they may be new, be content that they may grow with you. The best, no doubt, are those of such substance that they cost you the greatest measure of effort.

But friendship doubles the good and divides the bad; it is the only hedge against misfortune and is the ultimate booster of the morale. Do not waste it. Great friends are for great occasions, so do not squander a great trust upon matters trivial. There is nothing more precious in Medicine today than the good graces of its friends, for they either make or unmake its practice by giving it spirit, or by killing it.

Men of Medicine, even as they are favored by wisdom and by fame, are despised by fortune; it therefore is better judgment to have and to hold friends to the profession, than it is to acquire properties, chattels, or wealth. Material things may be the source of satisfaction and comfort, but without friends their possession is without meaning. Medicine is not sufficient unto itself, and no one lives so alone as he who lives without friends, for he must of necessity take refuge within himself, and who knows if it be that he can stand even himself.

W. C. Jopping M.D.



"...results for trichomoniasis have been best and more consistent¹ using Floraquin..."

Floraquin[®] eliminates trichomonal and mycotic infection; restores normal vaginal acidity

Leukorrhea is by far the most frequent symptom of vaginitis; trichomonads and monilia are the most common causes. Many authors have reported² trichomonal protozoa in the vagina of 25 per cent of obstetric and gynecologic patients. Increased use of broad spectrum antibiotics has resulted in a sharp rise in the incidence of monilial infections.

Floraquin effectively eradicates both trichomonal and monilial vaginal infections through the action of its Diodoquin[®] content. Floraquin also furnishes boric acid and sugar to restore the normal vaginal acidity which inhibits patho-

gens and favors the growth of protective Döderlein bacilli.

Pitt¹ recommends vaginal insufflation of Floraquin powder daily for three to five days, followed by acid douches and the daily insertion of Floraquin vaginal tablets throughout one or two menstrual cycles. G. D. Searle & Co., Chicago 80, Illinois. Research in the Service of Medicine.

1. Pitt, M. B.: Leukorrhea. Causes and Management, J. M. A. Alabama 25:182 (Feb.) 1956.

2. Parker, R. T.; Jones, C. P., and Thomas, W. L.: Pruritus Vulvae, North Carolina M. J. 16:570 (Dec.) 1955.

SEARLE

Camp Riley Offers Supervised Camping Experience to Handicapped Children

MEMBERS OF THE ISMA who have handicapped children under their care are reminded that three outdoor camps for these youngsters again will be operated this summer at Bradford Woods near Martinsville.

Every physically handicapped boy or girl between the ages of 8 and 14 is invited to make application for one of the three two-week sessions starting June 22.

Inquiries should be made through the Riley Memorial Association, 129 East Market Building, Indianapolis 4, Indiana.

Children are required to obtain approval of a physician before applying. While at the camp the youngster is under constant supervision of a full-time camp doctor and nursing staff. Trained counselors are assigned to every three or four children.

Actual cost of the camp operation is \$70 for the camp period of two weeks, but if financial help is needed "camperships" are provided by gifts.

Camp Riley in the 2,300-acre Bradford Woods area is a focal point for the camping sessions. Modern cabins, a temperature-controlled swimming pool, dining hall, shelter house and other facilities are there for a complete camping program.

This summer will be the fourth year of operation for the handicapped children's camps.

I don't know who my grandfather was; I am more concerned to know what his grandson will be.

—Abraham Lincoln

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TRADEMARK

ORAL (tablet swallowed whole)

for dependable prophylaxis

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*for immediate and
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of **ANGINA PECTORIS**



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0.4 mg. (1/150 grain) — acts quickly

CITRUS "FLAVOR-TIMER" —

signals patient when to swallow

PENTAERYTHRITOL TETRANITRATE —

15 mg. (1/4 grain) — prolongs action

For continuing prophylaxis patient swallows the entire Dilcoron tablet.

Average prophylactic dose:

1 tablet four times daily.

Therapeutic dose:

1 tablet held under the tongue until citrus flavor disappears, then swallowed.

Bottles of 100.

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Program Outlined for March 25-26 Annual Cancer Symposium at I.U.

FIVE OUT-OF-STATE AUTHORITIES will serve as the faculty for the 11th Annual Cancer Symposium co-sponsored by Indiana University School of Medicine and the Indiana Division of the American Cancer Society. The general subject for this year's symposium is "Chemotherapy and Non-Surgical Procedures". Dates are March 25 and 26. The sessions will be held on the I. U. Medical Center campus.

Members of the faculty are:

Dr. Roy Hertz, Chief, Endocrinology Branch, National Cancer Institute, Bethesda, Maryland

Dr. Kenneth M. Endicott, Chief of Cancer Chemotherapy, National Service Center, National Institute of Health, Bethesda, Maryland

Dr. R. Wayne Rundles, Professor of Medicine, Duke University School of Medicine, Durham, North Carolina

Dr. Chester M. Southam, Sloan-Kettering Institute for Cancer Research, Research Unit of Memorial Center for Cancer and Allied Diseases, New York

Dr. Austin S. Weisberger—Associate Professor of Medicine, Western Reserve University School of Medicine, Cleveland

The complete program is:

Tuesday Evening, March 25, 1958

Therapeutic Conference — Carcinoma, Lymphoma.

Wednesday Morning, March 26, 1958

8:30- 9:00 Registration

9:00- 9:30 Welcoming address—Dean Van Nuys

Outline of Program and Introduction of the Discussants

9:30-10:15 Current Trends in Chemotherapy Research—Dr. Endicott

10:15-10:30 Questions and Answers

10:30-11:15 Methods for Screening Chemotherapeutic Agents, Mode of Action, Mechanisms of Resistance—Dr. Southam

11:15-11:30 Questions and Answers

11:30-12:15 The Chemotherapy of the Chronic Leukemias and Multiple Myeloma—Dr. Rundles

12:15-12:30 Questions and Answers

Wednesday Afternoon

12:30- 2:00 Lunch

2:00- 2:45 Rationale and Therapy of Acute Leukemias with Chemotherapeutic Agents—Dr. Weisberger

2:45- 3:00 Questions and Answers

3:00- 3:45 Chemotherapy of Hormone-Producing Tumors—Dr. Hertz

3:45- 4:00 Questions and Answers

4:00- 5:00 Panel

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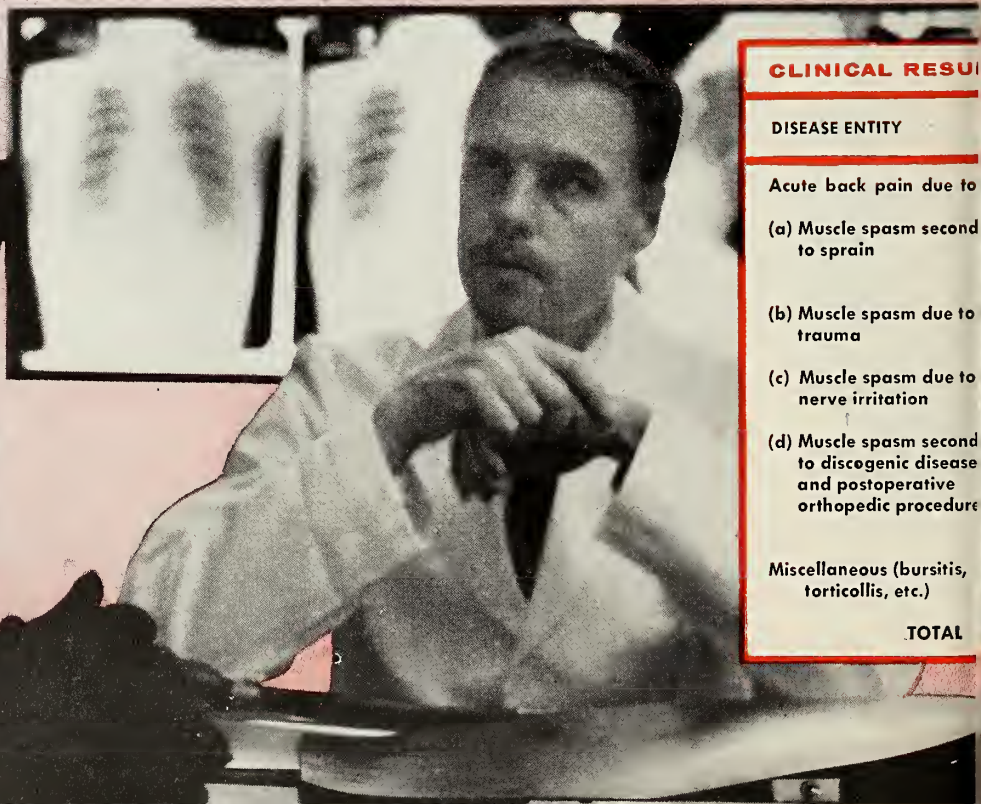
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ROBAXIN — synthesized in the Robins Research Laboratories, and intensively studied for five years—introduces to the physician an entirely new agent for effective and well-tolerated skeletal muscle relaxation. ROBAXIN is an entirely new chemical formulation, with outstanding clinical properties:

- **Highly potent and long acting.**^{5,8}
- **Relatively free of adverse side effects.**^{1,2,3,4,6,7}
- **Does not reduce normal muscle strength or reflex activity in ordinary dosage.**⁷
- **Beneficial in 94.4% of cases with acute back pain due to muscle spasm.**^{1,3,4,6,7}



CLINICAL RESULTS

DISEASE ENTITY

Acute back pain due to

(a) Muscle spasm second to sprain

(b) Muscle spasm due to trauma

(c) Muscle spasm due to nerve irritation

(d) Muscle spasm second to discogenic disease and postoperative orthopedic procedure

Miscellaneous (bursitis, torticollis, etc.)

TOTAL



Robaxin

(Methocarbamol Robins, U.S. Pat. No. 2770649)

Highly specific action

ROBAXIN is highly specific in its action on the internuncial neurons of the spinal cord – with inherently sustained repression of multisynaptic reflexes, but with no demonstrable effect on monosynaptic reflexes. It thus is useful in the control of skeletal muscle spasm, tremor and other manifestations of hyperactivity, as well as the pain incident to spasm, without impairing strength or normal neuromuscular function.

Beneficial in 94.4% of cases tested

When tested in 72 patients with acute back pain involving muscle spasm, ROBAXIN induced marked relief in 59, moderate relief in 6, and slight relief in 3 – or an over-all beneficial effect in 94.4%.^{1,3,4,6,7} No side effects occurred in 64 of the patients, and only slight side effects in 8. In studies of 129 patients, moderate or negligible side effects occurred in only 6.2%.^{1,2,3,4,6,7}

WITH ROBAXIN IN ACUTE BACK PAIN^{1,3,4,6,7}

DURATION OF TREATMENT	DOSE PER DAY (divided)	RESPONSE				SIDE EFFECTS
		marked	mod.	slight	neg.	
2-42 days	3-6 Gm.	17	1	0	0	None, 16 Dizziness, 1 Slight nausea, 1
1-42 days	2-6 Gm.	3	1	3	1	None, 12 Nervousness, 1
4-240 days	2.25-6 Gm.	4	1	0	0	None, 5
2-28 days	1.5-9 Gm.	24	3	0	3	None, 25 Dizziness, 1 Lightheadedness, 2 Nausea, 2 *
3-60 days	4-8 Gm.	6	0	0	0	None, 6
		59	6	3	4	* Relieved on reduction of dose

Indications – Acute back pain associated with: (a) muscle spasm secondary to sprain; (b) muscle spasm due to trauma; (c) muscle spasm due to nerve irritation; (d) muscle spasm secondary to discogenic disease and postoperative orthopedic procedures; and miscellaneous conditions, such as bursitis, fibrositis, torticollis, etc.

Dosage – Adults: Two tablets 4 times daily to 3 tablets every 4 hours. Total daily dosage: 4 to 9 Gm. in divided doses.

Precautions – There are no specific contraindications to Robaxin and untoward reactions are not to be anticipated. Minor side effects such as lightheadedness, dizziness, nausea may occur rarely in patients with unusual sensitivity to drugs, but disappear on reduction of dosage. When therapy is prolonged routine white blood cell counts should be made since some decrease was noted in 3 patients out of a group of 72 who had received the drug for periods of 30 days or longer.

Supply – Robaxin Tablets, 0.5 Gm., in bottles of 50.

References: 1. Carpenter, E. B.: Publication pending. 2. Carter, C. H.: Personal communication. 3. Forsyth, H. F.: Publication pending. 4. Freund, J.: Personal communication. 5. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: American Pharm. Assn. 46:374, 1957. 6. Nachman, H. M.: Personal communication. 7. O'Doherty, D.: Publication pending. 8. Truitt, E. B., Jr., and

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Joint Liaison Committee on Veterans Affairs Reports on Activities

REPRESENTATIVES of the Indiana State Medical Association, Indiana Department of the American Legion, Indiana State Dental Association and Indiana State Hospital Association have met at two to three month intervals since the inception of a Joint Liaison Committee on Veterans Affairs in 1952.

At the November 20, 1957 meeting the committee instructed the secretary to seek information on the number of hospital beds available to veterans residing in Indiana. That information was received from Dr. William S. Middleton, chief medical director of the Veterans Administration. The statistics which follow have not been previously published.

Dr. Middleton wrote:

We are glad to provide a breakdown by major bed category of the operating beds in Veterans Administration hospitals which were available on October 31, 1954 and October 31, 1957 to veterans residing in Indiana. This breakdown is as follows:

Bed Category	10-31-54	10-31-57
Hospitals in Indiana:		
General medical and surgical.....	526	561
Tuberculosis	393	347
Neuropsychiatric	1658	1669
Total	2577	2577
Hospitals in Close Proximity to Indiana:		
General medical and surgical.....	3215	3079
Tuberculosis	524	479
Neuropsychiatric	2431	2826
Total	6170	6384

The committee also adopted a resolution relative to scientific training and research, copies of which were transmitted to members of Congress

from Indiana and to the office of President Dwight D. Eisenhower.

Acknowledgments were received from members of Congress and from William D. Carey, Chief, Labor and Welfare Division, Bureau of the Budget, for the President.

The resolution read:

Joint Liaison Committee on Veterans Affairs
Indiana State Medical Association; Indiana State Hospital Association; Indiana Department, The American Legion and Indiana Hospital Association

20 November 1957

"While this Committee was organized primarily to consider Veterans' problems, it is even more concerned in the welfare of all citizens of the United States and the welfare of the nation as a whole.

"Our attention has been directed to the possible readjustments in the National budget which may affect the current and proposed scientific research programs as we know them.

"We certainly approve of the increased emphasis on scientific achievement at all levels, including the training of scientists and the application of their findings. However, it is the deep conviction of this Committee that in any adjustment of funds, that research in the health sciences must not only be continued at present levels but increased. We do not feel that research in these fields can be safely subordinated to research in physical sciences.

"We recognize immediate problems of National defense require renewed emphasis on machines, but long-range planning will necessitate equal advances in research contributing to the well-being of the humans responsible for the development and control of these machines of defense."

The above statement was unanimously adopted by the Committee after a motion duly made and seconded at Indianapolis, Indiana, on November 20, 1957 during the 24th regular trimonthly meeting of this Committee.

Norman R. Booher, M.D.
Secretary.

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*the tranquilizer and antiemetic
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*T.M. Reg. U.S. Pat. Off. for prochlorperazine, S.K.F.

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Postgraduate Course on Diabetes Mellitus Scheduled for April 9-10

DISCUSSION of clinical aspects of diabetes mellitus in all phases is planned at the postgraduate course offered by the Division of Postgraduate Medical Education of Indiana University School of Medicine on April 9 and 10.

Of particular importance are the discussions of new developments in the field, including the oral hypoglycemic agents.

The following members of the faculty for the course are all from the Indiana University Department of Medicine:

Dr. Glenn W. Irwin, associate professor; Dr. Franklin Bruce Peck, Sr., associate professor; Dr. George T. Lukemeyer, assistant professor; Dr. Charles E. Test, assistant professor; Dr. Franklin Bruce Peck, Jr., assistant; and Dr. John H. Warvel, assistant.

Beatrice Louise Irwin, associate director of the Department of Dietetics and assistant professor of dietetics, is also a member of the faculty.

The complete program follows:

April 9 (1:30 to 5 p.m.)

Registration
 Introduction
 The Diagnosis of Diabetes-----Dr. Test
 Treatment of Diabetes
 Diet and Meal Planning-----Miss Irwin
 Use of Insulins-----Dr. Peck, Sr.
 Office Management-----Dr. Warvel

April 10 (9 a.m. to 12 noon)

Oral Hypoglycemic Agents-----Dr. Lukemeyer
 Diabetic Acidosis and Coma-----Dr. Peck, Jr.
 Pregnancy in Diabetes and Complications
 -----Dr. Irwin

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Medical Evansville a Century Ago

W. D. SNIVELY, JR., M.D.*

Evansville

WHEN ONE DESIRES to obtain an accurate living picture of a far-off time he will be helped immeasurably if he can somehow view that time from its own frame of reference. In discussing with you our subject, *Medical Evansville a Century Ago*, this is exactly what we shall do. I am going to ask you to place yourselves squarely in another man's shoes, specifically these shoes. They belonged to John B. Weever, who in the year 1858 had reached the ripe age of 22 years. John was the son of a physician, Dr. Charles S. Weever, who had served a preceptorship under Dr. William Trafton. John received a preliminary education and in 1855 began the study of medicine in his father's office as was the custom of the time. Later he continued his studies under the direction of the famous Dr. S. D. Gross. He entered the Jefferson Medical College in Philadelphia and was graduated therefrom in 1858. He then returned to the Evansville area.

John was a well-read, intelligent, introspective young man. We may be sure that he was intensely interested in the status of medicine in Evansville in the year 1858. Let us join him as he considers the signs of his time, as he reviews what has gone before in the pocket area of Indiana and as he, with the aid of a little magic (if not skulduggery) which we shall provide, takes a look at "the shape of things to come."

The year of our Lord 1858 was the thirtieth year of the town of Evansville. It was just 39 years since Dr. William Hornby, Jr., the first physician in this area, completed a long journey from the East and unpacked his saddlebags in the little town of Evansville. He pro-



How would you like to have been in the boots of John B. Weever, M.D., who began practice in the Evansville area in 1858?

ceeded to set up a pioneer practice in the area of what is now McCutchanville. We are fortunate to have a penciled sketch of Doctor Hornby, a man, I would say, of purpose and character. Although he was probably handicapped by a rather limited medical education he answered the calls of the afflicted and gave them the benefit of his medical knowledge and skill. His life was not an easy one. Roads were poor or nonexistent. Bridges were almost unknown. During high waters the streams had to be crossed in dugouts. On one occasion while making a call to a pioneer family Doctor Hornby encountered a large, brown bear reared up on its haunches blocking the trail which is now known as Browning Road. Since the nearest

* Presented at the Vanderburgh County Medical Society meeting, January 14, 1958.

The author is vice president and medical director of Mead Johnson and Company, Evansville.

Sketch of William Hornby, M.D., first physician in Evansville area. He arrived in 1819, the year the town was established.



drugstore was in Louisville, Doctor Hornby carried his meager supply of remedies in his little black bag. He was probably busy from the start. There was no problem of building a practice. As William Faux wrote in his diary in 1819, "Many are dying in Evansville of a bilious disorder." Perhaps it was the hard life of the frontier that caused the early death of Doctor Hornby in 1832.

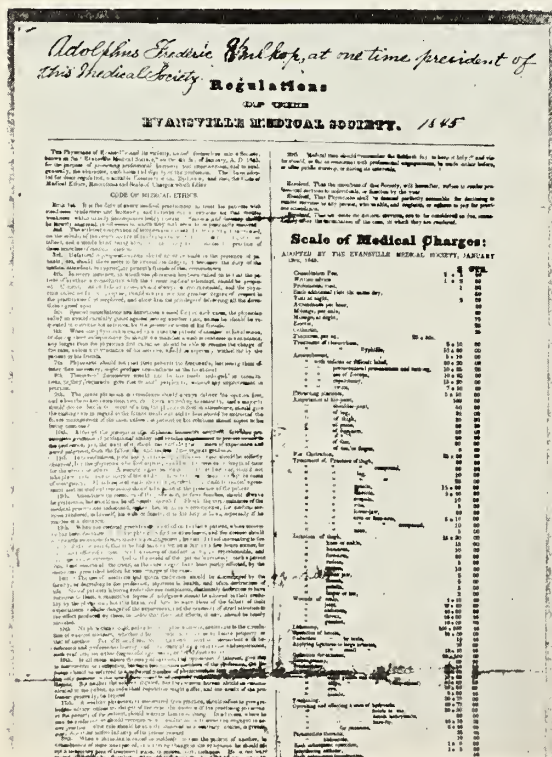
In 1820 Dr. William Trafton, the first physician who actually practiced in Evansville, arrived. He was followed by other physicians: Madison J. Bray, who became known as the "Father of Surgery" in Evansville; Dr. John R. Wilcox, who ran the first known drugstore on Water Street, now Riverside Drive, between Locust and Main.

As John Weaver reviewed the local medical history he found that in 1845 the Evansville Medical Society had been organized. He had a copy available of the regulations of the Society which had been given to him by Dr. Adolphus Frederic Wulkop. This code prescribed 20 rules for the guidance of physicians. One of them

read, "It is the duty of every medical practitioner to treat his patients with steadiness, tenderness and humanity, and to make due allowances for that mental weakness, which usually accompanies bodily disease. Secrecy and delicacy should be observed . . ." Rule 7 read, "Physicians should not visit their patients too frequently, lest seeing them oftener than necessary, might produce unsteadiness in the treatment."

A number of the rules dealt with the etiquette of consultation. Rule 20 admonished, "Medical men should 'remember the Sabbath day, to keep it holy'; and visits should, as far as consistent with professional engagements, be made either before, or after public worship, or during its intervals." The regulations concluded with a Scale of Medical Charges, most of which consisted of surgical operations, many of them major and all of them performed without benefit of anesthesia.

John had read with interest of the Evansville Medical College, organized in 1846. He had seen an impressive graduation diploma hanging in the office of Dr. William M. Elliott who was graduated in 1853. "Praeses et Curatores Collegii Medici Evansvillensis in Republica Indianensi," it began. This is that selfsame



Regulations of Evansville Medical Society in 1845. Most of the text can be read when magnified.

diploma. The Evansville Medical College had suspended operations in 1856 because of a disagreement among the members of the staff.

NO FULLTIME STAFF

Medical colleges were very different in those early days than they are now. The instructors were always practicing physicians and since they were usually busy physicians one can imagine that students frequently were forced to wait for the arrival of a preceptor. Many of the early lecture rooms were amphitheatres with steep rising ledges on which were placed chairs for the students. There is reason to believe that students annoyed with late arriving professors sometimes reached the "boiling point." In one such amphitheater at 10 minutes past the time appointed for a lecture the students rose in a body and hurled their chairs down into the central pit. One can suppose that expenditures for chairs might have been an important part of the budgets of those early educational institutions.

Weever knew of the newly constructed Marine Hospital built in 1856 at the cost of \$73,000 and located on the water front between 10th and Wabash streets overlooking the Ohio River.

Being both an intellectual and curious young man, John Weever had been intensely interested in the progress of medicine. He had read avidly the medical books of Evansville physicians and he had made a list of what seemed to be the outstanding medical events of the 100 years preceding his time. From the vantage point of 1958 the accomplishments of the century between 1758 and 1858 appear pitifully meager, but in the light of the total knowledge of medicine in 1858 I am sure that those same advances must have been quite impressive to friend John.

Let's see what he had on his list:

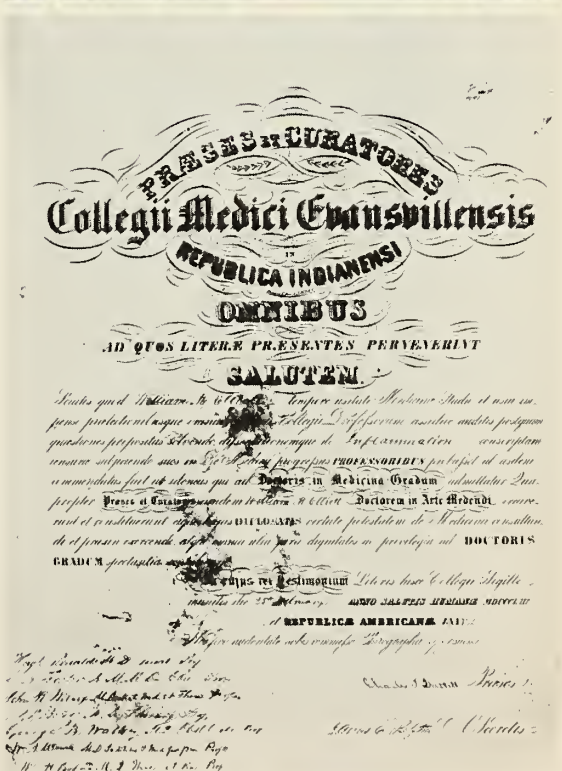
In 1758 the thermometer was introduced in clinical work. The first operation for localized appendicitis was performed the next year.

The first medical library was founded at the University of Pennsylvania Hospital in 1762 and in 1763 the great Linnaeus introduced scientific terminology for disease. In 1765 the Medical Department of the University of Pennsylvania was founded.

Many diseases were first described during this

Continued

William M. Elliott, M.D., and the elaborate diploma he received from Evansville Medical College in 1853.



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1 mg. tablets, bottles of 50 and 500.
4 mg. tablets, bottles of 30 and 100.

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Marine Hospital, built in 1856 at a cost of \$73,000. Located on the water front, it became St. Mary's in 1870 when the Sisters of Charity arrived in the town and purchased the structure.

century: angina pectoris, drug addiction, chronic alcoholism, intestinal obstruction in babies, peritonitis, parasitic diseases, whooping cough, nephritis, heart block, asthma, typhus and typhoid fever.

In 1770 the first medical degree was conferred by King's College. The first American pharmacopoeia was published in Philadelphia in 1778 and in 1783 the professions of surgery and barbering were first separated in Europe.

During this same century John Hunter made fundamental discoveries about the circulation of the blood. Samuel Brown vaccinated 700 people against smallpox in Lexington, Kentucky; in 1802 and in 1804 Dalton outlined the atomic theory. Morphine was isolated in 1805.

The stethoscope was perfected in 1816 and in 1825 potassium iodide was first employed as a not-too-successful remedy for syphilis. In 1831 chloroform was discovered, although its use in anesthesia was delayed for many years.

In 1839 Schwann published his cellular theory and Dr. S. D. Gross gave his fundamental lectures on pathology in Cincinnati.

The great Daniel Drake also lived in Cincinnati during this period. He was probably the

outstanding physician of Mid-America during that century, a great historian, geographer and writer. We may be sure Doctor Drake visited the small village of Evansville during his many travels.

In 1840 Henle published his statement of the germ theory of communicable diseases. That same year the Medical Department of Kemper College, the first medical school west of the Mississippi, was founded.

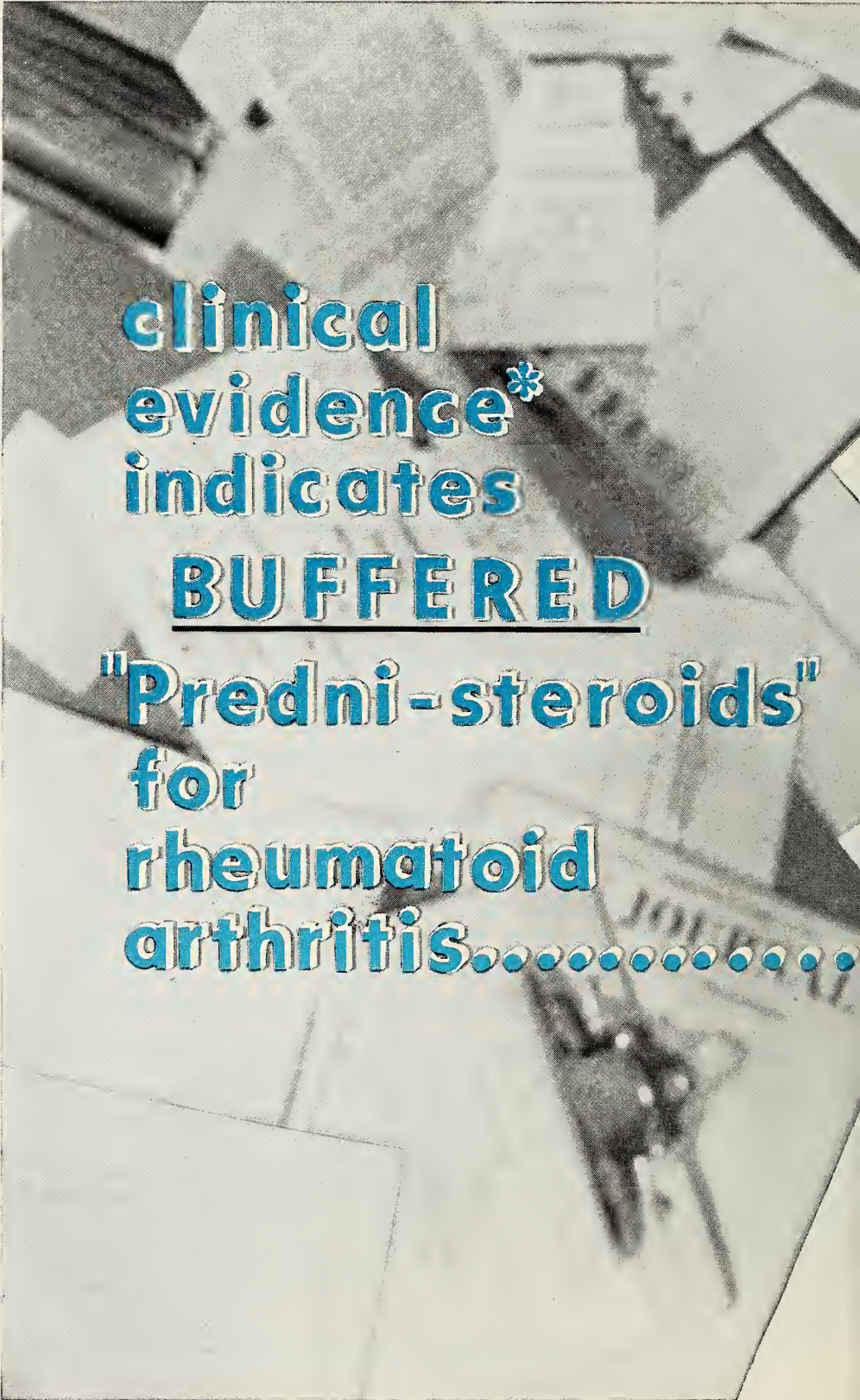
In 1845 leukemia was first described.

EVANSVILLE PROSPERS

So as he looked back on the medical advances of the previous century Weever had good justification for believing that the profession of medicine was a progressive one, although it might have seemed to him at that time that perhaps there wasn't too much left to be discovered.

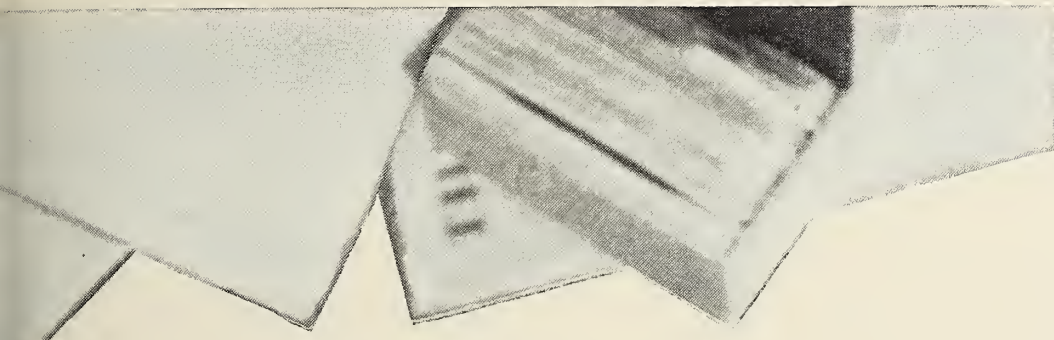
Now, being a practical minded young man, John Weever was also interested in the economic status of Evansville. His banker friends painted a rather bright picture. The population was 10,000 or 11,000 and there were many budding

Continued



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Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem — well documented in a growing body of literature.

*"In view of the beneficial responses observed when antacids and bland diets were used concomitantly with prednisone and prednisolone, we feel that these measures should be employed prophylactically to offset any gastrointestinal side effects."—Dordick, J. R. *et al.*: *N. Y. State J. Med.* 57:2049 (June 5) 1957.

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: *J. Kentucky State M. A.* 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: *J. A. M. A.* 158:459 (June 11) 1955.

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industries. The Business Directory of 1858 was the source of some interesting figures presented in Dr. James E. Morlock's *The Evansville Story*. The wholesale and retail trade for that year was \$4,076,600 and this, of course, was a different sort of dollar than the kind we have today. Yes, Evansville was booming. Enterprising industries fathered by aggressive, resourceful business men were springing up everywhere in the burgeoning community. John noticed in passing that \$78,065 had been spent for drugs and medicine in that year and from an early notebook, belonging to an Evansville physician in 1858 and written, incidentally, in a mixture of German and English, we find what some of these medicines were: alcohol, valerian, ammonia, arsenic, bismuth, atropine, bromine, camphor, digitalis, ergot, iodine, morphine, colchicum, and ipecac.

But while he was aware of the realities of making a living, I am glad to relate that John was truly an idealist. Medicine appealed to him because he felt that he could accomplish good for his fellow man. He knew there was a great need for dedicated, competent physicians.

MILK SICKNESS STRIKES

He was particularly intrigued with a mysterious disease, milk sickness. He wanted to do something to wipe out that scourge. Many a pioneer in Mid-America had reason to say with Abraham Lincoln's cousin, Dennis Hanks, "We war perplext by a disease cald milk sick," for milk sickness was a savage, pitiless disease that was universally dreaded. The disease was also called staggers, tires, swamp sickness, and trembles. It afflicted man and beast alike. Between the Salt Lick and the village of Evansville the ground was strewn with the bleached bones of cattle that had perished from this illness. In 1858 it had caused half the deaths in Dubois County, Indiana. In Pigeon Creek, Indiana, in the autumn of 1818 it killed Nancy Hanks Lincoln (Abraham Lincoln's mother) as well as his great-aunt and uncle. In 1839 it killed 50 of the 500 people living in Danville, Indiana. What would we think of a disease that struck down a comparable number of people in Evansville today, 12,500 souls in one year? Darlington, a nearby village which was one of Evansville's early rivals, was abandoned because of milk sickness.

It was suspected that milk sickness was caused by drinking poisoned milk or cream. Just how the milk or cream became poisoned was not clear. The symptoms of milk sickness included foul breath, dizziness, muscular pains, vomiting, intense thirst, rapid pulse, convulsions, and unconsciousness. Its victims took years to get well if they did not die. The only treatment which was really successful was the use of brandy and honey. In 1839 John Rowe, a farmer of Fayette County, Ohio, presented striking evidence that milk sickness was caused when cows ate white snakeroot. Whether or not Mr. Rowe's findings were written up in the medical journals of that day, I do not know. At any rate his ideas were not recognized by physicians. It wasn't until 1917 that the facts were written concerning milk sickness. Then it was established that Farmer Rowe was right. When cows ate white snakeroot, a strong poison, tremetol, was present in their milk. The poison, tremetol, was completely neutralized by drinking beverage alcohol. The therapy of our ancestors cannot be improved upon today.

But there were other problems that plagued physicians in 1858. Cholera, which first struck in 1832, was still an important cause of death. Pneumonia was, perhaps, the "captain of the men of death" and the death rate was consistently about 30 percent. In 1838 more than 50 people died of pneumonia in Evansville. A special form of erysipelas visited the Evansville area in 1842. It was usually fatal.

. . . AND NOW ANESTHESIA

John was thankful that in 1858 doctors had the great blessing of anesthesia. Prior to 1852 anesthesia was not employed and before its discovery even simple operations turned the operating room into a medieval torture chamber. The use of opium and alcohol did little more than subdue the level of the pain. Another disease which threatened life was malaria. As the name indicates, it was believed to be caused by bad air. The little *Anopheles* mosquito was not suspected as the villain behind the malady. In an address given by the Honorable D. B. Kumbler to a graduating class from one of the Evansville medical schools he described an epidemic:

"On a beautiful morning last summer, there came up from the South the deadly breath of the plague.

It came from morass and swamp, from canebrake and cotton field, from village and city.

"Many flew from their homes upon which Death had set his mark and many others fell by their own firesides, strangled and shocked by the poisoned air. It touched the weak man and the strong. It touched the young man and old. It touched the low and the high, and they were consumed as by the fire of hell . . .

"(The doctors) . . . went down into the valley and shadow of pestilence and met disease and death in all their horrid and sickening forms. Day and night they toiled and suffered without rest and without relief, ministering to the sick and comforting the dying until God shook the frosts out of the sky."

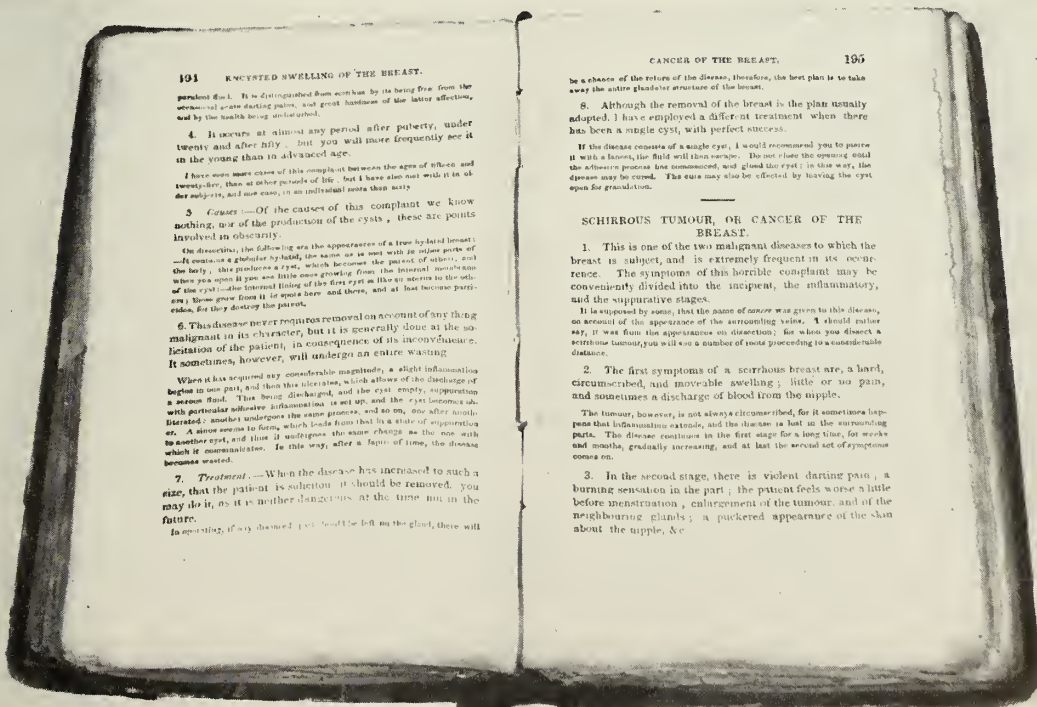
It was those selfsame frosts that stopped the depredations of the mosquito.

No question about it, the doctors of 1858 had some useful medicine, but compared to the medicines of today their stock was poor indeed. Two years later Oliver Wendell Holmes was to say:

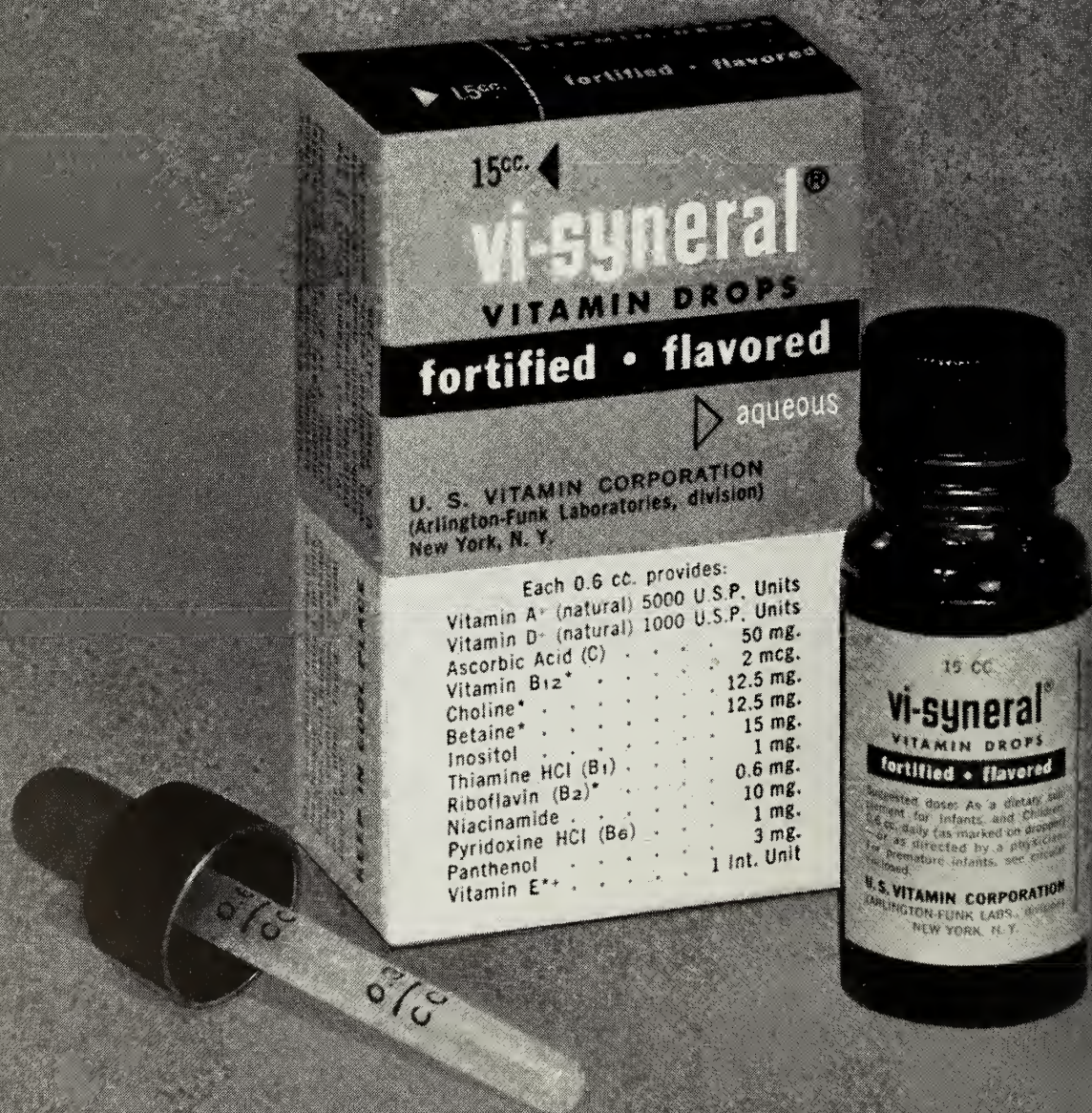
"Excluding opium, which the Creator, himself, seems to prescribe, and excluding wine, which is a food, and excluding the vapors which produce the miracle of anesthesia, I firmly believe that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind and all the worse for the fishes."

Perhaps Doctor Holmes was unduly pessimistic

A Manual of Surgery, 1839, Dr. William H. Trafton's medical book, is opened to discussion of benign and malignant conditions of the breast.



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timepiece while taking the pulse. But I don't think we should either criticize or ridicule them for their pompousness, for their assumed dignity, for their provision of sympathy in lieu of science. All too often sympathy was about all they had to offer the patient.

Consider those days. Hospitals were not in general use and frequently people went to the hospital only to die. Death from disease was always just around the corner. As William E. Wilson wrote in his charming book, *The Wabash*:

"You lived with death intimately in those days. Young or old, you were spared none of its tedious and obscene drama. You sat with it all day, helplessly, wondering what it was and whence it had come. You ate with it only a few feet from your table. At night, you slept with it, hearing it fumble at the throat of the one you loved in the same room, in the same bed. You could never escape it, shut it out, or forget it for a single moment. You could neither glorify it nor pretend that it was not there. And when, at last, it had finished and gone, you lived on, in the same shameless intimacy, with what it left behind, until you did what you had to do and found yourself finally standing bareheaded above a mound of wet and yellow earth that you had dug

yourself, taking your leave in silence and without a ceremony."

In a lighter vein, I would like to read an excerpt from an 1845 issue of *Punch*. It consists of advice for medical students in the form of questions and answers.

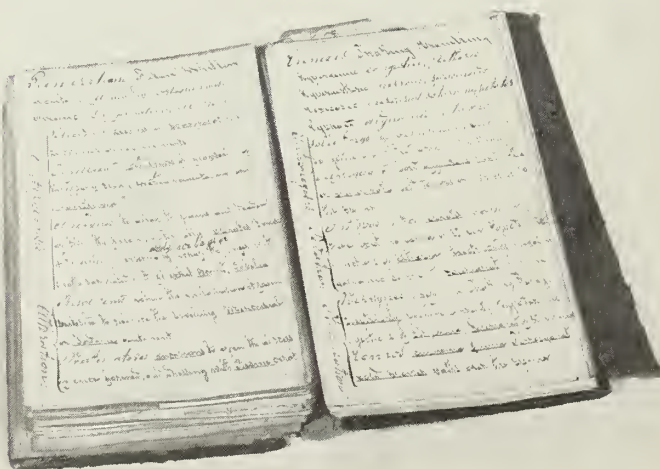
- Q. What should be the medical treatment of a common cold, which, in fact, requires only white-wine-whey and a footpan?
- A. Pulv. Antim: grains five, to be taken at bed-time; and Mistura Feb: three tablespoonsful every three hours, with a mustard plaster to the region of the chest.
- Q. If you asked a patient to put out his tongue, and found it perfectly clean, what would you do?
- A. Shake my head, and say, "Ah!" or "Hum!"
- Q. What is the meaning of "Hum," Sir?
- A. It means, "I see what is the matter with you."
- Q. How would you look on feeling a pulse which proved natural and regular?

- A. Very serious: and I would pretend to be calculating.
- Q. A lady, slightly indisposed, asks whether you don't think her very ill—your answer?
- A. I should say that she would have been so if she hadn't sent for me in time.

Now I am sure that as John reviewed the history of Evansville, both medical and commercial, as he studied the accomplishments of men of medicine for the previous century, as he looked about him and beheld the physicians of that day, conscientious mem-

Admission cards to lectures at the Medical College of Evansville are among possessions of Dr. William Elliott which have been saved for more than 100 years.

Below—A Doctor's Practice Book dated 1858.



bers of an honorable profession, busily doing their best to alleviate suffering and death, he felt that the practice of medicine was a fine calling, indeed.

Perhaps it is a blessing that he could not have put on the mantle of prophecy and looked ahead. For if he could have seen the shape of things to come he might have been woefully dissatisfied. These are some of the things he would have seen:

In 1870 the Sisters of Charity came to Evansville and purchased the Marine Hospital and renamed it St. Mary's Hospital. Many other fine hospitals developed in this area. Some of them later disbanded but others we still have: Deaconess Hospital, Welborn Hospital, Boehme Hospital, The Evansville State Hospital.

In 1872 the first "Western Retrospect of Medicine and Surgery," the first of Evansville's two medical journals, was published. In 1873 the Drake Medical Society, named for the great Daniel Drake of Cincinnati, superseded the Evansville Medical Society. Then in 1878 the Vanderburgh County Medical Society replaced the Drake Medical Society.

In 1882 a second medical college, the Hospital Medical College, was incorporated. It was started by a group in rivalry with the Evansville Medical College. It closed in 1886. In the meantime the Evansville Medical College had opened again in 1871, only to close again in 1884. John would perhaps have been amused could he have read the "Seventeenth Annual Announcement of the Medical College of Evansville, Indiana, Session of 1882-83" which read:

"Besides the regular residents, there is a large floating population always found in the city, presenting a vast variety of human ills, that may be used with profit by the clinical student, many of the cases exhibiting the modifying influence of both Northern and Southern climates on disease, affording a rich harvest of pathology."

In conjunction with one of those college graduation ceremonies the Honorable D. B. Kumbler advised the budding physicians:

"Take as little medicine as possible; never prescribe for yourselves; never let any other doctor prescribe for you; when your patients die, don't go to their funerals, for if you desire success you must spend most of your time in the office. Never drive or ride in a walk. Go in a hurry. If you practice your profession in the country, have a sulky, and a pair of patent leather pill bags. Get married? Well, do as you please about that—but never shake your gory locks at me."

In the vital area of medicine John would have seen many fundamental discoveries: the final elucidation and application of the germ theory of disease, development of knowledge of the internal physiology of the body, knowledge of the importance of water and minerals in disease, the discovery of vitamins and the importance of protein, development of a host of anti-infective agents, including sulfonamides and antibiotics. Yes, he would have seen fundamental development after fundamental development.

You know, although John Weever, our Evansville Young Man of the Year for 1858, didn't know it, he stood on the threshold of what I like to call the "golden age of medicine," for this golden age really began just about 100 years ago.

LET'S SUPPOSE

It became a buoyant child during the past 50 years and in the past 20 years it truly came of age. It is hard for us to realize what a brief period of the world's total history this golden age of medicine has covered. Life began on the planet about 2,100,000,000 years ago. The past 100 years, therefore, cover only about 1/21 millionth of the time since life began. We can't comprehend millions or billions of years, so let us suppose for purposes of illustration that we could condense this entire period of 2,100,000,000 years into a single century. If we could do this, then man has been on this planet for some 17 days, history has been recorded for the past 2 hours, Christ was born 50 minutes ago, Columbus discovered America 12 minutes ago, a woman was lawfully burned at the stake in Delaware just 5 minutes ago, anesthesia was discovered a little less than 3 minutes ago, modern anti-infective therapy and modern knowledge of water and electrolytes came 30 seconds ago. Perhaps most of the fundamental therapeutic discoveries occurred within the past minute.

Well, we are back again in the present and we can let John get back into his shoes. Perhaps like John, we are standing on a magnificent threshold. For in spite of our progress there are many worlds left to conquer in the grim universe of disease. There is no sure cure for leprosy. The problem of cancer is still with us. Disease caused by the aging process itself requires much attention. We have no cure for many infectious diseases such as polio, although we are making progress in its prevention. We

don't have the final answer to tuberculosis. The mental ailments, perhaps most important of all, offer unlimited challenges. The terrible blight of alcoholism has hardly been touched.

So it is quite fitting, as we look back on a hundred years of medicine in Evansville, that we look forward to the next hundred years. What a wonderful vision might be opened to us if we had it in our power to give ourselves the gift of prophecy as we gave it a few minutes ago to John Weever! I am sure we would see marvelous discoveries providing a rich harvest of benefits for mankind, discovery after discovery after discovery stretching far beyond our sight into the future.

In the words of Henry Wadsworth Longfellow:

"... lamps upon a bridge at night,
Stretch on and on before the sight,
Till the long vista endless seems."

The paper on "Medical Evansville a Century Ago" is a development of a project undertaken by Vanderburgh County Medical Society, the

Evansville Museum, and the Medical Department of Mead Johnson & Company. Final result of the research will be a permanent medical exhibit on "The History of Medicine in Evansville from 1819 to 1900.

The project is under the direction of the Historical Committee of the Vanderburgh County Medical Society. Dr. W. D. Snively, Jr., author of this paper, is chairman, and other members are Drs. Herman M. Baker, John W. Visser, and Stephen N. Tager.

ADDENDUM

Medical students, the author writes, found it difficult to obtain cadavers for their anatomy studies; hence, they resorted to body snatching. The whole practice of body snatching is well epitomized by an epitaph which appeared on a gravestone in the East:

"The body snatchers, they have come and made a snatch of me.

It is very hard—them kind of men won't let a body be.

Don't come to weep upon my grave and think that here I be,

They haven't left an atom here of my anatomy."

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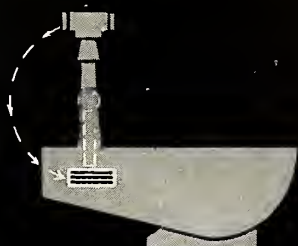


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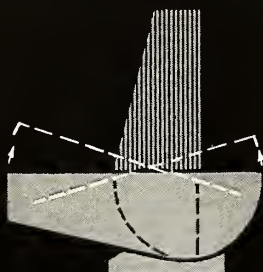
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Committee Reports:

COMMITTEE ON FORENSIC SCIENCES

The House of Representatives of the 1957 session of the Legislature adopted a resolution creating a Forensic Sciences Study Commission as a subcommittee of the Indiana Legislative Advisory Commission. Its members were appointed by the Lieutenant Governor acting in his capacity of Chairman of the Legislative Advisory Commission.

As set forth in the House resolution, the duties of this subcommittee were to study the needs of the coroners and other related law enforcement agencies with the view in mind of determining the feasibility of establishing a Bureau or Department of Forensic Sciences and upon the completion of the survey and study to, through said Commission, make and file with the 91st General Assembly a report of its findings and recommendations.

This committee, therefore, covers, as a part of its study, the same general field heretofore studied and explored by the Coroner's Committee of the Indiana State Medical Association. Dr. Joseph Dudding, Hope, is the member of this committee

representing the Indiana State Medical Association. Other members of the committee are as follows:

Representing Indiana University School of Medicine—Dr. Edward B. Smith, Indianapolis, Professor of Pathology, Indiana University School of Medicine; Chairman of Coroner System Study Committee of Indiana State Medical Association.

Representing Indiana State Bar Association—Robert Hollowell, Indianapolis, legal counsel to Indiana State Medical Association; member of Liaison Committee on Medicolegal Code of the Indiana State Bar Association; chairman, Judiciary Committee, Indiana State Bar Association; formerly Chief Counsel, Attorney General of the State of Indiana; formerly, Special Counsel Indiana State Board of Health; in charge of the writing of the 1949 Public Health Code.

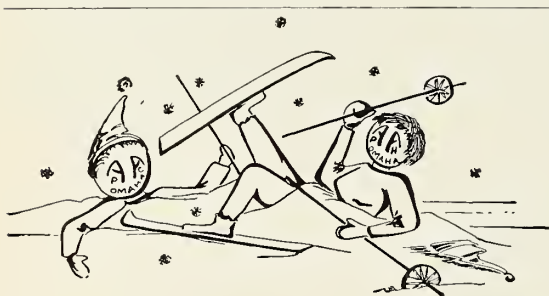
Representing Indiana University Law School—Cleon H. Foust, Jr., Indianapolis, Professor of Law, Indiana University School of Law; formerly, Attorney General of the State of Indiana.

Representing Indiana Association of Pathologists—Dr. Lall G. Montgomery, Muncie, pathologist to the Ball Memorial Hospital; assistant to the Delaware County Coroner; chairman of the Legislative Committee of the Indiana Association of Pathologists.

Representing Indiana Coroners Association—Dr. R. Perry Reynolds, Garrett, in private practice of medicine; coroner of DeKalb County; organizer and first president of the Indiana Coroners Association.

Representing Indiana State Police—Capt. Robert Borkenstein, Chief of State Police Laboratories, Stout Field Barracks, Indianapolis.

This committee plans to circulate a questionnaire to members of the various state organizations which have special interests in the various fields under study by the committee. Some of our members, particularly those who are also coroners, will receive this questionnaire and may also be personally interviewed by a representative of the committee. It is hoped that all those who receive the questionnaire or are interviewed will give it their earnest attention, particularly in the field involving the coroner.



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Clyde C. Bitler, M.D., a practicing physician in New Castle for 43 years, died January 14 in the New Castle Clinic after a brief illness. He was 70.

A native of Carroll County, he received his degree in medicine from Indiana University School of Medicine in 1912. He served as assistant superintendent of the Madison State Hospital and then established his practice in New Castle. During World War I he served as an officer in the Army Medical Corps.

In addition to his memberships in church, military and lodge groups, Dr. Bitler had served two terms on the New Castle City Council, had been a member of the New Castle School Board and was city health officer. He was a member of Henry County Medical Society and eligible for senior membership in the Indiana State Medical Association.

Louis E. Fritsch, M.D., 78, died January 20 in Methodist Hospital, Indianapolis, from burns suffered in a fire in his bedroom in the home of his daughter, Mrs. J. O. Price, and Dr. Price. A semi-invalid, Dr. Fritsch accidentally set fire to a chair while smoking. He had been alone only a few minutes.

Dr. Fritsch retired three years ago after completing 50 years in the practice of medicine in Evansville. He moved to Indianapolis a year ago.

A 1903 graduate of the Medical College of Ohio at Cincinnati, Dr. Fritsch was active professionally and in civic affairs throughout his career in Evansville. He was that city's first milk inspector in 1906, later served on the Board of Health for many years. During World War I he served with a hospital unit at Charleston, South Carolina. A sports enthusiast, he was examiner for boxing events for several years, and served as track doctor at Ellis Race Track from its opening until his retirement.

Dr. Fritsch was a past president of the

Vanderburgh County Medical Society and was active in the Indiana State Medical Association. He had served as delegate from Vanderburgh County, and was on the Committee on Public Policy and Legislation for several years. He was a charter member of the Eagles Lodge at Evansville and served as physician for its members until his retirement.

Dr. Fritsch was a senior member of county, state and American Medical Associations, and a member of the Fifty Year Club of ISMA.

Edgar F. Kiser, M.D., 77, retired Indianapolis specialist in internal medicine and professor emeritus of medicine at Indiana University School of Medicine, died January 23 in his home. He had retired in 1956 after 53 years in the practice of medicine.

Born in Union City, he received his degree in medicine from the Indiana Central Medical College at Greencastle and served his internship at City Hospital (General), Indianapolis. During World War I he served as a captain in the Medical Corps. On his return from service, he resumed his practice in Indianapolis, establishing an office in the Hume Mansur Building where he remained until his retirement.

During the years Dr. Kiser served as clinical professor of medicine at Indiana University School of Medicine, he also lectured on the history of medicine. He was a collector of works on that subject and wrote extensively for publication on medical subjects and the history of the profession.

Before World War I, Dr. Kiser was director of the old City Dispensary in the Indianapolis Police Headquarters, which served as an emergency station prior to establishment of the General Hospital emergency ward and city ambulance system.

A past president of Indianapolis Medical Society, Dr. Kiser was also active for many

Continued



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References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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years in the Indiana State Medical Association. He served on the Committee on Industrial and Civic Relations, Committee on Medical Education, the Editorial Board of *The JOURNAL*, as historian for ISMA, on the Committee on Necrology and History, was vice-chairman of the Centennial Celebration Committee which for four years planned the observance of the one hundredth anniversary of Indiana State Medical Association, and on the Committee on Chronic Illness. He was a frequent contributor of both scientific and historical articles to *The JOURNAL*.

Dr. Kiser also held memberships in the American Medical Association, the American Heart Association, was a Fellow of the American College of Physicians, a member of American Medical Historical Society, military and medical fraternal organizations. He was one of the oldest living members of B'nai B'rith, and a member of Indianapolis Hebrew Congregation.

He was a senior member of Indianapolis Medical Society and ISMA, and a member of the Fifty Year Club.

James V. Rawlings, M.D., who observed his ninety-ninth birthday on January 23, died on January 27 following a week's illness in his Indianapolis home. He was a practicing physician for 78 years.

A native of Dupont, Dr. Rawlings was graduated in 1880 from the College of Physicians and Surgeons at Baltimore. He practiced for 17 years at Wirt in Jefferson County before moving to Indianapolis 53 years ago. For several years Dr. Rawlings operated drugstores at three locations in Indianapolis.

Carroll A. Burroughs, M.D., 56, retired Frankfort physician, died in Clinton County Hospital February 9. He had been ill for two weeks.

Born in Jasper county, he received his degree in medicine from Indiana University School of Medicine in 1930 and was in the practice of medicine in Frankfort from 1932 until 1954. Since then he has devoted full time to his position as medical examiner for a life insurance company.

Dr. Burroughs was a member of Clinton County Medical Society, the Indiana State Medical and American Medical Associations. He was also a member of the Association of Life Insurance Medical Directors of America and held church and lodge memberships.

Marquis L. Meek, M.D., 101 years old, died February 10 in his Abington home. Although in retirement for more than 20 years, Dr. Meek had been in good health until recently.

A life resident of Abington in Wayne County, Dr. Meek attended the Central College of Physicians and Surgeons in Indianapolis in 1879 and 1880. He received his degree from that school in 1895.

He was a member of a family of physicians and the great-grandson of John Smith, one of the founders of Richmond. Since his retirement he had devoted his time to his farming interests.

Dr. and Mrs. Meek celebrated their sixty-ninth wedding anniversary in November last year.

William L. Gilkinson, M.D., 84, retired Martin county physician, died February 11. He had been seriously ill for two weeks.

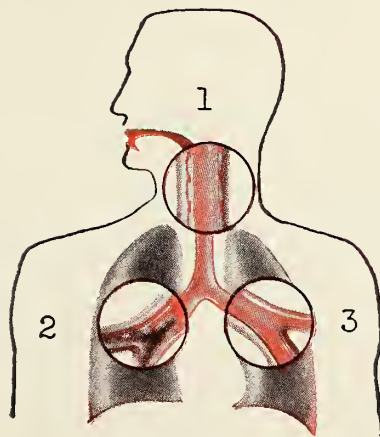
Dr. Gilkinson was born in Martin county and had spent his entire life in that area. He was graduated in 1906 from the Indiana Medical College, School of Medicine of Purdue University, Indianapolis. He practiced for many years in Loogootee and later in Shoals.

Dr. Gilkinson was a senior member of Daviess-Martin County Medical Society, the Indiana State Medical Association, and the American Medical Association.

Rutherford B. McArthur, M.D., 73, Indianapolis physician since 1926, died suddenly while obtaining his automobile license on January 31.

Dr. McArthur was a native of Red Springs, North Carolina, studied at Bennett College and Shaw University in that state and was graduated from Meharry Medical College, Nashville, Tennessee, in 1912.

breaks up cough *



* Drawing shows how 3-pronged attack of **Pyribenzamine Expectorant with Ephedrine** breaks up cough by: (1) reducing histamine-induced congestion and irritation throughout the respiratory tract; (2) liquefying thick and tenacious mucus; (3) relaxing bronchioles. Pyribenzamine Expectorant with Codeine and Ephedrine also available (exempt narcotic). Pyribenzamine® citrate (tripelennamine citrate CIBA). C I B A

NEWS NOTES—from State and Nation

ISMA Members May Earmark \$10 for Specific School

It is not generally known that each individual member of the Association is privileged to designate a specific medical school if he so wishes as the recipient of the \$10 segment of the annual dues which is assigned to the American Medical Education Foundation.

If members do not designate a medical school the \$10 contribution becomes a part of the general fund and is divided equally among all medical schools.

If a member has already paid his dues and has not designated a medical school and wishes to, he may inform his county society secretary of this fact, and when the county secretary informs the Association Headquarters Office, the member's contribution will be earmarked as he desires.

Dr. William H. Norman, Indianapolis, attended a luncheon in the Hotel Biltmore, New York City, on December 16. The event honored Dr. Bradley L. Coley, prominent professor of clinical surgery, who has retired from part of his surgical practice to take charge of the bone tumor clinic at Memorial Hospital.

Advance registration forms for the Thirteenth National Industrial Health Conference to be held in Atlantic City on April 19-25 may be obtained from Dr. Edward C. Holmblad, Managing Director, Industrial Medical Association, 28 East Jackson Boulevard, Chicago 4, Illinois. A copy of the preliminary agenda is also available.

Dr. Robert J. Ballard, a 1942 graduate of Indiana University School of Medicine, has

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Associate Medical Director

joined the staff of the Walters Clinic in Michigan City where he will specialize in internal medicine. Dr. Ballard was in general practice in Lebanon for 12 years after completing his Methodist Hospital internship in Indianapolis. He is a native of Lebanon. Since leaving there he has taken postgraduate work at the University of Colorado, served a residency in internal medicine at Colorado State Hospital, and has just completed a residency at Hines Veterans Hospital, Hines, Illinois.

Dr. and Mrs. Ballard live at 1524 Lake Shore Drive, Michigan City.

Indiana Physician Given U. of Panama Honor

Dr. Franklin B. Peck, Sr., Indianapolis, director of Medical Research Cooperation for Eli Lilly and Company, was honored recently when the Academy of Medicine and Surgery of the University of Panama granted him the title of "Academy de Honor", a scientific entity accompanied by a medal and diploma. The award previously had been presented to two medical research scientists. Honored with Dr. Peck was Dr. Walter Freeman, George Washington University neurologist.

Dr. Peck, who recently returned from an extensive tour of Latin-American countries where he delivered more than 30 lectures, received the Panamanian honor following a lecture and a clinic he held at Gorgas Hospital, Panama.

He was also given honorary membership in the Medical Association of Argentina and the Medical Society of Santiago, Chile, and a citation of honor by the Diabetic Association of Peru.

Continued

Research grants totaling \$7,634,327 were awarded during the month of December 1957 by the National Institutes of Health, the Public Health Service's research center at Bethesda, Maryland. Of the 545 grants, 309 totaling \$4,895,000 were awarded to new projects. Recipients of the federal grants were located in 40 states, the District of Columbia, 1 territory, and 4 foreign countries.

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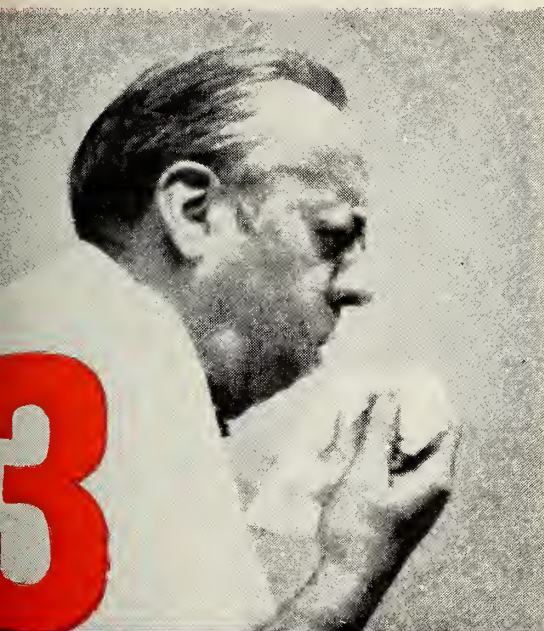
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(equivalent to 3.5 mg. neomycin base)	
Benzocaine	5 mg.



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Plastic Surgeons Organize Ohio Valley Society

Plastic surgeons of Ohio, Indiana, Kentucky and West Virginia met at the Indiana University Medical Center January 20 when they completed organization of the Ohio Valley Plastic Surgery Society. Thirty-three surgeons attended the meeting.

Officers elected were Dr. Clifford Kiehn, Cleveland, president; Dr. J. J. Longacre, Cincinnati, vice president; and Dr. John M. Tondra, Indianapolis, secretary-treasurer.

The first annual convention of the society will be held in Cleveland next year.

Dr. Albert E. Weiss, a native of Toledo and a graduate of the University of Cincinnati College of Medicine, has joined the staff of Doctors' Hospital at Michigan City. He has just completed more than three years service in the U. S. Navy. Dr. and Mrs. Weiss and their daughter are living at 1202 Lake Shore Drive, Michigan City.

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Pan American Medical Women's Alliance to Meet in Miami

All women physicians are invited to attend the Sixth Congress of the Pan American Medical Women's Alliance to be held in Miami, Florida, April 14-17 with headquarters at the Hotel McAllister. Registrations are anticipated from Canada, the United States, Mexico and the Latin American countries.

Following the three-day session in Miami two post-Congress trips are planned, one to Washington, D. C. during the time of the Pan American Music Festival, April 18-20, and the other a Caribbean cruise for several days.

Additional information concerning the Alliance and the Congress may be obtained by writing to Dr. Hilla Sheriff, Publicity Chairman, Division of Maternal and Child Health, S. C. State Board of Health, Columbia 1, South Carolina.

Dr. Martha O'Malley, director of the Division of Hospital and Institutional Services, Indiana State Board of Health, Indianapolis, is publicity chairman for Indiana.

The chairman in charge of the scientific program for the Miami meeting is Dr. Ethel John Wood, North Hollywood, California.

Drs. Charles H. Caylor, Robert B. Milroy, and Joel S. Webster have joined the staff of Caylor-Nickel Clinic Hospital in Bluffton. Dr. Caylor, son of Dr. Truman Caylor, is a urologist; Dr. Milroy, a radiologist; and Dr. Webster, a cardiologist.

Dr. Caylor is a 1953 graduate of Stritch School of Medicine, Loyola University; Dr. Milroy was graduated in 1941 from the University of Illinois; and Dr. Webster received his degree in medicine in 1953 from the University of Maryland School of Medicine and College of Physicians and Surgeons at Baltimore.

In addition to the new members of the permanent staff, Dr. Adam C. Stevens, 1956 graduate of the Chicago School of Medicine, is serving a residency in radiology at the Bluffton Clinic.



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J. A. M. A. 166:158, 1958; Welsh, A. L. and Ede, M.
"...prompt remissions of...acute phases."
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1. Clyman, S. G.: Postgrad. Med. 21:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey 53:37, 1956.
3. Abrams, B. P. and Shaw, C.: Clin. Med. 3:839, 1956.
4. Welsh, A. L. and Ede, M.: Ohio State M. J. 50:837, 1954.
5. Bleiberg, J.: Am. Practitioner 5:1404, 1957.



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Indiana Physicians Talk to Several Civic Groups

Throughout Indiana an increasing number of physicians are appearing as guest speakers before lay organizations. Their ability to speak with authority on the topic uppermost in interest to most adults—their own health—has created new demands on physicians.

Among those who have filled recent speaking engagements are:

Dr. W. L. Niccum, Columbia City, who spoke to the Kiwanis Club in that city on January 29. His subject was "Health and Safety" and he approached it from the average citizen's viewpoint, stressing the need for early training of children in the home concerning health and safety measures, discussing the accident rate both in the home and on the highways, and suggesting that all organizations should combine forces in the fight against disease.

Dr. W. D. Snively, Jr., Evansville, who spoke to the Evansville Rotary club and appeared on an Evansville television program with excerpts from material gathered in con-

nection with the establishment of an historical medical exhibit in the new museum to be built in Sunset Park, Evansville. Dr. Snively also presented the material to the Vanderburgh County Medical Society and has talks scheduled before several other civic organizations.

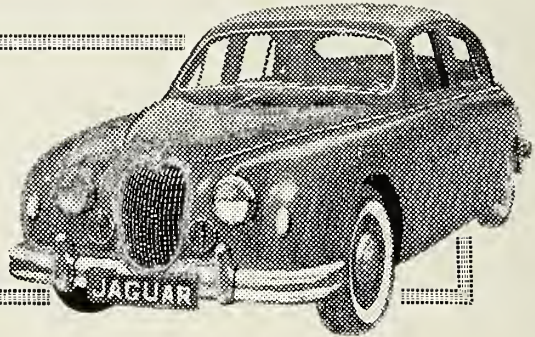
Dr. Emanuel Marcus, Hammond, addressed members of Coronado Council 3806, Knights of Columbus, at Calumet City. He presented an exhibit of the heart, outlining medical problems affecting that organ, and answering questions from many members. Dr. Marcus is author of "The Physiological Basis of Surgical Practice", "Principles of Surgery" and other publications, and is associate professor of surgery at Chicago Medical School.

Dr. Joseph P. Mudd, Clarksville, was the guest speaker at a recent meeting of the Clarksville Business and Professional Women's Club which was held in the offices of Dr. George W. Wolverton. The meeting had to be moved from its original location to accommodate the large crowd. Dr. Mudd spoke on

Continued

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Road & Track gives Jaguar "... unqualified praise"

From the sports car magazine of Europe, the breeding ground of fine sports cars and international racing, comes word that the new 3.4 litre sports sedan passed their road tests with "... unqualified praise". Now, Jaguar Midwest has the 3.4 sports sedan here in Indianapolis.

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In pain. Anxious. Fearful. On the road to cardiac invalidism. These are the pathways of angina patients. For fear and pain are inexorably linked in the angina syndrome.

For angina patients—perhaps the next one who enters your office—won't you consider new CARTRAX? This doubly effective therapy combines PETN (pentaerythritol tetranitrate) for lasting vasodilation and ATARAX for peace of mind. Thus CARTRAX relieves not only the anginal pain but reduces the concomitant anxiety.

Dosage and supplied: begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated, this may be increased for more optimal effect by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100. CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

*"Cardiac patients who show significant manifestations of anxiety should receive ataractic treatment as part of the therapeutic approach to the cardiac problem."*¹

1. Waldman, S., and Pelner, L.: Am. Pract. & Digest Treat. 8:1075 (July) 1957.
*TRADEMARK



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"Hypnosis". A film "Survival Is Not Enough", furnished by the Infantile Paralysis Foundation, was also shown.

Dr. Thomas C. Moore, Muncie, spoke at the January meeting of the Randolph County School Health Council. He discussed leukemia and also told of the progress being made in heart surgery.

Franklin Physicians Move to Recently Completed Building

Dr. Walter L. Portteus and Dr. Jack L. Walters have moved to their new offices at 1551 North Main Street, Franklin, where open house was held on February 2. The modern one-story building contains four treatment rooms, a laboratory, large waiting room, a physiotherapy room, and a minor surgery room.

Of concrete block construction with wood paneled front, the building is air-conditioned. Situated on a large lot which provides ample parking space, a driveway circles the building, permitting convenient access to street and highway.

Dr. Richard Connelly has returned to Fort Wayne after completing two years service with the Army Medical Corps at Fort Benning, Georgia. He has resumed his medical practice in association with Dr. Edward G. McArdle, 2201 South Calhoun Street, Fort Wayne. Dr. Connelly is a graduate of Indiana University School of Medicine and served his internship in 1954-55 at St. Joseph's Hospital, Fort Wayne. He held the rank of captain and was a dispensary surgeon during his army service.

The Wisconsin Academy of General Practice is accepting applications for scientific exhibits at the Academy's annual assembly, September 15-16, 1958. Approximately 20 scientific exhibits will be accepted for the meeting in Milwaukee Auditorium. Scientific exhibits will be in Bruce Hall. Booth space will be provided without cost for those exhibits accepted by the committee. Details may be obtained from Robert A. Dufour, Executive Secretary, Wisconsin Academy of General Practice, 758 North 27th Street, Milwaukee 8, Wisconsin.

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Space Travel on Agenda of Aero Medical Association

The program for the annual meeting of the Aero Medical Association at the Statler Hotel, Washington, D. C. on March 24-26 will cover many of the recent developments in aviation and space medicine.

Specialists will review studies of human responses to weightlessness, the vacuum of space, and cosmic radiation. They will develop the ramifications of life under the extraordinary conditions of space travel.

More general interests will also receive special attention. Sessions have been planned on acceleration, oxygen equipment, hypoxia and hyperoxia, human behavior, sensory problems, hyper- and hypothermic stress, physiology, psychology, civil aviation medicine, and clinical problems.

The program has been made sufficiently broad to serve all interests and arranged in three simultaneous sessions so each participant can select the material which best suits his interests.



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A highlight of the program will be the Louis H. Bauer Lecture by Dr. Rodolfo Margaria, professor of physiology and biochemistry at the University of Milan, Milan, Italy.

Special activities, including a tea and fashion show, tour of the White House, an embassy tour and visits to the Voice of America and the new wax museum have been planned for wives of members. The Aero Medical Association and a group of business organizations have planned the activities for wives.

Information on the annual meeting was received from Dr. Ashton Graybiel, Marion, Ohio, president of the Aero Medical Association.

Kokomo Physician Honored by Club on 91st Birthday

Dr. Aubrey W. Holcombe, Kokomo physician for 65 years, was surprised when he attended Rotary club meeting in the Hotel Frances, Kokomo, on February 4 to learn the program was devoted to him.

A former president of the Kokomo Rotary club, Dr. Holcombe was the subject of a "This Is Your Life" type program in which his daughter, Mrs. Harold Park of Hamilton, Ontario, his sister, Mrs. Aubrey Pebworth and Dr. Pebworth of Indianapolis; some of his golfing companions and others participated. He was honored as a doctor, a churchman, a Rotarian, and a sportsman.

Eighteen past presidents of the club were present. A gift was presented to Dr. Holcombe and congratulatory messages read from friends unable to attend.

The program closed with the singing of "Sweet Adeline", the honored guest's favorite song, by a group of club members including Drs. Reuben Craig, Jr., and Dr. Marvin Golper.

Dr. Howard V. Kuder, former Muncie pediatrician, has joined the staff of Eli Lilly and Company, Indianapolis. He is a 1944 graduate of Georgetown University School of Medicine, Washington, D. C.

Continued

World Congress of Gastroenterology in U. S.

The American Gastroenterological Association will be host May 25-31 to the World Congress of Gastroenterology in the Sheraton Park Hotel, Washington, D. C.

To date, 44 countries have indicated active participation in the Congress. More than 200 individuals will appear on the program; 36 from the United States and the remainder from 43 foreign countries.

Simultaneous interpretation in four languages has been planned. Translations to and from the German language, Spanish, French and English will be available in the main auditorium throughout the meeting.

Programs and entertainment for families of those attending the Congress have been planned. More than 750 registrations had been received early in January.

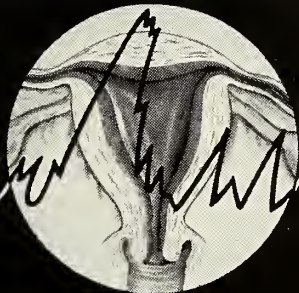
Meetings being held at the same time in Washington are the annual Scientific Meeting of the American Gastroenterological Association on May 30 and 31 in the same locations and using the same facilities;

American Gastroscopic Society, May 24 in the Shoreham Hotel, Washington; Gastroenterology Research Group, May 29, Sheraton Park Hotel, Washington, D. C.; and the American Association for the Study of Liver Diseases, May 31 in the Sheraton Park, Washington.

Information concerning the World Congress of Gastroenterology is available from Dr. H. Marvin Pollard, Secretary General, World Congress of Gastroenterology, University Hospital, Ann Arbor, Michigan.

The **Third International Congress of Allergology** will be held in Paris, France, October 19 through 26, 1958, according to an announcement by Dr. Jose M. Quintero Fossas, Havana, Cuba, the secretary-general. The Congress is sponsored by the International Association of Allergology and the French Allergy Association. Symposia with world authorities participating, luncheon conferences and sectional meetings are scheduled in addition to convention tours and activities

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for families who may accompany physicians to the Congress.

Physicians in the United States and Canada should contact Dr. Samuel M. Feinberg, 303 East Chicago Avenue, Chicago, Illinois for all information on program and papers to be presented. Reservations may be made through Dr. Bernard N. Halpern, 197 Boulevard St. Germain, Paris 7, France.

Psychiatric Speakers Bureau Offers Guest Lecturers

Development of postgraduate psychiatric education for the family physician is the purpose of "The General Practitioner Education Project", jointly sponsored by the American Psychiatric Association and the American Academy of General Practice.

One of the services of the new project is a speakers bureau, which is prepared to offer names of psychiatrists who are willing to serve as guest lecturers while taking their vacation trips. Medical societies, hospitals, and other groups interested in obtaining

names of speakers on psychiatric subjects should contact the G. P. Project, American Psychiatric Association, 1785 Massachusetts Avenue, N. W., Washington 6, D. C.

Dr. Joseph E. Coleman was elected chairman of the City-County Board of Health at the first 1958 meeting in Evansville. He has been a member of the board since 1955. Dr. Minor Miller was reappointed health officer for a four-year term.

At South Bend, Dr. Marion Hillman started a four-year term as a member of the Board of Health after reappointment. Other members of the board are Dr. Louis Sandock and Dr. F. R. Nicholas Carter, city health officer, secretary of the board.

Dr. Carl F. Stallman, Kendallville, has been named to succeed Dr. C. B. Goodwin, as a member of the Kendallville city board of health. He will finish Dr. Goodwin's unexpired term serving until December 31, 1958. Dr. Goodwin died recently. He had served many years on the board.



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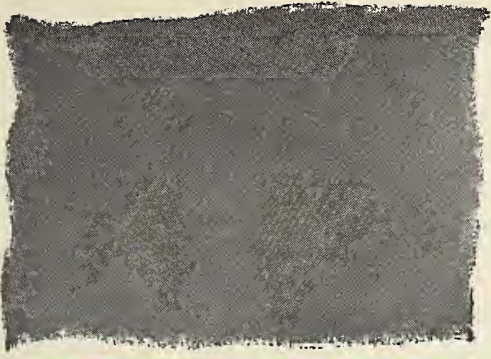
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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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CAPSULES contain 250 mg. tetracycline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin. **ORAL SUSPENSION** (cherry-mint flavored) Each 5 cc. teaspoonful contains 125 mg. tetracycline HCl equivalent (phosphate-buffered) and 125,000 units Nystatin.

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Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules or 8 tsp. of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

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Medical Assistants Plan Convention in Evansville

Gordon "Bish" Thompson has been chosen as the principal speaker for the second annual convention of the Indiana State Association of Medical Assistants, to be held April 26 and 27 in the McCurdy Hotel, Evansville. Humorist, philosopher, columnist and commentator, Mr. Thompson was winner of the Scripps-Howard Ernie Pyle Award for outstanding journalism in 1956.

The convention will feature two educational workshops which will be open to all medical assistants. "Medico-Legal Ethics and Technics" will be the subject of the workshop conducted by Herman McCray, Evansville attorney; and "Credit and Collection Management" with William A. Klaser in charge, the second workshop.

Registration will begin at 1 p.m. April 26 followed by the two workshops. Medical assistants will be guests of Professional Business Service at a reception and social hour followed by the President's banquet at 7 p.m. Saturday.

Vanderburgh County Medical Society and Evansville Medical Assistants will entertain those attending the convention for breakfast Sunday. The general business meeting, election and installation of officers will follow at 10 a.m.

Mead Johnson and Company, Evansville, will act as host for the luncheon Sunday. Roger Zion of the Mead Johnson public relations department will be the speaker.

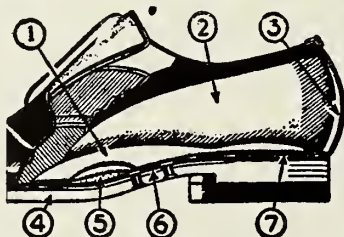
All members of the Indiana State Association of Medical Assistants, and all other medical assistants, are asked to make their reservations as early as possible with the reservations chairman, Mrs. Velma Evers, 322 North Fulton Avenue, Evansville. Hotel reservations are to be made directly with the McCurdy Hotel, Evansville, Indiana.

Layman's Practical Primer on Mental Illness Released

A 32 page booklet entitled "Basic Facts About Mental Illness" and designed to provide laymen with practical knowledge on the subject has recently been released. It was written by Harry Milt, Director of Public Information of the National Association for Mental Health. The booklet is recommended for all who work with people in a guidance, counseling and teaching capacity or in a supervisory position. It may be used as a text for students in health and welfare fields, or for students in psychology. It is written to enable a layman to recognize symptoms which may suggest referral of an individual to qualified medical sources for help. It is available at 50 cents per copy from Mental Health Materials Center, 1790 Broadway, New York 19, and at lower rates in larger quantities.

The Importance of Feet DESERVES PROPER SHOES

*fitted
by Heid's
like you
appreciate*



Basic lasts for the various shapes and contours of feet for men, women and children at reasonable prices.

Also orthopedic applications for new or already worn shoes — metatarsal bars, Thomas heels, sole and heel wedges, extensions, arch padding and transferable arch supports.

SHOES AND WEDGES FOR CHILDREN WITH FLATTENED FEET

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Advertisers

MY DAD— HE HURT HIS BACK REAL BAD

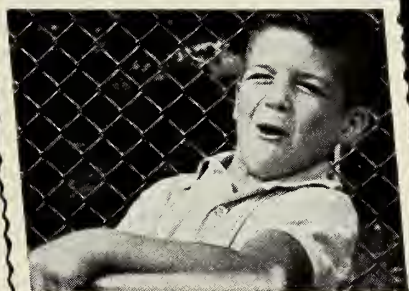
"It happened
at work
while he
was putting
oil in
something"



"He told
Mom his
shoulder
felt like
it was on
fire"



"He couldn't
swing a bat
without
hurting"



"But Doctor
gave him
some nice
pills--and
the pain
went away
fast"



"Dad said
we'd play
ball again
tomorrow
when he
comes home"



AND THE PAIN WENT AWAY FAST

FOR PAIN Percodan® TABLETS

(Salts of Dihydrohydroxycodone
and Homatropine, plus APC)

ACTS FASTER...
usually within 5-15 minutes

LASTS LONGER...
usually for 6 hours or more

MORE THOROUGH RELIEF...
permits uninterrupted sleep through the night

RARELY CONSTIPATES...
excellent for chronic or bedridden patients

and now... NEW Percodan® Demi

VERSATILE

New "demi" strength permits dosage flexibility to meet each patient's specific needs. PERCODAN-DEMI provides the PERCODAN formula with one-half the amount of salts of dihydrohydroxycodone and homatropine.

AVERAGE ADULT DOSE: 1 tablet every 6 hours. May be habit-forming. Available through all pharmacies.

Each PERCODAN® Tablet contains 4.50 mg. dihydrohydroxycodone hydrochloride, 0.38 mg. dihydrohydroxycodone terephthalate, 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. phenacetin, and 32 mg. caffeine.

Literature? Write



ENDO LABORATORIES
Richmond Hill 18, New York

Medical Library Services, Hours and Procedures Outlined for Users

THE MEDICAL LIBRARY reference and loan service is designed to provide the physicians of the state with library material and reference service not available in their local libraries. The reference librarian will conduct medical literature surveys, compile bibliographies, verify bibliographies, make available for loan requested or bibliographical material, and perform other medical reference activities upon request. Personnel limitations, certain time-consuming requests, or the limitations of the library collection in some instances may cause the reference librarian to refuse certain requests.

The procedures and instructions for using this service are:

1. *Reference requests:* Physicians seeking assistance in their reference problems should include the following information in their requests:

- a. Detailed statement of the subject of interest including the specific phases of the subject such as diagnosis, etiology, pathology, therapy, etc.
- b. State whether a complete literature search is desired or whether a certain period of time is to be covered.
- c. State what languages are to be covered.
- d. List journals or books which need not be checked because they are already available.

2. *Loan services:* Material listed in the bibliographies prepared by the reference librarian or requests for specific items by the physician will be mailed to the borrower. Requests for specific items should include the following information:

- a. *Periodicals:* Author(s), title of article, title of journal, volume, inclusive pagination of the article, and date.

- b. *Books:* Author(s), title of book, edition (if any), place, publisher, and date.

3. *Loan procedures and requirements:*

- a. A card is sent to the borrower at the time the material is mailed. This card indicates the date the items are to be returned to the library, the insurance value of the material, and the postage charges.
- b. Borrowers are expected to pay all mailing and insurance costs (payment to be made in stamps).
- c. Please return borrowed items promptly on the date due. Our collection is limited, and the faculty and students place heavy demands on the Library. If the items are needed for a longer period than originally specified, send renewal requests to the Library at least *four (4) days* before the date due. Items on loan will be renewed once if there are no other requests for the material.
- d. Fine regulations applicable to faculty and students are also enforced for other borrowers. A fine of *five cents (5c)* per day or fraction thereof will be assessed on each item not mailed on the date it is due.
- e. Library material which is lost or mutilated while in the custody of the borrower must be replaced or repaired at the borrower's expense. Total costs to the borrower are based on the *replacement, binding, or repair cost* of the item, a service charge of *fifty cents (50c)* per item, plus any *fines* which may have been incurred.

4. *Mailing procedures:*

- a. If the material is mailed directly to or by the borrower, the rate is *eight cents (8c)* for the first pound and *four cents (4c)* for each additional pound. In this instance

BOOK RATE should be written on the outside of the package. If the material is sent by the Medical Center Library to the borrower's local library, the rate is *four cents* (4c) for the first pound and *one cent* (1c) for each additional pound. If the second procedure is chosen, the name of the library with which the necessary arrangements have been made should be given.

- b. Great care should be taken in wrapping packages for return to the Library. A library-addressed mailing label is enclosed in all packages sent to the borrower for returning the material. The Library address is:

Reference Department
Indiana University Medical Center
Medical School Library
1100 West Michigan Street
Indianapolis 7, Indiana

Library Hours (except holidays and vacation periods):

Monday through Thurs..8:00 a.m.-10:00 p.m.
Friday -----8:00 a.m.- 8:00 p.m.
Saturday -----8:00 a.m.- 5:00 p.m.
Sunday -----1:00 p.m.- 5:00 p.m.

AID IN BATTLING THOSE TAX FORMS

Don't let those income tax forms get you down! Now's the time to write to the AMA Law Department for its new booklet—"The Federal Income Tax Guide for Physicians"—for answers to some of your most perplexing tax problems. This timely new booklet has been compiled from court decisions as well as rulings, regulations and publications of the Internal Revenue Service. It has been designed to give physicians a better understanding of their rights and obligations under federal income tax laws. The Law Department staff has only one word of advice: Do not consider this booklet as a **substitute** for the services of a personal tax advisor! Incidentally, this material is also scheduled to appear in the JOURNAL of the AMA.



release from pain and inflammation

with **BUFFERIN**[®] **IN ARTHRITIS**

salicylate benefits with
minimal salicylate drawbacks

Rapid and prolonged relief—with less intolerance. The analgesic and specific anti-inflammatory action of BUFFERIN helps reduce pain and joint edema—comfortably. BUFFERIN caused no gastric distress in 70 per cent of hospitalized arthritics with proved intolerance to aspirin. (Arthritics are at least 3 to 10 times as intolerant to straight aspirin as the general population.)

No sodium accumulation. Because BUFFERIN is sodium free, massive dosage for prolonged periods will not cause sodium accumulation or edema, even in cardiovascular cases.

Each *sodium-free* BUFFERIN tablet contains acetylsalicylic acid, 5 grains, and the antacids magnesium carbonate and aluminum glycinate.

Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

ANOTHER FINE PRODUCT OF BRISTOL-MYERS

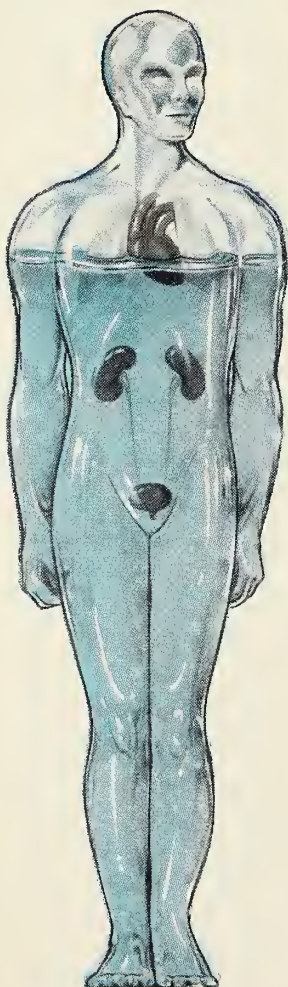
Bristol-Myers Company
19 West 50 St., New York 20, N. Y.

'DIURIL'

(CHLOROTHIAZIDE)

in

EDEMA



Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

BENEFITS:

- The only orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials.
- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
- Promotes balanced excretion of sodium and chloride—without acidosis.

Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' and 'INVERSINE' are trade-marks of Merck & Co., Inc.



MERCK SHARP & DOHME

Division of MERCK & CO., Inc., Philadelphia 1, Pa.

as simple
as **1-2-3**
in

HYPERTENSION

1 INITIATE 'DIURIL' THERAPY

'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS

The dosage of other antihypertensive medication (reserpine, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION

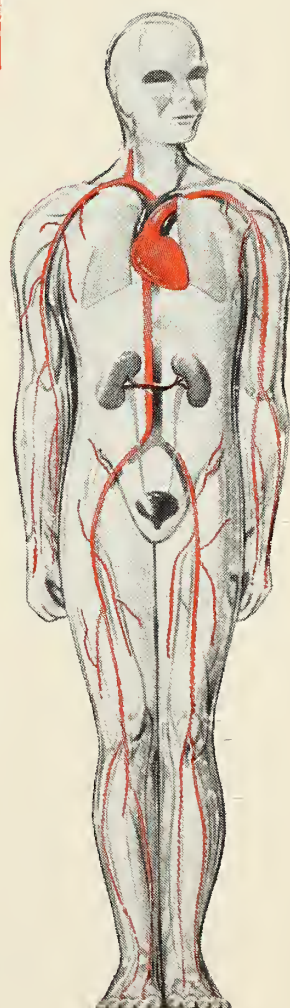
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'



Society Reports

INDIANA STATE MEDICAL ASSOCIATION

The Council

January 19, 1958

The Council of the Indiana State Medical Association convened for its midwinter meeting at 10:00 a.m., Sunday, January 19, 1958, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Roll call showed the following present:

Councilors:

First District—William B. Challman, Mount Vernon
Second District—J. H. Crowder, Sullivan
Third District—Keith Hammond, Paoli; John M. Paris, New Albany, alternate councilor and AMA alternate delegate
Fourth District—J. E. Dudding, Hope; George S. Row, Osgood, alternate councilor
Fifth District—Robert K. Webster, Brazil
Sixth District—Harry P. Ross, Richmond; W. R. Tindall, Shelbyville, alternate councilor
Seventh District—Ralph V. Everly, Indianapolis
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate councilor and AMA delegate
Ninth District—Kenneth O. Neumann, Lafayette
Tenth District—James P. Vye, Gary; Ralph C. Eades, Valparaiso, alternate councilor
Eleventh District—Max R. Adams, Flora
Twelfth District—Not represented
Thirteenth District—G. O. Larson, LaPorte

Officers:

M. C. Topping, Terre Haute, president
Kenneth L. Olson, South Bend, president-elect
O. W. Sicks, Indianapolis, treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor
A. W. Cavins, Terre Haute, associate editor

Executive Committee:

E. H. Clauser, Muncie, chairman
Don E. Wood, Indianapolis, member, and chairman of Commission on Legislation

Guests:

Wendell C. Stover, Boonville, AMA delegate
Earl W. Mericle, Indianapolis, AMA delegate
E. S. Jones, Hammond, AMA delegate
Walter L. Porteus, Franklin, AMA alternate delegate and past president, ISMA

Past Presidents, ISMA:

F. S. Crockett, Lafayette
Carl H. McCaskey, Indianapolis
Cleon A. Nafe, Indianapolis
William Harry Howard, Hammond
Charles N. Combs, Terre Haute
James M. Leffel, Indianapolis; Harold C. Ochsner, Indianapolis, Council of Indianapolis Medical Society
John D. VanNuys, Indianapolis, dean, I. U. School of Medicine
Edward B. Smith, Indianapolis, chairman, Scientific Program and Instructional Courses Committee
Jack G. Weinbaum, Terre Haute, chairman, Scientific Exhibits Committee

Harry Pandolfo, Indianapolis, chairman, Commission on Public Information
M. O. Seamahorn, Pittsboro, chairman, Commission on Special Activities
Robert D. Pickett, Indianapolis, trustee, Levey Memorial Foundation
Glen Ward Lee, Richmond, chairman, Commission on Governmental Medical Services
C. P. Clark and M. Richard Harding, Indianapolis, representing Indiana Academy of Ophthalmology and Otolaryngology
Mr. John B. Twyman, Gary, executive secretary, Lake County Medical Society

Staff:

Albert Stump, Indianapolis, attorney
Robert Hollowell, Indianapolis, attorney
Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Wayne Worick, field secretary
J. A. Waggener, executive secretary

On motion of Dr. Neumann, duly seconded, the minutes of the meetings of the Council held at French Lick on October 6 and 9, 1957, were approved as printed in the December, 1957, issue of *The JOURNAL*.

On motion of Drs. Everly and Larson, the minutes of the January 12, 1958, meeting, held at the headquarters office of the State Medical Society of Wisconsin at Madison, were approved.

REPORTS OF COUNCILORS

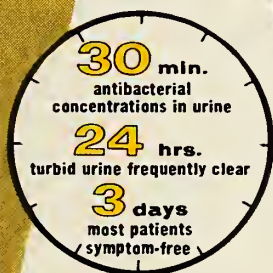
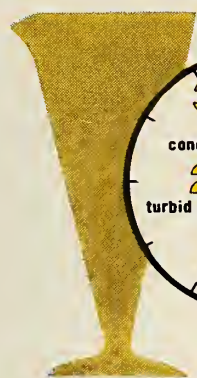
Dr. Challman presented a request from the Pike County Medical Society for permission to affiliate with the Daviess-Martin County Medical Society, in order to form a Tri-county Medical Society, which would take Pike county out of the First District and place it in the Second District. On motion of Drs. Challman and Vye this transfer was approved by the Council.

The chairman then read Article VII of the Constitution which states that "Councilor districts shall be defined by the House of Delegates." Withdrawal of the above motion was taken by consent, and Dr. Challman is to instruct the Pike County Medical Society to present a resolution regarding its desire to transfer from the First District to the Second District to the House of Delegates.

District meetings were reported scheduled as follows for 1958:

First District—
Second District—
Third District—New Albany, May 14, 1958
Fourth District—North Vernon, May 7, 1958
Fifth District—Brazil, _____, 1958
Sixth District—Greenfield, May 8, 1958
Seventh District—
Eighth District—Muncie, June 11, 1958
Ninth District—Tipton, May 22, 1958
Tenth District—Crown Point, May 14, 1958
Eleventh District—Peru, _____, 1958
Twelfth District—Fort Wayne, _____, 1958
Thirteenth District—South Bend, November __, 1958

in
pyelonephritis
delay is
dangerous...



FURADANTIN[®]

BRAND OF NITROFURANTOIN

first...
for rapid eradication of infection

In the majority of 112 cases of acute, persistent or relapsing urinary tract infections "nitrofurantoin [FURADANTIN] was effective clinically, with a pronounced improvement, indicated by the appearance of the urine as well as by verbal commendation by the patient, within 24 to 36 hours . . . Some of these patients with seemingly impossible cases were cured of their infection."*

FURADANTIN *first* because of these advantages: a specific for urinary tract infections • rapid bactericidal action • negligible development of bacterial resistance • nontoxic to kidneys, liver and blood-forming organs.

AVERAGE DOSAGE: ADULTS—four 100 mg. tablets daily; 1 tablet during each meal and 1 on retiring, with food or milk. In acute, uncomplicated infections, 50 mg. q.i.d. may be prescribed. If patient is unresponsive after 2 to 3 days, increase dose to 100 mg. q.i.d.

CHILDREN—5 to 7 mg. per Kg. (2.2 to 3.1 mg. per lb.) per 24 hours.

SUPPLIED: Tablets, 50 and 100 mg. Oral Suspension (25 mg. per 5 cc. tsp.).

* Stewart, B. L., and Rowe, H. J.: J. Am. M. Ass. **160**:1221, 1956.



EATON LABORATORIES, NORWICH, NEW YORK

Nitrofurans—a new class of antimicrobials—neither antibiotics nor sulfonamides

REPORTS OF OFFICERS

DR. M. C. TOPPING, *president*: "The President has been pretty busy. I can give you a brief run-down of what has happened.

"I attended the AMA Interim Session at Philadelphia, December 3rd to 6th, and the Medicare Conference at Philadelphia following the AMA Session.

"We had meetings of all the Commissions during January and the Commissions, I might say, are certainly working out very well, even beyond all of our expectations, and doing a tremendous amount of work. Incidentally, they are spending a little more money than we thought they were going to but it is, I think, well worth the additional money because of the good job they are doing.

"I have been making a trip to Indianapolis nearly every week during the past three months, except during the last three weeks in December in which things slowed down a little bit.

"I have had considerable correspondence and telephone calls, a great deal of it, of course, over this new building controversy. I might say, along those lines, that there has been some question about whether the Association's building on the campus would result in marriage to the University.

"We have successfully negotiated an advance payment of \$82,000 from the Government to finance Medicare.

"We have obtained 24 new AMA members as a result of correspondence with 169 possible members in the state, so that we now need only six more AMA members in the state to get a new delegate and alternate to the AMA from the State Association.

"In summary, I might say during the last three months I have traveled 4,459 miles and I have spent \$352.12 out of pocket, not including airline tickets and hotel expenses."

DR. KENNETH L. OLSON, *president-elect*: "I have nothing special except I also was at the Philadelphia A. M. A. interim session and attended the Medicare meeting. I am on the Medicare Committee of the State Association and we are trying to iron out the problems of Medicare."

DR. O. W. SICKS, *treasurer*, presented the following report for the year ending December 31, 1957, compiled by George S. Olive and Company, certified public accountants:

January 13, 1958.

The Council,
Indiana State Medical Association,
Indianapolis, Indiana.

Gentlemen:

We have examined the accounts and financial records of the Indiana State Medical Association as of December 31, 1957, maintained on a cash receipts and disbursements basis. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such

tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements, on a cash receipts and disbursements basis, present fairly the position of the Indiana State Medical Association at December 31, 1957, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,
GEO. S. OLIVE & CO.,
Certified Public Accountants.

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION Statement of Assets, All Funds, At December 31, 1957

GENERAL FUND:

Cash on deposit—Exhibit C	\$ 3,742.84
Petty cash fund-----	1,500.00
Loan to North Central District Blood Bank Clearing House -----	1,000.00
Investments:	
U. S. Treasury certificates of indebtedness—series A -----	\$ 10,000.00
U. S. Treasury bonds -----	115,000.00
U. S. Savings bonds -----	96,000.00
	<hr/>
	221,000.00
	<hr/>
	\$227,242.84

Deduct: Due to Medicare Fund -----	218.55
	<hr/>

Total general Fund ----- \$227,024.29

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION:

Cash on deposit—Exhibit D \$ 2,702.27

MEDICAL DEFENSE FUND:

Cash on deposit—Exhibit E	\$ 1,249.62
Investments:	
U. S. Treasury bills -----	3,000.00
U. S. Treasury bonds -----	14,000.00
U. S. Savings bonds -----	9,000.00
	<hr/>
	26,000.00

Total Medical Defense Fund ----- 27,249.62

STUDENT LOAN FUND:

Notes receivable from medical students -----	\$ 10,725.00
Investments:	
U. S. Treasury bills-----	5,000.00
	<hr/>
	15,725.00
Deduct: Bank overdraft—exhibit F -----	374.47
	<hr/>
Total Student Loan Fund	15,350.53

mg./ml.

700

600

500

400

300

100

75

50

25

new

sulfonamide formula

for urinary tract infections

UNEXCELLED SOLUBILITY

optimal concentrations at site of infection; avoids crystalluria

BROAD ANTIBACTERIAL RANGE

active against wide range of urinary pathogens, including staphylococci, gonococci, *Escherichia coli*

QUICK SYMPTOMATIC RELIEF

hyoscyamus component quickly relieves pain and burning

FREEDOM FROM TOXIC EFFECTS

low degree of acetylation; no forcing of fluids or alkalization needed

Uronamide

Each tablet or 5-cc. tsp. provides 250 mg. sulfamethylthiadiazole, 250 mg. sulfacetamide, and equiv. of 0.015 mg. alkaloids of *Hyoscyamus niger*.

DOSAGE: Adults—2 tablets or 2 tsp. q.i.d. first 2 days, thereafter, 1 tablet or 1 tsp. q.i.d.

Children—1 cc. (16 drops) syrup per 10 lb. body weight first 2 days, thereafter, 0.5 cc. (8 drops) per 10 lb. **SUPPLIED:** Tablets, bottles of 50 and 500. Syrup, 1-pt. and 1-gal. bottles.

Flint,
Decatur, Illinois

EATON & COMPANY

TABLETS
SYRUP

Trademark

SULFAMETHYLTHIA DIAZOLE

SULFISOXAZOLE

TRIPLE SULFA

GRAPH OF COMPARATIVE SOLUBILITIES

pH

5.0

5.5

6.0

6.5

7.0

"Sulfamethylthiadiazole ... effective chemotherapeutic agent in urinary infection...tolerated quite well ... bacterial spectrum is comparable to that of sulfadimethine and sulfisoxazole."¹

"[Sulfacetamide]...among the least toxic but one of the most effective of the sulfonamides against urinary tract pathogens."²

1. Hughes, J., et al.: *South. M. J.* 47:1082, 1954.
2. Kerley, L., and Headlee, C. P.: *J. Am. Pharm. A. (Scient. Ed.)* 48:82, 1956

MEDICARE FUND:

Cash on deposit—exhibit G	\$ 26,012.84
"Medicare" claims paid for which reimbursement has not yet been received—exhibit G	49,780.11
Due from general fund	218.55
	<u>\$ 76,011.50</u>
Deduct: Note payable—The Indiana National Bank of Indianapolis	75,000.00
	<u>1,011.50</u>
Total Medicare Fund	1,011.50
TOTAL ASSETS, ALL FUNDS—exhibit B	<u>\$273,338.21</u>

Exhibit B

INDIANA STATE MEDICAL ASSOCIATION **Analysis of Increase in Assets, All Funds,** **Year Ended December 31, 1957**

TOTAL ASSETS, DECEMBER 31, 1957—	
exhibit A	<u>\$273,338.21</u>
TOTAL ASSETS, JANUARY 1, 1957	<u>271,980.17</u>
NET INCREASE	<u>\$ 1,358.04</u>

Arising from the following sources:

Excess of operating cash receipts over operating cash disbursements, year ended December 31, 1957:	
General fund—exhibit C:	
Receipts	\$137,393.84
Disbursements	129,938.90
	<u>\$ 7,454.94</u>

Student Loan fund—exhibit F:	
Receipts	162.15
Disbursements	-----
	<u>162.15</u>

Indiana Medical Education Foundation Fund—exhibit H:	
Receipts	5,662.50
Disbursements	5,662.50
	<u>-----</u>
	<u>\$ 7,617.09</u>

Deduct: excess of operating cash disbursements over operating cash receipts, year ended December 31, 1957:	
The Journal of the Indiana State Medical Association—exhibit D:	
Disbursements	65,969.19
Receipts	60,098.66
	<u>5,870.53</u>
Medical Defense fund—exhibit E:	
Disbursements	5,666.14
Receipts	5,484.67
	<u>181.47</u>

Medicare fund—exhibit G:	
Disbursements	\$170,584.40
Receipts	170,377.35
	<u>207.05</u>

NET INCREASE	<u>\$ 1,358.04</u>
---------------------	---------------------------

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION **Comparative Statement of Cash Receipts and Disbursements, Years Ended December 31, 1957,** **and December 31, 1956**

GENERAL FUND

	Year Ended Dec. 31, 1957	Year Ended Dec. 31, 1956	Increase (Decrease)
CASH BALANCE			
(OVERDRAFT) -	\$(686.99)	\$13,497.53	\$(14,184.52)
RECEIPTS:			
Membership dues—current year	107,666.00	105,464.00	2,202.00
Membership dues—1958 dues received in advance	4,389.00	-----	4,389.00
Income from exhibits	12,225.00	21,205.00	(8,980.00)
Interest income and discount on securities purchased	6,516.27	6,515.59	.68
Interest income of prior years received by the Medical Defense fund, transferred to the general fund—exhibit E	75.00	-----	75.00
Deduct: Interest income held by Medical Defense fund—exhibit E	-----	(100.00)	100.00
Instructional courses	391.00	623.50	(232.50)
Collections on notes and scholarship agreements	292.05	700.00	(407.95)
Reimbursement of special committees' expenses incurred in administering the "Medicare" program	5,839.52	-----	5,839.52
Payment stopped on prior years' outstanding checks	-----	40.70	(40.70)
Total—exhibit B	137,393.84	134,448.79	2,945.05
Redemption of securities	60,000.00	82,000.00	(22,000.00)

	Year Ended		Increase (Decrease)
	Dec. 31, 1957	Dec. 31, 1956	
Reimbursement from Medical Defense fund for securities purchased in 1956—exhibit E	2,974.89	-----	2,974.89
Total receipts--	200,368.73	216,448.79	(16,080.06)
BEGINNING BAL- ANCE PLUS CASH			
RECEIPTS -----	199,681.74	229,946.32	(30,264.58)
DISBURSEMENTS:			
Operating cash disbursements — exhibit B, schedule C-1 --	129,938.90	124,658.42	5,280.48
Transfer to Student Loan fund exhibit F -----	5,000.00	10,000.00	(5,000.00)
Transfer to Medi-care fund—exhibit G -----	1,000.00	-----	1,000.00
Purchase of securities—general fund -----	60,000.00	92,000.00	(32,000.00)
Purchase of securities for Medical Defense fund—exhibit E -----	-----	2,974.89	(2,974.89)
Loan to North Central District Blood Bank Clearing House -----	-----	1,000.00	(1,000.00)
Total disbursements-----	195,938.90	230,633.31	(34,694.41)
CASH BALANCE AT END OF YEAR -----	3,742.84	(686.99)	4,429.83

(Exhibit A)

Exhibit D

INDIANA STATE MEDICAL ASSOCIATION Comparative Statement of Cash Receipts and Disbursements

Years Ended December 31, 1957, and December 31, 1956

THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

	Year Ended		Increase (Decrease)
	Dec. 31, 1957	Dec. 31, 1956	
CASH BALANCE --\$	8,572.80	\$ 6,932.62	\$ 1,640.18
RECEIPTS:			
Subscriptions—members—schedule C-1 --	11,820.00	11,547.00	273.00
Subscriptions—non-members--	213.00	266.00	(53.00)
Advertising -----	46,030.92	44,352.01	1,678.91
Refund of postage	.71	-----	.71
Single copy sales --	337.93	150.50	187.43
Sale of reprints--	1,646.10	1,805.39	(159.29)
Sale of scrap metal -----	-----	89.60	(89.60)
Sale of typewriter	50.00	-----	50.00
Total receipts—exhibit B--	60,098.66	58,210.50	1,888.16

BEGINNING BAL- ANCE PLUS CASH

RECEIPTS -----	68,671.46	65,143.12	3,528.34
DISBURSEMENTS:			
Salaries -----	10,711.44	10,451.55	259.89
Printing and reprints -----	48,420.59	39,898.32	8,522.27
Office expense ---	444.47	775.80	(331.33)
Electrotypes ----	2,265.57	2,255.28	10.29
Press clippings --	141.00	139.30	1.70
Rent and electricity -----	1,465.38	1,170.46	294.92
Bulk mailing and addressing ----	940.72	945.70	(4.98)
Telephone and telegraph -----	254.05	276.91	(22.86)
Federal insurance contributions--	211.31	187.80	23.51
Indiana and federal unemployment compensation tax -----	31.57	31.57	-----
Blue Cross hospital insurance--	102.00	88.80	13.20
Copyright fees --	48.00	48.00	-----
Miscellaneous supplies -----	-----	2.10	(2.10)
Envelopes -----	159.80	147.30	12.50
Photographs ----	126.00	13.50	112.50
Purchase of typewriter -----	418.70	-----	418.70
Miscellaneous ---	228.59	137.93	90.66
Total disbursements—exhibit B -----	65,969.19	56,570.32	9,398.87

CASH BALANCE AT END OF

YEAR -----	\$ 2,702.27	\$ 8,572.80	\$(5,870.53)
	(Exhibit A)		

Exhibit E

INDIANA STATE MEDICAL ASSOCIATION

Comparative Statement of Cash Receipts and Disbursements

Years Ended December 31, 1957, and December 31, 1956

MEDICAL DEFENSE FUND

	Year Ended		Increase (Decrease)
	Dec. 31, 1957	Dec. 31, 1956	
CASH BALANCE --\$	4,405.98	\$ 8,496.14	\$(4,090.16)
RECEIPTS:			
Transfer of applicable portion of dues from the general fund—schedule C-1 --	4,722.50	4,615.00	107.50
Interest—applicable to Medical Defense fund --	762.17	642.15	120.02
Add: Interest applicable to general fund—exhibit C --	-----	100.00	(100.00)
Total—exhibit B	5,484.67	5,357.15	127.52
Redemption of securities -----	12,000.00	8,000.00	4,000.00
Total receipts --	17,484.67	13,357.15	4,127.52

BEGINNING BAL- ANCE PLUS CASH			
RECEIPTS -----	21,890.65	21,853.29	37.36
DISBURSEMENTS:			
Litigation costs--	2,501.14	270.00	2,231.14
Attorney fees ---	3,090.00	3,090.00	-----
Travel expenses -	-----	62.20	(62.20)
Transfer of prior years' interest income appli- cable to the general fund— exhibit C -----	75.00	-----	75.00
Total—exhibit B -----	5,666.14	3,422.20	2,243.94
Purchase of secu- rities -----	12,000.00	17,000.00	(5,000.00)
Reimbursement to general fund for securities pur- chased in 1956— exhibit C -----	2,974.89	-----	2,974.89
Deduct: Cost of securities pur- chased by gen- eral fund for which reim- bursement is made in 1957— exhibit C ----	-----	(2,974.89)	2,974.89
Total disburse- ments -----	20,641.03	17,447.31	3,193.72
CASH BALANCE AT END OF			
YEAR -----	\$ 1,249.62	\$ 4,405.98	\$(3,156.36)
	(Exhibit A)		

Exhibit F

INDIANA STATE MEDICAL ASSOCIATION			
Comparative Statement of Cash Receipts and Disbursements			
Years Ended December 31, 1957, and December 31, 1956			
STUDENT LOAN FUND			
	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
CASH BALANCE AT BEGINNING OF YEAR			
	\$ 3,688.38	\$ -----	\$ 3,688.38
RECEIPTS:			
Interest -----	162.15	98.60	63.55
Donations -----	-----	200.03	(200.03)
Total — exhibit B -----	162.15	298.63	(136.48)
Transfer from general fund— exhibit C -----	5,000.00	10,000.00	(5,000.00)
Collection of loan to student -----	100.00	-----	100.00
Redemption of secu- rities -----	20,000.00	10,000.00	10,000.00
Total receipts--	25,262.15	20,298.63	4,963.52
BEGINNING BAL- ANCE PLUS CASH			
RECEIPTS -----	28,950.53	20,298.63	8,651.90

DISBURSEMENTS:			
Stationery and printing—ex- hibit B -----	-----	110.25	(110.25)
Loans to students	9,325.00	1,500.00	7,825.00
Purchase of secu- rities -----	20,000.00	15,000.00	5,000.00
Total disburse- ments -----	29,325.00	16,610.25	12,714.75
CASH BALANCE (OVERDRAFT) AT END OF			
YEAR -----	\$(374.47)	\$ 3,688.38	\$(4,062.85)
	(Exhibit A)		

Exhibit G

INDIANA STATE MEDICAL ASSOCIATION	
Statement of Cash Receipts and Disbursements Six Months Ended December 31, 1957	
MEDICARE FUND	
RECEIPTS:	
Reimbursements from U. S. Government:	
"Medicare" claims paid -----	\$168,546.41
Administrative expenses-----	1,645.94
Refunds of overpayments to physicians -----	185.00
Total—exhibit B -----	170,377.35
Proceeds of loan from The Indiana National Bank of Indianapolis -----	75,000.00
Transfer from general fund— exhibit C -----	1,000.00
Total receipts -----	246,377.35
DISBURSEMENTS:	
"Medicare" claims paid for which reimbursement has been received -----	\$168,719.91
Reimbursements of adminis- trative expenses transferred to general fund-----	1,645.94
I.B.M. accounting services-----	218.55
Total—exhibit B -----	170,584.40
"Medicare" claims paid for which reimbursement has not yet been received—ex- hibit A -----	49,780.11
Total disbursements -----	220,364.51
CASH BALANCE, DECEMBER 31, 1957—exhibit A -----	
	\$ 26,012.84

Exhibit H

INDIANA STATE MEDICAL ASSOCIATION	
Statement of Cash Receipts and Disbursements, Ten Months Ended December 31, 1957	
INDIANA MEDICAL EDUCATION FOUNDATION FUND	
RECEIPTS:	
Contributions to American Medical Education Founda- tion, Inc—exhibit B-----	\$ 5,662.50
DISBURSEMENTS:	
Endorsement stamp -----	\$.80
Proceeds of 1957 campaign to American Medical Educa- tion Foundation, Inc.-----	5,661.70

Continued

A LIFESAVING ANTIBIOTIC AFTER OTHER ANTIBIOTICS HAD FAILED



SPONTIN comes to the medical profession with a clinical history of dramatic results — cases where the patients were given little chance of survival.

During these careful, clinical investigations, lives were saved after weeks (and sometimes months) of antibiotic failures. These were the cases where the infecting organisms had become resistant to present-day therapy. And, just as important, were the good results found against a wide range of gram-positive coccal infections.

Essentially, SPONTIN is a drug for hospital use, for patients with potentially dangerous infections. In its present form, SPONTIN is administered intravenously using the drip technique. Dosage may be dissolved in 5% dextrose in water or in any isotonic or hypotonic saline solution. Some of the important therapeutic points of SPONTIN include:

- 1 successful short-term therapy for acute or subacute endocarditis
- 2 new antimicrobial activity — no natural resistance to SPONTIN was found in tests involving hundreds of coccal strains
- 3 antimicrobial action against which resistance is rare — and extremely difficult to induce
- 4 bactericidal action at effective therapeutic dosages.

SPONTIN is truly a lifesaving antibiotic. It could save the life of one of your patients — does your hospital have it stocked?

Abbott

Total disbursements—exhibit B ----- 5,662.50

CASH BALANCE, DECEMBER 31, 1957 ----- \$ -----

Schedule C-1

INDIANA STATE MEDICAL ASSOCIATION
Comparative Analysis of Operating Cash Disbursements Years Ended December 31, 1957, and December 31, 1956

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
Transfer of applicable portion of dues to:			
The Journal of The Indiana State Medical Association—exhibit D -----	\$ 11,820.00	\$ 11,547.00	\$ 273.00
Medical Defense fund—exhibit E -----	4,722.50	4,615.00	107.50
Premium on purchase of securities -----	15.63	-----	15.63
Headquarters office expense -----	56,114.38	60,111.76	(3,997.38)
Council -----	1,964.78	1,054.77	910.01
Officers -----	3,542.36	8,129.76	(4,587.40)
Annual session ---	12,202.88	18,844.98	(6,642.10)
Standing committees — schedule C-2 -----	19,051.40	11,453.26	7,598.14
Special committees—	9,849.59	2,219.11	7,630.48
Federal insurance contributions tax -----	527.96	487.20	40.76
Indiana and federal unemployment compensation taxes -----	89.25	73.44	15.81
Fifty-year Club ---	197.69	249.91	(52.22)
Employees' retirement fund -----	6,036.16	5,872.23	163.93
Donation to Woman's Auxiliary to the Indiana State Medical Association -----	1,000.00	-----	1,000.00
Hungarian Relief -	500.00	-----	500.00
Travel expenses of commissions ---	799.00	-----	799.00
Interest expense — bank loan to Medicare fund --	571.88	-----	571.88
I.B.M. accounting services for Medicare fund -----	933.44	-----	933.44
Totals — exhibit C -----	\$129,938.90	\$124,658.42	\$5,280.48

Schedule C-2

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Standing Committees Expenses, Year Ended December 31, 1957

COMMITTEE:	Amount
Medical Education and Licensure-----	\$1,427.70
Publicity -----	653.83
Public Relations -----	11,449.06
Preceptorship -----	33.15
Rural Health -----	486.91
Public Policy and Legislation -----	4,815.34
Scientific Work -----	105.30
Grievance -----	80.11

Total—schedule C-1 ----- \$19,051.40

DR. FRANK RAMSEY, *editor of THE JOURNAL*: "We need more original scientific papers. I would like to recommend to the councilors that, when you meet in the councilor districts and when you meet with the county societies, it might be a good way to encourage the writing of papers to talk to the doctors about the advantages of writing up their single case reports, interesting case reports. Those are things that everyone has and likes to talk about, and one thing the doctors can write up without going through the literature too much and with no research at all. I believe if we would get around this year and talk to the different societies about it, it might encourage more papers which we really need."

DR. WENDELL C. STOVER, *AMA delegate*, reported on the actions taken by the A. M. A. House of Delegates at the clinical meeting held in Philadelphia, December 3 to 6, 1957, with supplementary reports being made by Drs. E. S. Jones and Gordon B. Wilder, A. M. A. delegates. (See January, 1958, JOURNAL for full report.)

REPORT BY DR. A. C. OFFUTT, STATE HEALTH COMMISSIONER

DR. OFFUTT: "I have two items, Mr. Chairman. We have recently been in receipt of a letter from the Public Health Service concerning a matter which I should like to bring to your attention and then ask you how you feel about it.

"The National Cancer Institute and the National Office of Vital Statistics are preparing to undertake the collection of residence and smoking histories and additional diagnostic information for a 10 percent sample of lung cancer deaths. The purpose of this study will be to actually explore the relationship between smoking and residence factors and lung cancer, and this is what we propose to do: That the national total of deaths will be queried in a twelve-months' period and that would be, as far as the country-at-large is concerned, about 3,000 deaths. In Indiana that would mean about 77 lung cancer deaths that would be queried in this state.

"Now, in addition to the lung cancer, they want to query a certain number of other cancer deaths, namely, the large intestine, and rectum, and that would be about 29 deaths in Indiana, so that there would be about 106 cases that would be queried in this state. They will ask for information on smoking and on the residence of the deceased.

"Now, the method by which they will do it is: First, they propose to query the physician, and this will give him an opportunity to contraindicate, querying the family on any information listed on the death certificate if the physician feels that to approach the family would be inadvisable, or the physician will be asked to name another relative. The letter to the family will be sent out about ten days after the one that will be sent to the doctor. All the work that will be done in connection with

the study will be done in Bethesda and in Washington. The death certificates would be drawn from our current sample, the ones we send in each month to the National Office of Vital Statistics.

"The study will begin, as presently planned, in March of '58.

"Now, they sent along with this, examples of some letters. All the letters run over roughly what I have said, except very briefly, and then the questionnaire is attached.

"The first question on the questionnaire we object to categorically because this is the question: 'How certain are you of the diagnosis reported on the death certificate?' And then you have four things you can check: You are positive; you are reasonably certain; you are somewhat uncertain; or you are very uncertain.

"Well, then the next one is: 'After further reflection about the case, have you modified your opinion regarding the diagnostic information that you have given on the death certificate?' And then if the answer is 'Yes,' you enter your modified diagnosis and, of course, if it is 'No,' you simply check.

"Then the third question: 'What methods were used to establish a diagnosis of cancer reported on the death certificate?' And then you have a lot of choices here: Clinical only; X-ray only; with biopsy or without biopsy; and then the pertinent findings, and then surgery with resection, with or without biopsy; other biopsy, aspiration; autopsy and other methods, and then they ask you to specify. Then if there was a microscopic examination, you give here the histological type and you either mark 'Yes' if there was such an examination or 'No' there wasn't, or that you don't know whether there was one. Then if there is someone else to whom they could turn for additional information on histology.

"Now, then the smoking habits, the usual questions: Did the deceased ever smoke as many as five to ten packs of cigarettes during his entire life? If you answer 'No,' then you don't complete the rest of this page. How many did he smoke on the average before his death? none; once in a while; a pack or less; more than a pack.

"For the first question we will suggest a substitute. The substitute will be worded: 'Did you see the deceased professionally?' and then: 'As his personal physician over the past several years, or regularly during his or her last illness, or occasionally during the last illness, or only after death?'

"Then the one on whether or not you changed your mind after your patient died, we would suggest that they ask you: 'After signing the death certificate, had you received further information which would modify your opinion regarding the diagnostic information on the certificate?'

"I would like your advice as to whether or not you want to get into this or how you feel about it."

(By consent the Council approved going along with the proposals presented by Dr. Offutt.)

DR. OFFUTT: "Thank you. I do feel those first questions should be changed.

"The other matter is a brief one, but one which I feel should be discussed. That is the matter of polio vaccine. We didn't want to start anything with the membership on booster injections until I had a chance to bring it to the Council. We are still on the matter of three doses, pointing out again the four weeks and seven months and then, as some of the states have already done, to bring to the attention of everyone the fact that we are not aware of the duration of protection of the vaccine and that there is no contraindication to giving an annual booster dose. Then I read here from a bulletin which will be sent to every member of the State Medical Association, pending your action of this date: The ages for immunization and booster will, of course, be all ages, following the Pediatrics Academy's recommendation; that is to say, starting at 6 months of age and going on."

(By consent the Council approved the above procedure as outlined by Dr. Offutt.)

UNFINISHED BUSINESS

1. *Report of Special Council Committee to Investigate Relations between the Medical Profession and Blue Shield.* Dr. Larson, chairman of the committee (consisting also of Drs. Hammond and Glock), moved "that the chairman of the Council appoint a special committee of three to work with a similar committee appointed by the chairman of the Blue Shield Board and the permanent Committee on Insurance and Medical Economics, to bring in a further report as soon as practical."

The chairman of the Council explained that the above special committee had "conducted a very exhaustive survey which has been presented for your consideration and, as a result of that survey, if I am informed correctly, one of the things that came out of it was a permanent Liaison Committee between the Council and the Board of Directors of Blue Shield. Now, the chairman of that committee, as a result of that action, or desire, asked the Council to approve the appointment of a permanent Liaison Committee between the Council and Blue Shield."

(Dr. Larson's motion was seconded by Dr. Everly, put to vote, and carried.)

(Following the Council meeting, the chairman appointed Drs. William B. Challman, G. O. Larson and John M. Paris, members of this special committee to work with a similar committee from Blue Shield. Dr. Challman is to serve as chairman.)

2. *American Medical Education Foundation Fund.* Dr. M. O. Scamahorn, chairman of the Commission on Special Activities, reported that nothing had been done in the way of collection of funds inasmuch as the House of Delegates voted a \$10.00 dues increase, this \$10.00 to be allocated to AMEF. "It is estimated that this \$10.00 in-

*H*OME LAWN MINERAL SPRINGS is maintained for those who need to tone-up for the strenuous duties of today's business and social world. All its facilities and all its employees are enrolled with the concern of aiding and administering in every way possible to make a sojourn to Home Lawn profitable from a health standpoint.

The Mineral Baths and treatments are supervised by the Medical Department and given by trained attendants. If diet is indicated or desired you are assured of the best of care and food preparation. You will always be comfortable and at ease while enjoying a health restoration program at Home Lawn.

D. H. KENNEDY, *General Manager*

HOME LAWN MINERAL SPRINGS

MARTINSVILLE, INDIANA

M. C. PITKIN, M.D., *Medical Director*

J. W. GIBBS, M.D., *Associate*

crease in dues will bring in \$33,000.00 for AMEF. In voting this in, we join seven other states.

"We were one of the leaders in 1952 with \$63,000 contributed, and since then we have fallen in '53 to \$42,000; then roughly, the last three years we have been in the vicinity of nineteen to twenty thousand dollars.

"We plan to make one direct mailing later on in the year and AMEF may make one themselves."

3. *Duties of Commission on Special Activities.* Dr. Scamahorn reported that "Our committee took up the subject of blood banks usage and so forth; we would like to investigate that through the year, and also this question of welfare, old age and widows, and disability of our members. . . . We would like to have your help. . . . Some of the men have expressed some lack of satisfaction with the present blood bank program in certain parts of the state, and we want to know primarily should we get into that or leave it alone, or what."

Following discussion by Drs. Olson, Topping and Scamahorn, by consent the Council agreed that the Commission on Special Activities should proceed in its study of the problems mentioned above.

4. *Student Loan Fund.* Dr. Sicks, treasurer, reported that \$10,925.00 had been loaned to 21 medical students, and \$100.00 had been repaid on a \$500.00 loan. He asked that the Council take action on the maximum amount that is to be loaned to students.

Dr. Ross, chairman of the Committee on Student Loan, reported that the original action of the Council set the limit for this fund at \$10,000, and that on April 28, 1957, the Council had appropriated an additional \$5,000.00 to the Student Loan Fund.

Following discussion of the amount needed to grant loans to current applicants, on motion of Drs. Ross and Larson the Council appropriated an additional \$1,700.00 to the Student Loan Fund.

5. *Medical Care for Military Dependents.* Mr. Waggener reported that "Since the first of July the Association has handled approximately \$246,000 in claims as of the 31st of December. The incidence of claims or number of them seems to be picking up for some reason or other; more people getting on to it, or what, I don't know. Claims are averaging now between 30 and 35 per day, so the volume is picking up. . . . The government contract will be renegotiated in March, and we have taken action on that already."

The chairman announced that the government had advanced the Association \$82,000.00, "so we are in good shape now and our loan has been paid off. . . . The Executive Committee has discussed the matter of renegotiation of the contract with the government, and representatives from that committee will meet in March in Washington to renegotiate the contract. In the meantime, there is much work to be done on establishing a new

schedule and that was decided upon and Dr. Clauser will report on that later when the report of the Executive Committee is presented to the Council."

6. *Report of Special Committee to Investigate Recodification of Indiana Mental Health Laws.* composed of Drs. Mericle, chairman, Philip Reed, Clifford L. Williams and James W. Denny.

DR. MERICLE: "This committee has met three times and we learned that we are a part of a Committee to Recodify the State Laws. It seems that the Mental Health Commissioner's Office is also empowered to do this same job.

"Following the example of Leroy Burney, when the State Mental Health Laws were recodified, his first move was to re-affirm all acts Legislatures in the past have done, and that is our present plan, to have, first, in the next State Legislature, all acts of previous Legislatures pertaining to mental health re-affirmed. In 1961, in the Legislature that follows this next one, then will be presented the recodification. It seems it is necessary to go about it in this manner because questions will arise pertaining to laws in the past unless they are re-affirmed.

"We need considerable legal talent at the present time. If we can join forces with the Mental Health Commissioner's office, I believe the legal talent will be available to us. Otherwise, it will be necessary for this Association to provide a lawyer for us. I would like permission, if possible, for us to join with this Mental Health Commissioner's office to go ahead with this work."

(On motion of Drs. Ross and Larson the Council approved of this committee joining with the Mental Health Commissioner's office in the work of recodifying the state mental health laws.)

1958 ANNUAL SESSION AT INDIANAPOLIS

1. *Dates.* Monday, Tuesday and Wednesday, October 13, 14 and 15, 1958.

2. *Budget.* Dr. Leffel, chairman of the Commission on Convention Arrangements, asked for a budget of \$6,000.00 to cover the cost of entertainment for the 1958 convention. On motion of Drs. Dudding and Everly, the Council approved the appropriation of \$6,000.00 for this purpose.

3. *Scientific exhibit.* Dr. Weinbaum, chairman of the Scientific Exhibits Committee, asked the councilors to refer to him anyone wishing an application form for space in the scientific exhibit. He estimated that \$1,500.00 would be sufficient to finance the scientific exhibit this year. On motion of Drs. Dudding and Webster, the Council allotted \$1,500.00 to the Committee on Scientific Exhibits for 1958.

4. *Scientific program.* Dr. Edward B. Smith, chairman of the Scientific Program and Instructional Courses Committee, reported that his committee had met and had drawn a tentative program,

which will include a half day of instructional courses. "Part of the instructional courses will be held at a luncheon session. Three scientific sessions have been planned. One of those scientific programs will be in collaboration with some school folks who want to discuss school health and some other things."

LEGISLATIVE MATTERS

1. DR. DON E. WOOD, *chairman of the Commission on Legislation*, reported as follows: "The most important thing that is facing us from the national scene is again the legislation pertaining to the change in the social security bill. The Forand Bill, which I talked to you about before, with some modifications, will still be presented to this Congress and will cause us some concern. The A. M. A. has taken the stand that they will not make a public demonstration, so to speak, concerning it, but the Legislative Committees on the state level are certainly alerted to the possibilities involved in this bill. And, of course, as you know, it is a bill pertaining to the aged, for complete coverage of their care—hospital, nursing, medical, etc.

"In the other bills pertaining to finances, as you know, the President gave his request in his budget. The major change is probably going to be in the Hill-Burton Law where there is going to be a reduction in the amount of funds; otherwise, the amount of monies requested by the President remain practically the same.

"We are very fortunate to have a close liaison with the Chamber of Commerce and, through their Social Security Committee, of which your chairman happens to be a member on the local level—through that Committee, they are taking cognizance of our particular plight in this affair with socialized medicine, and I think we are on a much more wholesome basis with our friends in business and it certainly makes me feel good to sit down with men in business and have them interested in our problems and understanding our problems, and they are certainly very happy to see that medicine is taking some interest in their particular affairs too."

2. *Resolution on social security legislation, passed by Delaware-Blackford County Medical Society, November 19, 1957.* The chairman read the resolution, as follows:

WHEREAS: The tax rate for social securities is now 4½% on a base pay of \$4,200 per year, the proposed legislation will require that the tax rate be increased to 6% or 7% per year with an increase in the annual base pay to \$6,000.

WHEREAS: The present old age security assistance plan (not insurance) is actuarially and financially unsound, further expansion of this program is economically unwarranted.

WHEREAS: Hospital care, medical care, and surgical care are local and state and individual problems and not federal problems.

WHEREAS: The proposed legislation will, if

passed, place unjustifiable and undue strain on the now existing hospital facilities.

WHEREAS: Medical care is at its best and most efficient when interference of a third party is non-existent.

WHEREAS: At present medicine as practiced in this country is relatively free of federal encroachment and control, but the expansion under the proposed social securities changes could lead only to eventual and complete federal regimentation of medicine.

WHEREAS: The considered opinion of the Delaware-Blackford County Medical Society concerning proposed legislation for social securities programs is contrary to the best interests of medical care of the ill.

THEREFORE: Be it resolved that this Society vote unanimously in opposition to the proposed legislation for expansion of the old age security and assistance plan in the areas of hospital, medical and surgical care.

I. S. Hostetter, M.D., Secretary.

By consent the Council instructed the executive secretary to notify the Delaware-Blackford County Medical Society that every effort is being made at the top level to protect the interests of the medical profession and to oppose this legislation.

ECONOMIC AND ORGANIZATION MATTERS

1. *1956 membership report by districts.* On motion of Drs. Ross and Challman, the following report was accepted:

MEMBERSHIP REPORT

Indiana State Medical Association
December 31, 1957

County Society	No. M.D.'s in County	Members Dec. 31, 1957	Members Dec. 31, 1956	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
1st District									
Posey	12	11	12	-1	--	--	1	--	--
Vanderburgh	222	202	201	1	11	9	15	5	2
Warriek	15	10	10	--	2	1	4	--	--
Spencer	10	8	9	-1	--	--	2	1	--
Perry	12	12	11	1	--	--	--	--	--
Gibson	17	17	18	-1	--	1	2	--	--
Pike	6	5	5	--	1	--	1	--	--
Total	294	265	266	-1	14	11	25	6	2
2nd District									
Knox	42	40	39	1	1	2	3	1	--
Daviess-									
Martin	27	25	26	-1	1	1	3	1	--
Sullivan	16	16	15	1	--	1	2	--	--
Greene	19	19	19	--	--	--	1	--	--
*Owen-Monroe	57	55	55	--	2	1	1	--	--
Total	161	155	154	1	4	5	10	2	--
3rd District									
Lawrence	29	26	26	--	--	--	3	--	--
Orange	11	9	9	--	--	--	2	--	--
*Harrison-									
Crawford	17	14	14	--	3	1	1	1	--
Washington	7	7	7	--	--	--	--	--	--
Scott	5	3	3	--	--	--	2	--	--
*Clark	37	32	30	2	3	2	3	1	--
*Floyd	38	38	38	--	--	--	2	--	--
*Dubois	24	22	20	2	2	2	2	--	--
Total	168	151	147	4	8	5	15	2	--

County Society	No. M.D.'s in County	Members Dec. 31, 1957	Members Dec. 31, 1956	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
4th District									
Bartholomew-									
Brown	43	40	35	5	1	4	2	--	1
Jackson	22	21	22	-1	1	--	--	2	--
Decatur	15	13	12	1	1	--	1	--	--
*Jennings	14	13	10	3	1	4	3	--	--
Ripley	15	13	13	--	1	1	--	1	--
Jefferson-Switzerland	31	30	28	2	--	1	5	1	--
*Dearborn-Ohio	14	13	14	-1	--	--	--	--	1
Total	154	143	134	9	5	10	11	4	2
5th District									
*Parke-Vermillion	28	24	23	1	2	--	3	1	--
*Putnam	18	16	16	--	2	--	--	--	--
Vigo	120	119	119	--	--	3	8	2	--
Clay	16	13	13	--	1	--	2	2	--
Total	182	172	171	1	5	3	13	5	--
6th District									
Hancock	19	19	18	1	--	--	--	--	--
*Henry	42	40	38	2	1	2	2	--	--
*Wayne-Union	91	82	80	2	2	3	5	1	3
Rush	17	16	16	--	--	--	1	--	--
*Fayette-Franklin	24	23	24	-1	--	--	1	--	--
Shelby	21	19	20	-1	--	--	2	--	--
Total	214	199	196	3	3	5	11	1	3
7th District									
*Hendricks	19	17	17	--	1	1	--	--	1
Marion	1140	1027	969	58	86	89	85	19	10
Morgan	20	15	14	1	4	1	1	--	--
Johnson	27	24	24	--	3	1	1	--	--
Total	1206	1083	1024	59	94	92	87	19	11
8th District									
*Madison	111	105	106	-1	2	3	5	1	2
*Delaware-Blackford	123	113	109	4	8	2	7	--	2
Jay	20	17	18	-1	1	--	2	1	--
*Randolph	26	21	23	-2	4	--	2	2	--
Total	280	256	256	--	15	5	16	4	4
9th District									
Benton	9	7	7	--	2	--	--	--	--
Fountain-Warren	16	16	16	--	--	1	1	--	--
*Tippecanoe	101	96	93	3	5	3	9	1	--
*Montgomery	33	31	29	2	--	2	3	2	--
Clinton	26	26	25	1	--	2	--	1	--
Tipton	13	12	12	--	--	--	1	1	--
Boone	23	20	20	--	1	1	2	--	--
Hamilton	23	20	20	--	1	--	1	1	--
White	12	11	11	--	--	--	--	--	1
Total	256	239	233	6	9	9	17	6	1
10th District									
*Lake	385	371	361	10	5	26	27	5	2
Porter	26	24	32	-8	1	1	3	1	--
*Jasper-Newton	23	15	18	-3	4	--	3	2	--
Total	435	410	411	-1	10	27	33	8	2

County Society	No. M.D.'s in County	Members Dec. 31, 1957	Members Dec. 31, 1956	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
11th District									
Carroll	10	10	10	--	--	--	--	--	--
Cass	52	38	41	-3	7	3	5	3	3
Miami	26	20	21	-1	4	--	2	--	1
Wabash	27	21	21	--	4	1	4	--	--
Huntington	24	23	23	--	--	--	--	--	1
Howard	51	46	47	-1	1	--	3	1	2
*Grant	74	61	57	4	9	5	7	1	--
Total	264	219	220	-1	25	9	21	5	7
12th District									
LaGrange	8	8	9	-1	--	--	--	--	--
Steuben	14	13	13	--	--	--	1	--	--
*Noble	26	25	26	-1	--	1	3	3	--
DeKalb	23	22	20	2	1	2	2	1	--
*Whitley	17	16	13	3	1	3	--	--	--
Allen	254	250	240	10	1	13	14	3	2
*Wells	35	33	34	-1	--	1	6	--	--
Adams	16	14	15	-1	2	--	--	--	--
Total	393	381	370	11	5	20	26	7	2
13th District									
*LaPorte	92	86	87	-1	3	5	5	1	--
*Elkhart	107	102	95	7	2	8	6	--	--
St. Joseph	242	222	224	-2	8	5	15	3	3
*Starke	7	7	7	--	--	--	--	--	--
Pulaski	6	6	6	--	--	--	--	1	--
Fulton	12	12	12	--	--	--	--	1	--
Marshall	25	22	23	-1	2	1	1	--	1
Kosciusko	18	15	15	--	2	1	2	1	--
Total	509	472	469	3	17	20	29	7	4

SUMMARY BY DISTRICTS

County Society	No. M.D.'s in County	Members Dec. 31, 1957	Members Dec. 31, 1956	Loss—Gain	Eligible Non-Members	New Members	Removed and Retired	Deceased	Ineligible
1st District	294	265	266	-1	14	11	25	6	2
2nd District	161	155	154	1	4	5	10	2	--
3rd District	168	151	147	4	8	5	15	2	--
4th District	154	143	134	9	5	10	11	4	2
5th District	182	172	171	1	5	3	13	5	--
6th District	214	199	196	3	3	5	11	1	3
7th District	1206	1083	1024	59	94	92	87	19	11
8th District	280	256	256	--	15	5	16	4	4
9th District	256	239	233	6	9	9	17	6	1
10th District	435	410	411	-1	10	27	33	8	2
11th District	264	219	220	-1	25	9	21	5	7
12th District	393	381	370	11	5	20	26	7	2
13th District	509	472	469	3	17	20	29	7	4
Total	4516	4145	4051	94	214	221	314	76	38
* Physicians are listed in the counties in which they hold membership; not in the counties in which they reside.									
102 physicians received membership gratis in 1957 because of military service.									
291 physicians were senior members in 1957.									
1 physician was an honorary member in 1957.									
172 physicians paid dues of \$10.00 in 1957 as interns and residents.									
71 physicians had their dues remitted by the Council in 1957.									

2. *Remission of state dues.* On motion of Drs. Ross and Everly, remission of the state dues of a member of the Lake County Medical Society, who is retired from active practice, was approved.

On motion of Drs. Everly and Ross, remission of the 1958 state dues of a member of the Indianapolis Medical Society, because of retirement, was approved.

3. *Election of A. M. A. alternate delegate.* Dr. James W. Denny, Indianapolis, was elected to fill the unexpired term, ending December 31, 1958, of Dr. J. William Wright, Sr., deceased.

NEW BUSINESS

1. *Matters referred to Council by Executive Committee:*

a. *Medicare.* Dr. Clauser, chairman, reported that the Executive Committee was not ready to make any specific proposal. In March the committee, consisting of Drs. Topping and Sicks, Mr. Hollowell and Mr. Waggener, will meet in Washington to negotiate the new contract. "They have asked for advice; in fact, they have to have a so-called fee schedule. Of course we do not operate on a fee schedule but we have to have something to go on that represents, in our judgment, what the average fee is as used by the doctors in Indiana. And the Executive Committee, during this next week, has been given the assignment to apportion our duties with respect to that job, and we will do the best we can in completing that and put it in the hands of our negotiating committee. At the next meeting of the Council, the results of this action will be reported in detail."

b. *The film, "A Pre-Trial Conference",* was shown, on recommendation of the Executive Committee. Motion made by Dr. Everly that the film not be purchased was accepted by consent.

c. Recommendation of the Executive Committee that a top level Liaison Committee be established with the Indiana University School of Medicine was approved on motion of Drs. Dudding and Challman. On motion of Drs. Dudding and Everly, membership on this committee is to be limited to five and the chairman of the Council is to appoint the committee.

Dr. Everly amended Dr. Dudding's motion to allow for staggering the terms of the members so that there is continuity of the committee. Motion to amend duly seconded, put to vote, and carried.

Dr. Larson offered an amendment to the amendment that the terms of the members on this committee extend from one to five years. Motion to amend the amendment was seconded by Dr. Everly, put to vote and carried.

Dr. Topping moved that the original motion be amended to include the words "of the Council" after "committee". Motion to amend seconded by Dr. Vye, put to vote, and carried.

The original motion, made by Drs. Dudding and Everly, to appoint a Liaison Committee between

the state medical association and the Medical School, was put to vote and carried.

(Following the Council meeting, the chairman appointed the committee, as follows:

M. C. Topping, M.D., president (one year)
Guy A. Owsley, M.D., chairman of Council (one year)
Kenneth L. Olson, M.D., president-elect (two years)
Don E. Wood, M.D., present Indianapolis member of Executive Committee (three years)
Maurice E. Glock, M.D., councilor, Twelfth District) (three years)

2. *Report of Commission on Public Information.* Dr. Harry Pandolfo, chairman, presented the following report:

"The Commission met on November 17 in this building and was well represented. There were about 12 persons present at the meeting. I was selected Chairman of the Commission on Public Information. Therefore, this report is part of my duty to the Council. A second meeting is in progress at this time.

"There were four projects that we felt worth entering into for this year. The first was the Science Fair, which we have participated in for the past several years, and we have a request for \$1,000 as a budget for participating in this Science Fair.

"Then the State Fair Exhibit, which we have done in the past, and the budget request for that particular item is \$100, which is a very minimal request.

"It was felt we should repeat the coaches' meeting which was held so successfully last year. I believe there were about 600 coaches at this coaches' meeting during the Teachers' Convention here, and it was felt that this was one of the best public relations events we carried on during the year. The coaches' meeting was well attended. It was well received by the coaches and I have appointed a sub-committee to work on this coaches' meeting. The proposed budget for the coaches' meeting would be about \$3,000, on the basis of last year's activities. It is a higher budget than was allowed last year but they ran short of money on their coaches' meeting, so we felt, in order to anticipate an increased attendance, to take care of it properly, it would necessitate about \$3,000 to carry out this coaches' meeting as we did last year.

"Those were the major items of activity which we felt we should enter into from the standpoint of this Public Information Commission. It was felt we should not get into too many activities; do a few of them and try to do them well.

"The Science Fair has been a very fine thing for the Society. The State Fair has been one that we have participated in annually. The coaches'

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meeting is a new thing. This would be our second venture in the coaches' meeting and it went so well last year that we felt it should be repeated.

"So the budget request for this Commission's activities to date would be \$4,100, and this Council, I believe, is asked to approve this budget, if they so desire.

"I didn't know whether you wanted to act on these as I mentioned them or after the report terminated.

"There is one activity which we discussed this morning and we felt we should bring it to the attention of the Council from the standpoint of what you wish the Commission on Public Information to do, and that is in relationship to the publicity that the medical profession receives when Blue Cross has an increase in rates. The physicians are blamed for all of the increase in cost concerning hospital care. I don't know whether you people get it in your papers but we get it in our letters to the editor. I brought just yesterday's paper, January 18. The News contained two letters criticizing the medical profession very severely for increased costs in hospital care. People apparently do not understand what they are paying for when they pay for Blue Cross insurance. Blue Cross is concerned with hospital costs and not physicians' costs, but the doctor takes the rap. These letters illustrate that misunderstanding on the part of the public.

"This Commission on Public Information felt that, somehow or other, either this Society or Blue Shield or Blue Cross should carry on a more sincere educational campaign to let the public know what they are buying and that Blue Cross increases are not the fault of the physician but are due to increased costs of hospital care.

"What we would like to know as a Commission is: Is it our duty to carry out this public information campaign? Does it belong to Blue Shield, or to some other Commission of this State Association?

"If you wish us to pursue this, we will be glad to do so. We would like to be directed as to whether this is our area of activity or whether it belongs to someone else.

"So our requests are for the budget approval and then for some thought as to whether we should enter into the Blue Cross-Blue Shield information area or whether it belongs to your Commission on Insurance."

On motion of Drs. Everly and Ross the Council approved Dr. Pandolfo's report, not including the budget.

On motion of Drs. Larson and Everly the Council approved the request of the Commission on Public Information for a budget of \$1,000 for participation in the Science Fair, \$3,000 for the coaches' meeting, and \$100 for the State Fair exhibit, or a total of \$4,100.

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On motion of Drs. Neumann and Everly the Commission on Public Information was authorized to carry on a public information and educational campaign to correct misunderstandings that arise each time Blue Cross rates are increased.

3. *Awards of Indiana Governor's Committee for Employment of the Physically Handicapped.*

Mr. D. A. C. Hill, director of Industrial Relations, International Harvester Company, Indianapolis, and a member of the Indiana Governor's Committee for the Employment of the Physically Handicapped, and Dr. Emmett Lamb, Indianapolis, chairman of the Commission on Public Health of the Indiana State Medical Association, and a member of the Indiana Governor's Committee for the Employment of the Physically Handicapped, appeared before the Council and, on behalf of the Governor's Committee acting under the President's Committee for the Employment of the Physically Handicapped in Indiana, presented citations to Dr. Randolph K. Manning, Indianapolis, "because of his excellent work, first as a physician, his work in organizations for mending crippled minds and bodies, and for his untiring effort in the work at Crossroads in Indianapolis," and to Dr. E. S. Jones, Hammond, "for his work in industrial medical organizations, for the Council of Industry, and the evaluation of disability, and especially for his efforts in job placement of physically handicapped people, where he has been very influential in im-

pressing employers with what a man had rather than what he had lost."

4. *Indiana Academy of Ophthalmology and Otolaryngology.* Drs. C. P. Clark and M. Richard Harding, Indianapolis, appeared before the Council to discuss problems confronting the Indiana Academy of Ophthalmology and Otolaryngology, especially in the field of ophthalmology.

5. *Nomination of two members-at-large for Board of Directors of Blue Shield to fill terms expiring March, 1958.*

On motion of Drs. Challman and Vye, Dr. John Beeler of Indianapolis was nominated to succeed Dr. Wemple Dodds, Crawfordsville, for a three-year term.

On motion of Drs. Everly and Ross, Dr. Marlow Manion was nominated to succeed himself as director-at-large of Blue Shield for a three-year term.

6. *Veterans' Fee Schedule.* DR. GLEN WARD LEE, chairman of the Commission on Governmental Medical Services, spoke as follows:

"Mr. Chairman, members of the Council: In bringing the work of the Commission together, we have been confronted by one situation and that is Medicare Fee Schedule or Contract. We have been advised it was predicated on a stand that we could not set a fixed fee schedule that would apply equally, satisfactorily, in all communities of the state. We find that, on the other hand, we are doing exactly that thing in that we have annually

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contracted for the Veterans' Fee Schedule on a fixed schedule for all communities of the state. This is obviously a contradiction of our stand between one governmental agency and another.

"The Veterans' Fee Schedule will come up for renewal the 1st of July and I call this to you attention because the Council and the Executive Committee, or one or the other, will have to approve this fee schedule. And I would also ask your advice as to whether or not this Commission should investigate the possibility of attempting to secure from the Veterans Administration an agreement to set up a fee schedule on a plan similar to that of Medicare and ask your advice as to whether that should be investigated by my Commission or by the Executive Committee. Thank you."

On motion of Drs. Challman and Ross, the Council authorized the Commission on Governmental Medical Services to explore the possibility of administering veterans' care in the same manner as Medicare is being administered.

HEADQUARTERS OFFICE BUILDING

A number of members of the Association, including some of the past presidents, and representatives of various organizations and groups, appeared before the Council and spoke on the building program of the Association. The chairman announced that following presentation of all proposals, suggestions, and recommendations, and the expression of all views on the subject, the Council would take them under consideration, and action would be taken at a later time.

THE CHAIRMAN:

"Gentlemen, as you all know, there has been much discussion pro and con concerning a Headquarters Building for the State Association. You will recall the action taken by the House of Delegates in French Lick last fall and, subsequent to that authorization, the Council has investigated and is continuing to investigate and present the facts as they appear. In the interest of fair play the Council feels that it should hear all segments of the Society and is doing so. At the proper time, when the facts are collected, they will be made available to each delegate and then the decision will be entirely up to the House.

"In line with this policy the Ex-Presidents of the State Association, whose counsel we cherish and respect, have been invited to express their views. I am going to call upon you alphabetically and, if an Ex-President is not present, either because of infirmity or because he wasn't able to come for other reasons, we will try to find out what his views are from any member of the Council who might live in his area."

(1) DR. ROBERT D. PICKETT, Indianapolis, vice-president of the Levey Memorial Foundation, and representing the trustees of the Foundation, extended a formal invitation to the Indiana State Medical Association to establish its headquarters

offices on the property which is to be the residence of the Indianapolis Medical Society at 2902 North Meridian Street, Indianapolis, when it is available. Dr. Pickett explained that this invitation was being extended by unanimous vote of the trustees of the Levey Memorial Foundation and with unanimous approval of the Indianapolis Medical Society.

(2) DR. JAMES M. LEFFEL, Indianapolis: "Mr. Chairman, members of the Council, and guests: I thank you for the opportunity to appear before this group. As Dr. Owsley said, we were sent here by the Council of the Indianapolis Medical Society. You have received the communication from the Council of the Indianapolis Medical Society and from the delegates and alternate delegates from Marion County. Both letters, you will recall, were endorsed without a dissenting vote from any member of the respective groups. Some of you have answered one or both of the letters, asking for reasons prompting such action. I hope to help clarify our position.

"I do not speak for every one of our roughly 1,000 members of the Indianapolis Medical Society but I do sincerely believe that the views I express will represent the thinking of an overwhelming majority.

"I do not know everything that has been said during your formal and informal deliberations, so, if I say anything that is in error, I will be only too glad to be corrected.

"First, may I make it crystal clear that neither of the above-mentioned local groups wishes to stick their noses into your business. On the contrary, it is their wish only to ask for your consideration and help in a problem that is real to them.

"So far as I am concerned, this controversy represents an honorable difference of opinion. Perhaps this is healthy, for so many doctors in the past have been elevated to positions of honor without our actually knowing where they stood, particularly as to what stand should be taken for private enterprise. This statement does not apply to present officers, for, obviously, they will have to stand and be counted one way or another.

"Further, I should like to say about our current President and Council Chairman, no matter what their final vote may be, they have been very courteous, generous and appreciative of the importance of normal democratic processes. I am grateful and thank them for the same. I do hope that they, along with all of you, will hear our cry for joining forces and protecting private enterprise in medicine.

"If the majorities in our local Society that I will now speak of are doubtful to any of you, I will be glad to circulate a petition to support my contentions, if you so direct.

"I believe that a majority of our local Society feels that constructing a State Office Building at this time is unwise and should be undertaken only after prolonged and very careful consideration.

This attitude is based upon their knowledge of high building costs which will insure greater yearly cost to the Association, one way or another, and secondly, upon their reluctance to have the Association get in the real estate business. To involve ourselves with other groups as proprietors or renters is certain to lead to trouble sooner or later.

"We understand that one of the members of the Council, in discussing an informal invitation from the Levey Foundation and Indianapolis Medical Society to join us in our home, when it is available, said that they didn't want to get in that position; he didn't want to get in the position of marrying the Indianapolis Medical Society. Now I understand the merits of that thinking. There might be danger. I don't understand, however, how it is very consistent to not want to marry the Indianapolis Medical Society but, on the contrary, want to marry the Medical Center by building a State Medical Association building on this campus.

"This brings me to the second major consideration, which has to do with the advisability or inadvisability of buying land on or adjacent to the Indiana University Medical Center. Now may I assure you that I speak not only for a majority but for an overwhelming majority of our local Society members on this matter, not for general surgeons alone but for doctors in the private practice of internal medicine, pediatrics, general practice, urology, psychiatry, neurosurgery, anesthesiology,

cardiovascular surgery, orthopedics, chest surgery, obstetrics, and other branches of endeavor. May I repeat, we respectfully request your consideration, and that's why we are here, to request your understanding and your genuine support.

"This plea, gentlemen, has to do with the survival of private enterprise in medicine. The doors are closing rapidly. We see it here very plainly and I believe you will see it in the smaller cities and towns before too long, unless the trend is changed. As regards the trend, I am not sure at all that it will be changed. It may be too late. But I feel we should fight to the last ditch. We need your help. We need to stay together as never before.

"Just as we are fearful of our Association renting space in its proposed building and thus becoming involved to a greater or lesser extent with other groups, we fear our involvement with the Medical Center. It is true, by the suggested plan we would own our own land, but we would be, in effect, a small country adjacent to and surrounded by a great country.

"Surely, as you visit the Medical Center from time to time, you feel the impact of its tremendous growth. All of us are proud of the beautiful buildings and we can be rightfully proud of the full-time doctors who dominate the staff. However, no matter how good this may or may not be for

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medical students, it creates a real problem for doctors in private practice in this community.

"Someone at a recent Association organizational meeting suggested our state meetings might be held on the campus. This is fine for the Center and I do not blame its enterprising leaders for encouraging the same, but this is not good for John Doe in private practice. The more the doctors of the state visit the campus, the more private cases they will refer here. The Mayo Clinic and other great centers have successfully utilized this form of promotion for years.

"It is rumored that a new 300- or 400-bed hospital is to be erected on the campus in the not too distant future. I do not know whether this is true or false but I will risk a bet that such is not too far away. This is to be built, as I understand, with the idea that the part-time faculty—the ones of us who are in private practice—could then come here and do cases and add additional teaching to the program for the residents and interns. All this is fine in theory. The only difficulty is that it is very difficult for the ones of us in private practice to bring our patients here because most of the referring doctors do not want to come here—not because they dislike the University but because they have too many hospitals to go to already; this is rather off their beaten path, and things are a little different and they don't always feel quite at home.

"May I remind you I have nothing but admiration and respect for the full-time men—not only those in surgery but all of them—and I want to be the first to advocate very adequate financial incomes for them; they deserve the same and perhaps more. But I feel there should be some limit, not only as regards the amount of private practice they do, but there should be some limit on the number of full-time doctors in clinical fields.

"Incidentally, irrespective of what may or may not have been said in formal or informal discussions regarding the trend to full-time doctors at the Medical Center, let me help get the record straight. If the statement was made that the trend is away from full-time men and if this statement was based on the fact that more names now appear on the faculty list than ever before, this is very misleading. Let me remind you that full-time professors are the heads of departments.

"To support this contention let me refresh your memory. As you knew the school, let us say, in 1935, the Chairman of Obstetrics was a part-time clinician, Surgery the same, and Medicine likewise. Just three examples. All three now are, or soon will be, full-time men. It is not my desire to criticize this change but merely to get the record straight.

"Gentlemen, I have tried to stay clear of personalities; I have tried to because I like the persons involved. If the innuendoes please you—let us avoid discussion of individuals.

"If my reserve adds ammunition to anyone who talks about Don Quixotes, that many of us are see-

ing imaginary objects that do not exist and never have existed, as painful as it would be, I can get down to cases.

"I have notes taking us back to the original agreements of this Council with the Medical School in 1948 and from there forward. I also have the entire survey and report of the Investigating Committee of the Indianapolis Medical Society done in 1950 and 1951.

"Now, we do not ask for anyone to have the first minute's feeling of unkindness toward the University. Our own feeling is this: that it does, as of now or in the future, present a problem regarding encroachment upon private enterprise, and our only plea is to consider us when this decision is made.

"We feel it would be far better, if you build a building, to build it away so we can stay separate and apart and then, if differences arise, we will be in a better position to oppose policies which we feel are unwise or unfair.

"Thank you very much."

(3) DR. HAROLD C. OCHSNER, Indianapolis: "Gentlemen of the Council and Guests: Like Dr. Leffel, I appear before you at the request of the Council of the Indianapolis Medical Society which, in its meeting of January 7th, voted unanimously to oppose the State Association's building program as it has been presented.

"In December our delegation met and was unanimous in its opposition to the building program.

"With your permission, I should like to review that portion of the minutes of the meeting of the House of Delegates, published on Pages 1729 and 1730 of THE JOURNAL, ISMA, December, 1957, and to comment upon them. Now, these comments are not intended to be critical of any individual or individuals but simply to present the fact that there is some difference of opinion, and honest difference of opinion among us and to point to what I think are certain truths.

"The first 'Whereas' of Resolution No. 16 introduced by the Special Building Committee, through the Council states: 'The rapid growth of the activities of our Association during the past few years has created a critical housing problem.'

"I should like to rebut with the statement that, even at the present time, there is no critical housing problem, though an anticipated addition to our space certainly will be most welcome.

"The third 'Whereas' of this Resolution: 'Our Association is continually growing and expanding, yet it is so located as not to be easily accessible to the members.'

"In my opinion it would be difficult to find a more central location than the present headquarters office in the Hume Mansur Building. It is true that free parking space is not available but there is little difficulty in securing parking space in garages within a half to one block of the office.

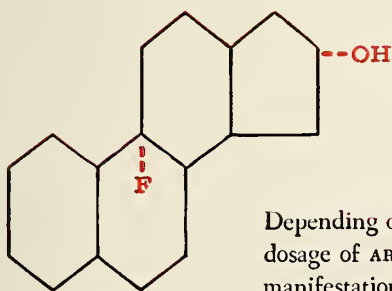
"The fourth 'Whereas' states: 'Our limited quarters make it impossible to hold our committee

Continued

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activities in our own quarters where records and information needed many times are readily available.'

"Against this statement is the fact that there is grave question as to the wisdom of expanding our quarters sufficiently to accommodate one or more large committee meetings. These meetings are likely to occur not more than once a week and, when they are held, are likely to be multiple. Providing this much additional space 365 days a year would be most uneconomical, since we would have to consider that we were paying a set rental fee even in our own quarters.

"In the discussion of Dr. Guy Owsley's amendment to the report of the Reference Committee, Dr. Henry Rusche said that he felt the step proposed should have the consideration of the membership as a whole. There would appear to be much wisdom in this suggestion.

"In discussion, Dr. Owsley also stated: 'We are hoping, for example, that allied organizations—and I shall not enumerate them—might help us amortize the cost of this building.'

"I wonder whether the other organizations could be counted upon, what their present rental costs are and what rental fee they would be prepared to pay us.

"At the present time, building costs are such that the better buildings in downtown Indianapolis, the new ones, will have to rent for from five and a half to six dollars per square foot. Competent building and real estate management executives have assured me that we cannot expect to erect our own building so the rental could be figured at less than four and a half dollars a square foot. It would be essential to know therefore whether our proposed tenants would be interested in renting from us at this rate.

"I believe that you have the data prepared by Mr. Waggener in regard to the space available in the Hume Mansur Building, an expansion has been planned which will add half again as much space to the headquarters as we now have.

"At the present time we have 1,492 square feet of space and an additional 713 square feet is soon to be added. While this is not sufficient to permit large committees to meet in the offices, again, I wonder whether it would be wise to rent space for such committee meetings, whether they be single or multiple.

"Dr. Sicks made the statement at the meeting of the House: 'The Hume Mansur Building is being sold or has been sold and we can expect a doubling of our rent.'

"It is true that the building has been sold, but reasonable assurance has been given by the rental agents that no increase in rental rates is now being contemplated, other than the increase due to air-conditioning.

"I am convinced, to sum it up, that no truly critical housing situation exists in regard to the headquarters office of the ISMA.

"You must surely agree that the Association offices are centrally located and more readily accessible to our members than they would be in most other locations.

"I hope also that you will agree that it would be uneconomical for our Association to operate through the year space large enough to accommodate large committee meetings or have enough space for possible emergency expansion because of an enlarged Medicare program in the event of war.

"Sufficient additional space is at this time available at a nominal rental fee to make it possible to have a splendid headquarters office, centrally located.

"We of the Indianapolis Medical Society feel very keenly about this. As previously stated, our Council and our Delegates have voted unanimously against the proposition of a new building on the Medical Center campus.

"We feel that, before this proposition is further considered, the entire membership of the State Association should have an opportunity to vote and to express their desires on at least the following matters:

"1. Whether we should construct a new headquarters office at this time.

"2. Whether this office should be sufficiently large to accommodate large committee meetings, probably with multiple large rooms for such meetings.

"3. Whether we would be well advised to leave the downtown area.

"4. What revision of the dues structure the members are willing to accept, as well as what extra assessments they are prepared to pay, in order to compensate for a possible deficit resulting from the operation of our own building.

"Thank you, gentlemen."

(4) DR. JOHN VANNUYS, *Dean, Indiana University School of Medicine*: "Dr. Owsley and members of the Council: I think it was about six weeks ago that we met here one Sunday and the question was raised as to what provision could be made for a building site for the State Medical Headquarters. I referred that to the University Administration and to the Board of Trustees and they had two meetings. In addition to that, they asked for the architects, the consulting architects in New York, Eggers and Higgins, who plan our campus, to make a study of the proposed site.

"The one that I favored, in the event that you decided to go ahead on such a building, was an area just west of Ball Residence and very close to this building, so that there could be tunnel connections and it would be a matter of convenience. The Trustees, on recommendation of the architects, however, feel that that would not be a proper site.

. That is too small, and fear is that everyone concerned would be unhappy with it. There is a lot of traffic in the parking area. There would not be parking immediately adjacent to the building, and there would be many occasions where it would be of extreme inconvenience to have it there.

"The other thing about it is that we have not gotten an answer, complete answer, as to what the City of Indianapolis is going to do regarding the one-way streets.

"About two months ago, the City Council voted to make Michigan Street one-way west out about 15 blocks west of here, which would have made a great inconvenience to people coming and leaving the Medical Center, particularly those coming in from the west; they would have a difficult time getting here. It would also make it difficult for some of our employees to get downtown.

"So they modified that and decided to have, from Blake Street west, one lane going east and three lanes going west. But then the Council refused to put in additional traffic lights and it would mean anyone coming in from the west would have to cut across three lines of westbound traffic in order to get into the Center.

"So we think that very careful study should be made of this site.

"I heard a little earlier in the week that there has been an interest expressed in building on the parkway south of Michigan Street. That would provide access from both the east and the west. The proposal was, any site which would be on the parkway would have access through the new apartment building parking area and also access from East White River Parkway.

"We are prepared to go forward with anything that the Council determines. The Board would like to know and have it worked out in some detail of so much area and the location of the area so that formal action could be taken at the next meeting of the Board of Directors scheduled to be held here on this campus in February. The exact date has not been set."

CHAIRMAN OWSLEY: "Thank your, Dr. Van Nuys.

"Does the Council have any questions at this time to ask Dr. VanNuys before he gets away, since the Board of Trustees are going to meet in February?

"Do we understand the site that most of the Council members seem to favor is definitely out of the picture?"

DR. VANNUYS: "The President told me on Thursday he preferred we drop that because he said the landscape architects thought it would be much too tight, that it would be an ideal area, but, for the size building that you are proposing, any building you build you might want to add to some-time, that it would be inadvisable to put it there. Too close to the other buildings."

CHAIRMAN OWSLEY: "Then of the other sites that the Council walked over that day—just to get things straight here—were they all made available?"

DR. VANNUYS: "They were all made available."

(5) Past presidents of the Indiana State Medical Association.

(All past presidents' names were called; only those who were present or from whom some comment had been received are listed here.)

DR. HERMAN BAKER, *Evansville*: Dr. Challman reported that Dr. Baker is in favor of a building for the State Association; he is in favor of having it on the University campus. He is not in favor of having other groups in the building with the State Medical Association. He suggested that it be built large enough to start with and in such a manner that it can be expanded, and he suggests that dues be increased \$5.00 per year to pay for it.

DR. CHARLES N. COMBS, *Terre Haute*: "I am well aware of the fact that we need a new building. We have outgrown the present one. And I can remember when I took over, from both the secretary and the treasurer, I got a cigar box full of records and that is all I had, and you know what we have now. So I am in favor of building the new building and I expected to say that I would be in favor of having it on the campus; but, since that site is not available and there are other sites in the immediate neighborhood, I have been told, I am in favor of having it in this part of the city."

DR. PAUL D. CRIMM, *Evansville*: The chairman reported that Dr. Crimm had written the headquarters office to the effect that he is in favor of the building on the University campus at whatever price and whatever method of financing the State Association could agree upon.

DR. F. S. CROCKETT, *Lafayette*: "Mr. Chairman, Members of the Council: To attend your meeting here today takes me back quite a number of years when I served my apprenticeship in this group. As a past president, I look back upon this Association and its work, its growth, enthusiasm, and the many things which have been accomplished, for instance Blue Shield. You have enhanced the reputation of Indiana medicine so that it is respected elsewhere in the country. To me, I think the future justifies this Association having its own home, of building it with sufficient vision that it will take care of at least the next generation. You are not static. You are not going back. You are advancing in membership and in capacity, and I would register my feeling that, by all means, the State Association should have a



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home. It should be of sufficient size, it should be built along lines that we will all be proud of.

"Now, as to the location of this home, I feel that it should be in a location that is not hard to get to, it should be where it has ample grounds, and where the State Association would be master in its own home. I feel that the introduction of rental of portions of the building shouldn't dominate the thinking in the building and the planning of such a building.

"I, fortunately, have had the opportunity to see the Headquarters Buildings of several State Associations in traveling here and there over the country, and it does add something to the feeling of pride, of stature, of the doctors in those states. I think we can look forward to a similar situation here. It will breed new vitality into the Association.

"There is a lot of work ahead of you and you are not bothered with insufficient dues at the present time. You have an ambitious program. I think we should house ourselves in complete harmony with our opportunities. Thank you."

DR. A. P. HAUSS, *New Albany*: Dr. Paris reported that Dr. Hauss is for the idea of a new headquarters building. He is against the idea of having any rental space. He feels that the problem of being landlord will outweigh the financial gain. He is against any dues increase and he is against using any of our present funds to finance the building.

DR. WILLIAM HARRY HOWARD, *Hammond*: "I am very much interested in this building and I think it is a very good thing to do. I think we should have the building. I agree with some of the other men that perhaps we would be better off if we didn't have rental space. I haven't gone into that, but personally I think that we should not have rental space.

"As far as building costs are concerned, someone said that building costs are too high. Building costs have been about five percent higher every year, so that every year you delay it you will pay that much more, so, if we are going to do it, we might just as well do it.

"I think, if you are going to do it at all, it ought to be here on the University grounds. We have too many of the medical students who know nothing about the State Medical Association, don't know the workings of it. They just vaguely know there is a state organization and know nothing about it. Jim told me a while back that, if we have the building here, we could probably employ some of the students in part-time jobs around the medical office and those men would be absorbing some of the feeling and the talk around the State Association. I think it is a good thing for the University. I think it is a good thing for us. As far as knowing this group, as I have known them through the years, the University is not going to

dominate you. I know that. So you don't need to worry about the University dominating this group. I think it is an excellent idea and I think it should be carried out. I think we should get the ground before they change their minds and pull the rug out from under you so you can't get it. I am for it 100 percent!

DR. W. U. KENNEDY, *New Castle*: Dr. Owsley reported that he had had a personal letter from Dr. Kennedy. He is for the building. He is not opposed to the site on the University campus, but he thinks that a good site will be available a hundred years from now and we don't need to be in any hurry. He is opposed to any rentals in the building but he is for the building.

DR. C. H. McCASKEY, *Indianapolis*: "Mr. Chairman, Ex-Presidents, and Members of the Council and Delegates: I think you all know my attitude toward this thing. I do not believe that you can build a building and take care of it as cheaply as you can by renting. That's my own personal experience in renting an office. I couldn't build a building for the space I have as cheaply and at less cost than I could rent an office.

"Now, relative to the financing, I don't know how well you have gone into this. I guess Dr. Sicks is a pretty good financier, and you talked to two bond houses here and they said, with the setup that you have, with the State, with the University, and the deed to the ground, that you couldn't write a bond issue. I may be wrong about that. Then somebody suggested that we ask the doctors to donate money for building or buy the bonds. Well, I went through that with the local Society here once to get a building fund, as chairman of the committee, and out of our whole group I had four fellows who donated a thousand dollars, two or three for \$500 and it dwindled on down to \$5.00 apiece and we didn't get very much money. We still have that money.

"Another thing, I am against trying to have a building and rent out space. That gets you into complications and, I think, with the government and with the State income tax. I don't think there is any question about that, because you can't go into the real estate business and rent space to outside organizations without having the state government take a piece of it. Now, you have just gone through that with Blue Cross, I think.

"Another thing we should have, if we are going to have it, should we have it out at the University, I think it should be a separate institution. It is going to be separated from the University and have no connection with it. In other words, we shouldn't be married to the University. Now, I am for the University. I have spent a lot of time out there and have given much time to the University. I think a lot of it, but I don't think we should hook ourselves up with it and obligate ourselves in any particular way.

"Our own local society—am I right about this,



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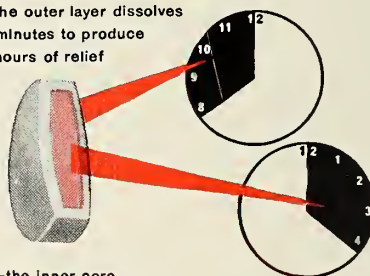
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Dr. Everly?—voted against having the building, supporting it. Is that right?"

COUNCILOR EVERLY (District 7): "That's right. I think, Mr. Chairman, they were probably opposed more to the site than they were to the building."

PAST PRESIDENT McCASKEY: "I don't know. I didn't get to that meeting. The material that I had worked out to make my talk from, I left in Chicago!"

CHAIRMAN OWSLEY: "You did very well anyway."

PAST PRESIDENT McCASKEY: "So it is a question of how you are going to finance a new building. Now, when you attempt to have the doctors buy bonds—which I don't think they will—or will you raise your dues—which they don't like—that's a big problem always. Then another thing, I can't get through my head where this thing ever came up before the Convention at French Lick, that it was ever published. Was it, Dr. Owsley?"

CHAIRMAN OWSLEY: "A resolution was adopted by the Council, Dr. McCaskey, for presentation to the Reference Committee. That was presented at French Lick."

PAST PRESIDENT McCASKEY: "Nobody knew about it except down at French Lick."

CHAIRMAN OWSLEY: "I am not sure about that."

PAST PRESIDENT McCASKEY: "It wasn't in *THE JOURNAL*. I went through *THE JOURNAL* and I couldn't find it in there. So that is about all I have to say. You have my sympathy!"

CHAIRMAN OWSLEY: Thank you, Dr. McCaskey. We want your sentiments and we welcome them. All sentiments will be put in the basket and will be passed out to everyone so they can be properly digested.

DR. CLEON A. NAFE, *Indianapolis*: "Mr. Chairman and Members: I am opposed to the Indiana State Medical Association building an office building at the present time. If one is built, I do not believe it should be built on the I. U. campus. I do not believe any of this should be done until the House of Delegates has considered all of the facts and has expressed its approval. The delegates should know something about the cost of building and the cost of operation. They should have the correct statement concerning what our present rental is and what it will be in the future. Someone stated at French Lick that the rental was \$900, when, in fact, at that time it was \$310. I am also told that additional space is available in the Hume-Mansur if it is desired.

"I would disapprove of using our reserve fund for building the building, inasmuch as most of

this was accumulated for the purpose of opposing the Murray-Wagner-Dingell bill. It was expressed that when the dues were raised at that time the money would be used for that purpose, and the dues lowered when the emergency was over. This has not been done as many of us promised.

"I would also be opposed to constructing a building to be rented to other organizations, since this would involve us in taxation problems and probably eliminate our tax status as a charitable and educational society.

"Certainly, details of how it would be financed and the cost of operation should be carefully determined before entering into the project.

"I consider myself a loyal alumnus of I. U. However, I would consider it inadvisable for the Indiana State Medical Association to own a building on I. U. property. I believe we are sufficiently independent that we should not be beholden to any other organization.

"Some have mentioned that it would be nice to have a bar in this building so that it could be used for entertainment of visiting physicians by the staff at the University as well as the society itself. This has not been mentioned at this meeting, but it has been suggested in some conversations that I have heard. I would be absolutely opposed to such a project, where students might also have access to it. This would be very poor public relations for our medical society, and I would be 100 percent against it.

"In summary, I am opposed to the building of a building on the Indiana University campus, until such time as it has been approved by the House of Delegates. There is no rush about it, and I doubt the advisability of entering into the project at this time."

DR. WALTER L. PORTEUS, Franklin: "Mr. Chairman, Members of the Council, and Distinguished Hoosiers: In the first place, I think we should have an office building. The question of whether or not it would be more economical to rent or to own a building, I think, is rather beside the point in relation to the prestige that it would give to the Association. When I think of the labor organizations, lodges, and a hundred and one other organizations that do own their own buildings, I believe they evidently feel that it is not too uneconomical.

"Now, as to the question of whether we should have a building on the University campus, I would not be opposed to that in any way so long as we had complete autonomy over the ground that we were given or that we bought. If it were a matter of financial saving in relation to acquiring the ground, I would be in favor of it. I think Dr. Howard brought out the fact that we have need for a closer liaison with the University than we have had in the past. I think you recognized that today by establishing a liaison committee for that very purpose.

"Good business would seem to indicate that it

might be well to have some rental space in a building. The building might be made big enough to begin with in order to have some outside income. Then, if we grew and expanded to a place where we would need that room, it would be available.

"I heard this morning that the Indianapolis delegation had been opposed to it on the basis that it is cheaper to rent, that the present office is centrally located; that there are ample parking places, which is true, but they are pretty hard to find. They left out the most important point—that there has always been a lot of friction between the physicians of the University and a portion of the Indianapolis group who are not associated with the school. I have heard this years in and years out as long as I have practiced in this area.

"Somebody said, 'Don't rush! We have plenty of time.' That's the reason my father never bought an automobile, because he said, 'Well, next year they will make them better.' And I suppose they will make better buildings a thousand years from now than they do now. Maybe they won't be any cheaper!

"I didn't realize that Dr. Nafe thought that we were going to have a public bar in the basement. I see no reason for *not* having a simple place where you can have a drink if you so desire.

"I think you gather from my few short remarks that I am highly in favor of an office building of

our own, with rentals to permit us to build a big enough building that we can expand in the future if necessary. I am not opposed to a private bar in the basement if that is the wish of the members. And as far as having the building on the campus, I have no objection whatsoever as long as we have complete autonomy over the ground that we might acquire. Thank you."

DR. KARL RUDDELL, *Indianapolis*: Dr. Everly reported that Dr. Ruddell does not object to the building. He objects to the site.

DR. R. L. SENSENICH, *South Bend*: Dr. Olson reported that Dr. Sensenich is in favor of a new building. He didn't go into all the details of this situation, but he said, as long as the organization can retain its autonomy, he would be in favor of it, that is the University site or any other site as far as that is concerned.

CHAIRMAN OWSLEY: "Now, gentlemen, you have heard the representatives of the Indianapolis Medical Society this morning. It has been and will continue to be the policy of the Council, acting as a committee as a whole, to hear all evidence in the case of the building program and present it at the proper time. There is no apparent need for long, drawn-out discussion, it would seem, at this time, on any remarks that were made. They are a matter of record, which will be included in



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the final analysis to be presented to the House of Delegates.

"Does anyone have any further remarks concerning any action we should take at this time?"

DR. TOPPING: "Mr. Chairman, I think it is necessary that we take some action before the next meeting of the Board of Trustees of Indiana University. The Dean has requested, in fact requested today, instructions as to whether he should ask for this other property. Now we should either ask for that, to see whether we can get it or not, or abandon it. I think we ought to do that now."

CHAIRMAN OWSLEY: "I am not entirely clear in my mind that the original site selected by the Council has been completely refused or eliminated. Dr. VanNuys, would you care to comment on that?"

DR. VANNUYS: "I had a meeting with President Wells on Thursday. He has been on the United Nations and it was the first time I had a chance to talk with him. President Wells said he spent a full day with the architects in New York and they very strongly advised against this particular site because of the traffic situation and the size of it. They didn't think a building of 30,000 square feet could fit in there very well. Now, he had not discussed that with the Board. It was his general view in accepting the decision of the landscape architects. He did suggest looking at other sites, a couple of places along the parkway."

DR. TOPPING: "Well, if we are to get this thing solved, we have to have something to present to the House of Delegates. If we don't take any action today, we will have nothing to present to them. It would be the same thing then as starting all over again. If we decide today that we will ask for this land at this site, then before we have our House of Delegates meeting, we should know whether this land is going to be available to us. We should also explore the possibility of other sites so that we can present that to the House of Delegates. But I think that something should be done to get us on the road today. If we just leave it as it is, we are up in the air. . . . I was thinking in terms of a special meeting of the House of Delegates, but not until after we have something to present to them."

CHAIRMAN OWSLEY: "The question back in my mind is whether or not we shouldn't explore a little further before we take action. There is not much we can take action on because there isn't anything definitely available."

DR. TOPPING: "Next month is when the Trustees meet, before the next meeting of the Council."

MR. ALBERT STUMP: "Mr. Chairman, I don't mean to influence the thinking of anybody either way in this matter, but, having in mind what Dr.

Topping was speaking of, it might be wise to ask the Trustees to give an option to this organization. That way, we wouldn't be committed to it but they would be, and you could decide on it afterward. I just suggest that as a legal proposition; it might be worth while to consider, if anybody wants to."

CHAIRMAN OWSLEY: "I wonder if a letter from the state headquarters office requesting or asking for such a thing might not at least close the door on the issue for the moment."

DR. ROSS: "We have already voted as a Council in special meeting to ask for option. We are already on record."

DR. TOPPING: "That's right, but that was for this particular site which is now unavailable, or which probably will be unavailable. In other words, we won't be able to get our option."

DR. ROSS: "What you want is an option on an alternative?"

DR. TOPPING: "On an alternative."

CHAIRMAN OWSLEY: "Or more than one, for that matter."

DR. TOPPING: "That's right, so we can go to the House of Delegates and say, 'We can get this land here, or we can get this land here. This will cost so much, that will cost so much.'"

DR. LARSON: "I move that the Chairman appoint a committee from the Council to meet with the Indiana University Board of Trustees when they have their meeting in February and present our views at that time."

(Motion seconded by Dr. Challman.)

DR. LARSON: "They can proceed to the option stage . . . on one or more sites."

DR. SICKS: "Somewhere along the line I was authorized to secure this property as soon as it was released."

CHAIRMAN OWSLEY: "It isn't released."

DR. LARSON: "The site is not available."

(Dr. Larson's motion was put to vote, and carried.)

The chairman of the Council announced that this committee "to meet with the Board of Trustees, from the Council, to investigate further this business and express our views as to a site" would be composed of Dr. Topping, as President, ex-officio chairman, and Drs. Challman, Neumann and Sicks.

SPRING MEETING OF THE COUNCIL

By consent, Sunday, April 20, 1958, was set for the Spring Council meeting at the Indiana University Student Union Building, Indianapolis.

There being no further business, the meeting was adjourned.

EXECUTIVE COMMITTEE

January 18, 1958.

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of *The JOURNAL*; Albert Stump and Robert Hollowell, attorneys; James A. Waggener, executive secretary; Robert J. Amick, Wayne Worick and Howard Grindstaff, field secretaries.

Membership Report

It was reported that the letter sent out by Dr. Topping to members who had not paid AMA dues, or who were delinquent in the payment of these dues, had brought favorable replies from 24 members who had affiliated with the American Medical Association.

Headquarters Office

The field secretaries reported on their activities since the last meeting of the committee.

The secretary read the letter announcing the sale of the Hume Mansur Building to Mr. Robert A. Futterman and associates of New York City. The secretary reported that the Hume Mansur Company had informed him that the rent for the space occupied by the Association and *The JOURNAL* would be increased at the rate of seventy-five cents per square foot to cover the cost of centralized air conditioning.

Action on the proposed remodeling of the headquarters office space, which the Hume Mansur Company agreed to do providing the Association would sign a three-year lease and stand fifty percent of the remodeling cost, was deferred by consent.

Treasurer's Office

The treasurer presented the report of the George S. Olive & Company, and upon motion of Drs. Wood and Olson the report of the treasurer was approved.

The treasurer asked the question for clarification regarding the funds in the Student Loan account, and upon motion of Drs. Topping and Wood this question was to be referred to the Council.

The treasurer reported on the negotiation for the advance payment on the part of the Government to handle Medicare, pointing out that it would be necessary to establish a new bank account, and upon motion of Drs. Olson and Owsley the treasurer was authorized to establish an account at the Indiana National Bank of Indianapolis under the title of Indiana State Medical Association, U. S. Army Special Bank Account, and that the treasurer be authorized to sign the checks payable from this account.

Legislative Matters

Mr. Hollowell, attorney, reported on the request of the State Board of Health for interpretation regarding the essential information which should be placed on labels under the Household Poison Bill which was adopted by the 1957 legislature.

Organization Matters

Dietary manual. Letter received from Mrs. Kathryn Sheedy, chairman of the Shared Dietitian Project of Indiana, regarding a dietary manual and request for \$250.00 from the Association was reviewed, and upon motion of Drs. Wood and Sicks, Mrs. Sheedy is to be written a letter commending her on her work on the dietary manual and informing her that the Association will not participate in financing this book.

Membership in the United States Chamber of Commerce in the amount of \$50.00 was approved on motion of Drs. Wood and Olson.

The request of the Indiana Academy of General Practice to use the Association mailing list for mailing notices of its forthcoming annual meeting was approved on motion of Drs. Wood and Topping.

Letter from The Northern Tri-State Postgraduate Medical Association, asking for permission to use the Association mailing list was read and on motion of Drs. Wood and Topping this request was approved.

The suggested letter from St. Paul Mercury Indemnity Company, to be distributed to the membership of the Association in accordance with the agreement reached by the Executive Committee and the Council, was reviewed and by consent the secretary was instructed to draft a letter reviewing the past history of the Association and St. Paul in the professional liability field, and Dr. Wood is to approve the letter before it is sent.

The request of the Indiana State Association of Medical Assistants to distribute through the News Flash a folder inviting doctors' assistants to join the state organization was approved by consent.

Upon motion of Drs. Topping and Wood, a grant of \$1,000.00 to the Woman's Auxiliary to the Indiana State Medical Association was approved.

Medicare

The secretary reported the action of the Council in designating the Executive Committee to renegotiate the Medicare contract on behalf of the Association.

The secretary asked for instructions for carrying on preliminary work on the renegotiation of the Medicare schedule, and upon motion of Drs. Topping and Wood the chairman was requested to assign to different members of the Executive Committee different parts of the schedule for preparation before the next meeting of the Executive Committee.

New Business

Statement of Receipts and Expenditures for December, 1957, and Report on the Budget for December, 1957, for the Association, were approved by consent.

There being no further business, the Committee adjourned to meet again on Wednesday, February 5, 1958.



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Alcoholism and Drug Addiction*

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MODERN METHODS

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE WITH THE WOMAN'S AUXILIARY TO THE INDIANA STATE MEDICAL ASSOCIATION

I. U. Student Union Building, Indianapolis

January 18, 1958.

Present: Mrs. Wendell C. Stover, president
Mrs. Earl Bailey, president-elect
Mrs. Kenneth Brown, treasurer

Executive Committee members: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Representatives of the Woman's Auxiliary to the Indiana State Medical Association reported on their program and accomplishments of the past year. Among their concerns was that of increasing the membership in the Auxiliary. It was pointed out that word had reached them that the Auxiliary known as the Northeast Academy, comprised of Steuben, DeKalb, Noble and LaGrange counties, was dissolving, and it was agreed that the field representatives of the state medical association should discuss Auxiliary matters with the various county societies in their districts in an effort to encourage active participation at the county society level.

It was suggested by the Executive Committee that the Auxiliary give some thought to the proposed building program of the Association, as they could do much to explain this program throughout the state.

It was also pointed out that it was anticipated that the Auxiliary would be asked to participate actively in legislative matters, and a suggestion was made that an all-out effort be made to register voters in the various counties before the deadline on April 7, and that they encourage their husbands to take an interest in the candidates who file for the primaries in May.

The Auxiliary discussed the problem of financing their publication, **THE HOOSIER DOCTOR'S WIFE**, and the Executive Committee advised the

Auxiliary that they attempt to procure additional advertising for their publication in order to cut down the cost to the Auxiliary treasury.

There being no further business the meeting was adjourned.

MINUTES OF THE MEETING OF THE EXECUTIVE COMMITTEE OF THE INDIANA STATE MEDICAL ASSOCIATION WITH THE JOINT CONFERENCE COMMITTEE FOR FINANCING AND EXPANDING NURSING EDUCATION

I. U. Medical Center, Indianapolis

January 18, 1958.

Present: Miss E. Nancy Scramlin, R.N., executive secretary, Indiana State Nurses' Association
Mrs. Genevieve Beghtel, president, Indiana State Nurses' Association
Miss Ethel Jacobs, president, Indiana League for Nursing
Jack Hahn, Indiana Hospital Association

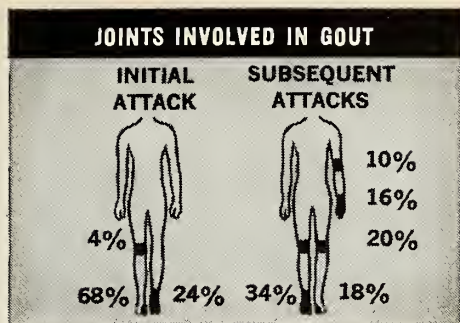
Members of Executive Committee, Indiana State Medical Association: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Representatives of this organization met with the members of the Executive Committee and explained the background and purpose of this committee, pointing out that a situation is in existence in many schools of nursing making it necessary to close due to the expense of carrying on nursing education programs; also the need for qualified faculty in some of the existing schools.

A thorough discussion of the problems was had, and the committee representatives stated they were most anxious to have the participation of the Association in these discussions and in the planning.

By consent it was agreed that this matter should be assigned to the Commission on Interprofessional Relations as a responsibility of this Commission.

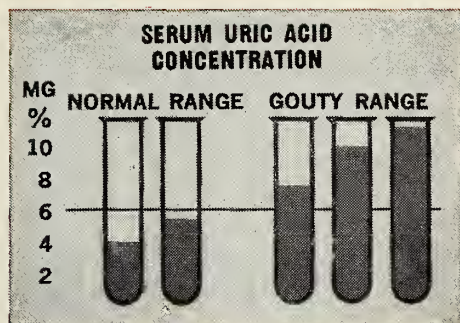
There being no further business the meeting was adjourned.



1. Recurrent joint pain followed by long periods of complete remission. (Percentages refer to incidence.)



2. Enlargement of bursae such as in this case involving the olecranon bursa.



3. Elevated serum uric acid levels.



4. Colchicine test: full dose (0.5 mg.) every 1 to 2 hours until pain is relieved or nausea, vomiting or diarrhea occur. The test requires usually 8 to 16 doses. Pain relief is highly indicative of gout.

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News from the County Societies

"Anticoagulant Therapy" was the subject discussed by four Fort Wayne physicians at the January 7 meeting of **Fort Wayne (Allen County) Medical Society**. Participants were Drs. Charles M. Frankhouser, who served as moderator, Julian R. Kaufman, Robert E. Sullivan, and Richard R. Horning. All panelists are members of the staff of Parkview Memorial Hospital.

The meeting was held in the Fort Wayne Shrine Club.

Dr. Harvey J. Sigmond, Indianapolis orthopedist, was the guest speaker at the **Boone County Medical Society** meeting on February 4 in the Witham Memorial Hospital, Lebanon. He presented a paper on "Colles Fractures".

Dr. Kenneth O. Neumann, Lafayette, also spoke on "The Proposed Building Program of the State Medical Association."

Fifteen members of the society attended the dinner meeting.

Carroll County Medical Society members honored Mrs. Gregg, Carroll County nurse for 32 years, at their regular January 15 meeting. Mrs. Gregg is retiring.

The dinner meeting was held in the home of Dr. George Wagoner, Delphi, with 21 members and guests present.

Dr. Earl Bailey, Logansport, was the guest speaker, presenting a paper on "Medical and Surgical Management of Duodenal Ulcers."

"Disorders of the Heart," a Technicolor film, was shown to 16 members of **Clark County Medical Society** at a meeting January 21 in Clark County Memorial Hospital, Jeffersonville.

During the business meeting, there was a general discussion regarding trustee cases.

Twelve members of **Clay County Medical**

Society held a business meeting following dinner January 21 in the Elks Club at Brazil.

A report on programs and problems at local, state and national level was given by Robert J. Amick, field secretary for ISMA.

The date for the Fifth District Medical Society meeting was set for May 21 in the Elks Club at Brazil.

Dr. Donald B. Garvin was voted into membership in the society. He is a 1945 graduate of Indiana University School of Medicine and served both internship and residency in the Hospital of the City of Detroit.

Dearborn-Ohio County Medical Society members met in the Dearborn Country Club for dinner January 23 with 10 members and R. J. Amick, ISMA field secretary, attending.

A routine business meeting and general discussion of problems confronting the society was held. Mr. Amick reported on state headquarters activities.

A general business meeting of the **Delaware-Blackford County Medical Society** was held in the Delaware Hotel, Muncie, following dinner on January 21. Dinner was served to 42 members and Howard Grindstaff, ISMA field secretary for northern Indiana, who was making his initial visit to the society.

The Forand Bill which has been introduced in Congress, and the Medicare program, were among topics of importance discussed by the membership.

Dr. E. E. Avery, Northwestern University, Chicago, was the special speaker at the January 9 meeting of **Elkhart County Medical Society**. He discussed "Crushing Chest Injuries, Their Treatment" before 75 members and guests.

In an excellent paper, Dr. Avery discussed the new Mörch respirator which he described as a simple machine which outmodes the iron lung and has many practical applications in

medical cases, brain injury cases, and all chest and traumatic cases requiring the use of a respirator.

The February 6 meeting of the Elkhart County Society was a dinner-dance in the Hotel Elkhart with Auxiliary members and special guests attending.

On March 13 the Elkhart County Medical Society and the Elkhart County Bar Association were to hold their annual combined meeting of the two professional groups.

Hamilton County Medical Society members met in the Riverview Hospital cafeteria, Noblesville, on January 14 with 22 members and guests present.

An Upjohn film, "Key Questions in Coronary Disease," was shown.

Jasper-Newton County Medical Society held a business meeting February 12 in Kanne's restaurant with 9 members attending.

The next meeting of the group was to be held March 12 in the Hazeldon Country Club at Brook.

A dinner-meeting of Jay County Medical Society was held in Jay County Memorial Hospital, Portland. Fourteen members were present for the routine discussion of society business matters.

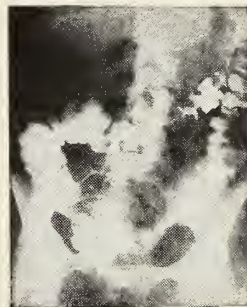
At a joint meeting of the Knox County Medical Society and the Knox County Bar Association on January 21 in the Grand Hotel, Vincennes, members and guests viewed a film, "Medical Witness," prepared by the legal department of the American Medical Association.

Judge Ralph Seal and Judge Curtis Shake, representing the Bar Association, and Dr. E. T. Edwards and Dr. Bart Corsentino, the Medical Society, then offered a round table discussion of the film.

The February 18 meeting of the society

when anxiety and tension "erupts" in the G. I. tract...

**in spastic
and irritable colon**



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Meprobamate with PATHILON® Lederle

Combines Meprobamate (400 mg.) the most widely prescribed tranquilizer... helps control the "emotional overlay" of spastic and irritable colon—without fear of barbiturate loginess, hangover or habituation... **with PATHILON (25 mg.)** the anticholinergic noted for its extremely low toxicity and high effectiveness in the treatment of many G.I. disorders.

Dosage: 1 tablet t.i.d. at mealtime. 2 tablets at bedtime.

Supplied: Bottles of 100, 1,000.



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was to be held in the Vincennes Country Club.

"New Diagnostic Methods and Methods of Treatment in Pediatric Cardiology" was the title of a paper presented to members of **Madison County Medical Society** by Dr. Paul R. Lurie, Indiana University Medical Center, Indianapolis, on January 20.

Thirty-eight members and two guests attended the dinner-meeting in the Anderson Country Club.

During the business meeting, Dr. R. V. Drennen was elected to membership, and Howard Grindstaff, ISMA field secretary, was introduced. Members discussed the Forand Bill and the Medicare program.

Dr. Harry Pandolfo, incoming president of the **Indianapolis (Marion County) Medical Society**, was introduced by Dr. James M. Leffel, retiring president, at the regular meeting of the society on January 14 in the Empire Life Auditorium.

In his address, Dr. Pandolfo said in part: "The year we have just started may witness many changes for the medical profession on a national level—Congress will consider several bills affecting medicine as a whole and it behooves all of us to inform ourselves regarding this proposed legislation and speak our piece. I wish to mention briefly some of this important legislation; namely, the Forand Bill, Social Security for physicians, and the Jenkins-Keogh Bill.

". . . The threats today are greater than ever—Social Security medicine, labor union domination of medicine through closed panel health plans, and institutional practice by hospital corporations. All these and more are possible. There are many spokesmen fortified by a wealth of propaganda who are working full time to promote the threats I have just mentioned. If they succeed, all doctors could eventually become employees of clinics, hospitals, health centers and finally government itself.

"A final word—last year your President closed with a plea to give medicine back to the doctors. This year I would like to expand on that theme. Heads up, Doctor, so that

you may be aware of what goes on around you, and also that you may display your pride in being a part of the American system of medicine—one in which the patient and his doctor are most important.

"Then speak up! Formulate your opinions carefully and never hesitate to speak your piece when you feel you are right, so that 1958 may be a good year for this Medical Society and medicine in general.

"Heads Up, Doctor—and Speak Up!"

Preceding Dr. Pandolfo's talk, Drs. Lyman Eaton, M. Ray Schmoyer and Neil R. Strickland were elected to membership.

Memorial tributes were read to Dr. Carl Huckleberry and Dr. C. O. McCormick.

Eight applications for membership were received and referred to the Council.

At the January 28 meeting of the Indianapolis Medical Society, Dr. Rudolph Noer, professor of surgery at the University of Louisville, discussed "Intestinal Obstructions" following his introduction by Dr. Harris B. Shumacker, Jr.

A resolution memorializing Dr. Don D. Bowers was read by Dr. J. William Hofmann.

Owen-Monroe County Medical Society members held a joint meeting with Morgan County Medical Society and members of both county Auxiliaries on January 30 in the Van Orman-Graham Hotel, Bloomington.

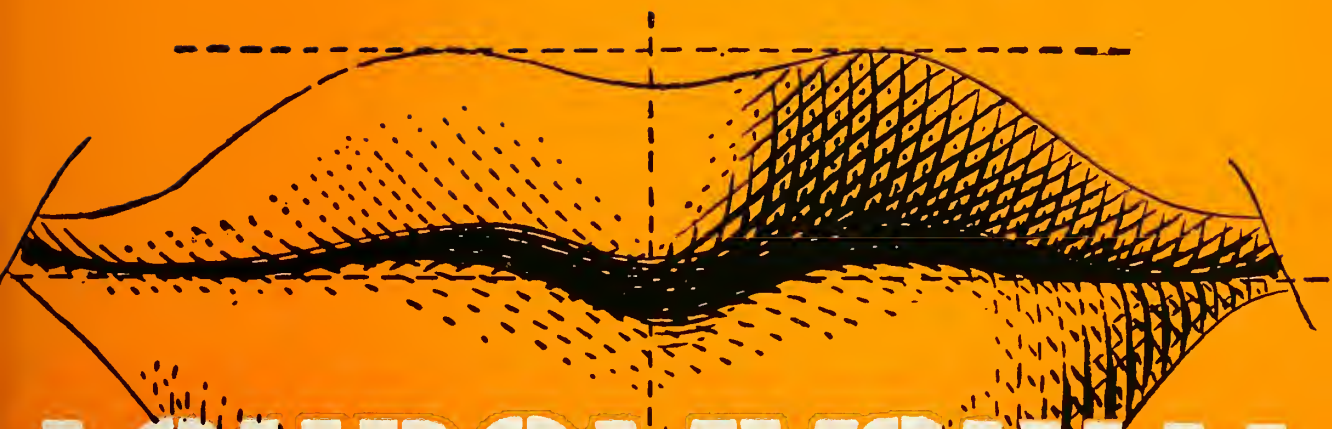
Speakers for the evening were Dr. C. Philip Fox, Washington, and L. E. Converse, of the Blue Shield headquarters in Indianapolis. They discussed "Medical Economics and Blue Shield".

Eighty-nine members of the several organizations attended.

At the dinner meeting of **Tippecanoe County Medical Society** in The Trails, Lafayette, on January 14, the 46 members attending considered a new constitution and by-laws for the society.

On February 11 the society again met in The Trails for dinner and later heard Dr. L. W. Combs speak on "The Purdue Infir-

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FAST-ACTING
ORAL FORM
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ACHROMYCIN V**



ACHROMYCIN V*

TETRACYCLINE BUFFERED WITH SODIUM CITRATE

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aqueous
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- accelerated absorption in the gastro-intestinal tract
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- unsurpassed, true broad-spectrum action
- minimal side effects
- well-tolerated by patients of all ages

ACHROMYCIN V SYRUP:

Orange Flavor. Each teaspoonful (5 cc.) contains 125 mg. of tetracycline, HCl equivalent, citrate-buffered. Bottles of 2 and 16 fl. oz.

DOSAGE:

6-7 mg. per lb. of body weight per day.

*Reg. U. S. Pat. Off.



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mary Expansion Program." Attendance at this meeting was reported as 52.

Dr. Patrick J. V. Corcoran, Evansville, was installed as president of **Vanderburgh County Medical Society** at the January 14 meeting of the society in the Hotel McCurdy, Evansville. In a brief talk he outlined his program for the coming year.

A gift was presented to Dr. W. R. Springstun, immediate past president, by Dr. L. Edward Gaul for the society.

A paper on "Medical Evansville a Century Ago" was presented by Dr. W. D. Snively, Jr., chairman of the committee planning a permanent exhibit for the new Evansville museum. Others on the committee are Drs. Herman Baker, John Visher, and Stephen Tager.

A report was made by the Committee on Indigent Care with recommendations for operation of the new convalescent facility at Boehne Hospital.

Dr. James M. McFadden, Lafayette, presented a paper on "Aneurysms of the Circle of Willis" at the January 15 meeting of **White County Medical Society**.

The meeting was held in White County Memorial Hospital, Monticello, with 10 members present.

Present officers were returned for the current year. They are: Dr. S. E. McClure, Monon, president; Dr. John Carney, Monticello, vice-president; and Dr. David Beck, Monticello, secretary-treasurer.

The next meeting of the society will be called.

County society secretaries are urged to send reports of meetings to the Indiana State Medical Association as promptly as possible. The JOURNAL would like to publish reports of each meeting and would appreciate receiving additional information on the program or business transacted. Interest is always high in "what the other fellow is doing." Let The JOURNAL help you publicize the activities of YOUR society.

How Old is Too Old for Tranquilizers ?

The psychological needs of the elderly confront physicians with one of their most perplexing problems. Perhaps no other patient group suffers so much from emotional distress. Yet, precisely because of their age, geriatric patients often seem beyond the reach of tranquilizing treatment.

When tranquilization seems risky . . .

They are too much beset by complicating chronic ailments, too susceptible to serious side effects. Ataraxia is clearly indicated, yet the doctor cannot risk side reactions on liver, blood or nervous system.

Is there an answer to this dilemma?

We feel there is. In four recent papers investigators have reported good results with ATARAX in patients up to 90 years of age.* In one study, improvement was "pronounced" in 76%, "good" in an additional 18.5%.* ATARAX has been successfully used in such cases as senile anxiety, agitation, hyperemotivity and persecution complex.* On ATARAX, patients became "... quieter and more manageable. They slept better and demonstrated improved relations with other patients and hospital personnel. Even their personal hygiene improved, and they required less supervisory management."*

. . . ATARAX is safe

Yet even in the aged, ATARAX has given "no evidence of toxicity. . . . Complete liver function tests and blood studies were made on all patients after two months of therapy. . . . There were no significant abnormalities."* With still other elderly patients "tolerance to the drug was excellent, even in cases where the patients were given relatively high doses."* Similarly, no parkinsonian effects have been observed on ATARAX therapy.

Nor does ATARAX make your patients want to sleep all day. Instead, they can better take care of themselves, because ATARAX leaves them both calm and alert. In sum, ATARAX "... does not impair psychic function and has a minimum of side effects. . . . It appears that ATARAX is a safe drug. . . ."

These, undoubtedly, are the results you want when emotional problems beset your geriatric patients. For the next four weeks, won't you prescribe tiny ATARAX tablets or pleasant-tasting ATARAX syrup — both so readily acceptable to the elderly.

*Documentation on request

ATARAX

in any
hyperemotive
state

for childhood behavior disorders

10 mg. tablets—3-6 years, one tablet t.i.d.; over 6 years, two tablets t.i.d. Syrup—3-6 years, one tsp. t.i.d.; over 6 years, two tsp. t.i.d.

for adult tension and anxiety

25 mg. tablets—one tablet q.i.d. Syrup—one tbsp. q.i.d.

for severe emotional disturbances

100 mg. tablets—one tablet t.i.d.

for adult psychiatric and emotional emergencies

Parenteral Solution—25-50 mg. (1-2 cc.) intramuscularly, 3-4 times daily, at 4-hour intervals. Dosage for children under 12 not established.

Supplied: Tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution, 10 cc. multiple-dose vials.

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Indiana State Board of Health

DIVISION OF COMMUNICABLE

DISEASE CONTROL

With this issue The JOURNAL is resuming publication of the monthly reports issued by the office of Dr. A. L. Marshall, Jr., Indiana State Board of Health.

Reports for December, 1957, and January, 1958 follow:

MONTHLY REPORT - DECEMBER 1957

Disease	Dec. 1957	Nov. 1957	Oct. 1957	Dec. 1956	Dec. 1955
Animal Bite	76	205	300	177	278
Chickenpox	308	327	189	701	448
Conjunctivitis	26	30	23	17	30
Diphtheria	2	5	1	-	1
Dysentery, Other, Unspecified	5	113	48	7	19
Impetigo	29	41	71	36	28
Infectious Hepatitis	15	18	14	41	46
Infectious Mononucleosis	1	1	7	3	4
Influenza	1,024	9,186	35,672	179	379
Measles (Rubeola-Rubella)	188	48	59	105	106
Meningitis, Meningococcal	7	9	8	4	11
Meningitis, Other	10	11	14	16	11
Mumps	218	357	157	245	244
Pertussis (Whooping Cough)	30	35	47	32	93
Pneumonia	112	199	129	119	221
Poliomyelitis	9	14	32	11	4
Streptococcal Infections	217	159	80	262	192
Tinea Capitis	17	26	43	19	22
Vincent's Infection	2	3	4	4	3

MONTHLY REPORT - JANUARY 1958

Disease	Jan. 1958	Dec. 1957	Nov. 1957	Jan. 1957	Jan. 1956
Animal Bite	98	76	205	127	201
Chickenpox	602	308	327	796	649
Conjunctivitis	17	26	30	19	33
Diphtheria	0	2	5	0	3
Dysentery, Other, Unspecified	102	5	113	7	20
Impetigo	25	29	41	42	23
Infectious Hepatitis	37	15	18	16	32
Infectious Mononucleosis	3	1	1	4	5
Influenza	665	1,024	9,186	272	555
Measles (Rubeola-Rubella)	654	188	48	883	219
Meningitis, Meningococcal	1	7	9	2	6
Meningitis, Other	8	10	11	1	5
Mumps	415	218	357	199	432
Pertussis (Whooping Cough)	27	30	35	39	66
Pneumonia	167	112	199	128	193
Poliomyelitis	1	9	14	4	1
Streptococcal Infections	355	217	159	353	221
Tinea Capitis	32	17	26	12	78
Vincent's Infection	6	2	3	3	2

See anybody here you know, Doctor?

I'm just too much



AMPLUS®

for sound obesity management
dextro-amphetamine plus vitamins
and minerals

I'm too little



STIMAVITE®

stimulates appetite and growth
vitamins B₁, B₆, B₁₂, C and L-lysine

I'm simply two



OBRON®

a nutritional buildup for the OB patient

OBRON® HEMATINIC

when anemia complicates pregnancy

And I'm getting brittle



NEOBON®

5-factor geriatric formula
hormonal, hematinic and
nutritional support

*With my anemia,
I'll never make it up
that high*



ROETINIC®

one capsule a day, for all treatable anemias

HEPTUNA® PLUS

when more than a hematinic is indicated

(Prescription information on request)

... solve their problems with a nutrition product from



New York 17, New York
Division, Chas. Pfizer & Co., Inc.

The Lighter Vein—

Patient to Doctor: "Well, can you recommend a good Republican psychiatrist?"

Current events (wife to husband, naturally): "I could have had a whole new wardrobe if you hadn't spent all that money on income tax."

Doctor to patient who just stepped out of body cast: "Don't worry about it. You were bound to lose some weight."

A prim little old lady was telling her friend about her awful shock upon finding two empty whiskey bottles in her garbage can. "You can imagine my embarrassment," she said. "I got them out fast because I didn't want the garbage man to think I drink."

"What did you do with them?" asked her friend.

"Well, the minister lives next door," was the reply, "so I put them in his garbage can; everybody knows he doesn't drink."

His wife lay on her death bed. She pleaded: "John, I want you to make me a promise. Will you ride in the same car with mother to the funeral?"

He sighed: "O.K., but it's going to spoil my whole day."

Two old hermits had saved some money and decided to have themselves some fun. So they got on a train. After a while, a fruit vendor passed through and persuaded them to buy some bananas.

The bolder one peeled a banana half way down and ate it just as the train entered a tunnel. Excitedly he exclaimed: "Hey, Zeke, you et that there banany yit?"

"Nope," was the reply.

"Well, don't do it," declared the first, "I et mine and durned if I ain't stone blind."

The penny pinching couple took their infant son to a movie. The usher warned them unless the baby remained quiet, the management would refund their money and ask them to leave.

Near the end of the feature, the husband nudged his wife and whispered, "What do you think of it?"

"Terrible," she replied.

"Check," he agreed. "Pinch the baby."

An Irish soldier on duty in Egypt received a letter from his wife saying that there wasn't an able-bodied man left, and she was going to have to dig the garden herself.

Pat wrote at the beginning of his next letter: "Bridget, please don't dig the garden, that's where the guns are."

The letter was duly censored, and in a short time a lorry-load of men in khaki arrived at Pat's house and dug up the garden from end to end.

Bridget wrote to Pat in desperation, saying that she didn't know what to do, as the soldiers had dug the garden up, every bit of it.

Pat's rely was short and to the point: "Put in the spuds."

Officer (to man pacing the sidewalk at 2 o'clock in the morning): "What are you doing here?"

Man: "I forgot my key, officer, and I'm waiting for my children to come home and let me in."

Two young cuties were discussing future jobs. "I'm going to be an airline hostess," said one. "You meet lots of men that way."

"There are other jobs where you meet men too," said the other cutie.

"Yes," said the first one, "but not strapped down."

Three men were driving through the country very late on a pitch black night. Two were in the front seat and the other in the back asleep. Suddenly the driver asked the man in the back to look out the rear window and see who the crazy driver was behind them. For the past several minutes, he had been trying to let him pass and to top it off, his car had only one light on.

The man looked out the back and then said very excitedly: "No wonder he can't pass you — he's on tracks!"

"You told me how good you were when I engaged you three months ago," said the managing director to the new typist. "Now, tell me all over again; I'm getting discouraged."

"Get my bag at once," shouted the doctor to his daughter.

"Why, Dad?" she asked, "What's the dither?"

"A fellow just telephoned who says he can't live without me," explained the doctor, grabbing his hat.

His daughter heaved a vast sigh of relief. "Hold it, Dad," she said quietly. "I think that call was for me."

The new commander, inspecting the camp's water supply, asked what was being done about contamination. "Well, sir," said the non-com, "we boil it first." "Fine," nodded the general. "Then we filter it," said the sergeant and the general nodded approvingly. "And then," continued the sergeant, "just to play safe, we drink beer."

The new doctor was the only one available when Mr. Smith's wife was taken ill. He went upstairs to the patient's room. In a few minutes he came down to ask, "Have you a cork screw?"

He took the cork screw and ran upstairs again. But several minutes later he was back down a second time. "Got a screw driver?" he asked. And bounced upstairs again with the screw driver in his hand. Almost immediately he was back down again, to call: "A chisel and hammer, quickly."

The distraught husband could stand it no longer. "For Heaven's sake, doc?" he begged, "what's the matter with my wife?"

"Don't know yet," the doc replied—"can't get my bag open."

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case summary

A 44-year-old woman had spotting and bleeding for 10 days. She was treated with NORLUTIN, 10 mg. twice daily for 4 days. Bleeding stopped during medication and 24 to 72 hours after cessation of therapy normal withdrawal bleeding occurred.

References: (1) Greenblatt, R. B., & Clark, S. L.: *M. Clin. North America*, Philadelphia, W. B. Saunders Company (Mar.) 1957, p. 587. (2) Greenblatt, R. B.: *J. Clin. Endocrinol.* 16:869, 1956. (3) Hertz, R.; Waite, J. H., & Thomas, L. B.: *Proc. Soc. Exper. Biol. & Med.* 91:418, 1956.

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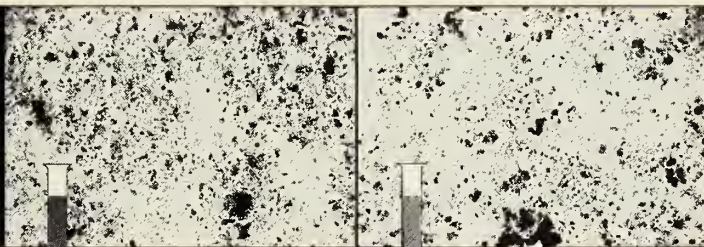
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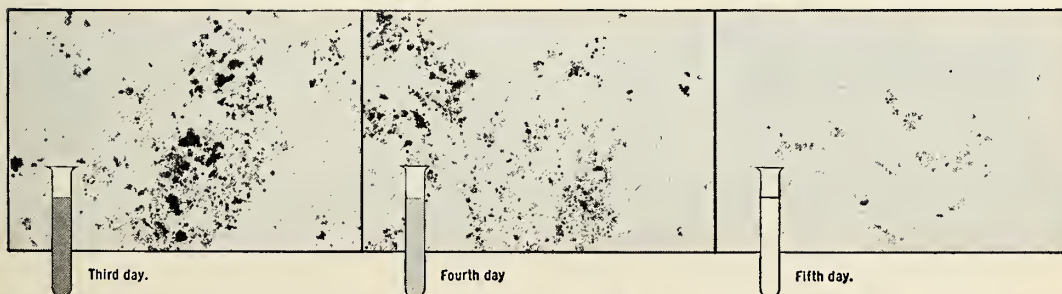
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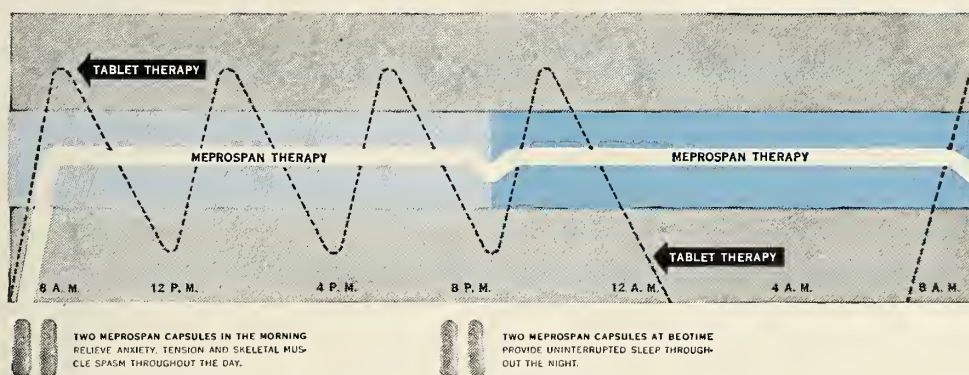
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Albert M. Ridlon, South Whitley

This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—At least for this year, it appears that Congress will keep its hands off tranquilizer drug regulation. The issue was studied by a House Government Operations Subcommittee in three days of hearings, where experts on tranquilizers testified. With few exceptions, they told the subcommittee they thought the situation was well in hand now and that no new legislation was needed.

The investigation grew out of reports that (a) some tranquilizer manufacturers are misleading doctors in literature describing the drugs and in advertisements in medical journals, and (b) somehow the general public is reading these claims and prevailing on doctors to prescribe the drugs when they aren't indicated medically.

A report, when issued by the full committee later in the year, is expected to point out some of the danger areas explored at the hearings, but not to make a strong demand for further federal regulation in this area.

Dr. Leo Bartemeier, chairman of the American Medical Association's Council on Mental Health, told the subcommittee under Rep. John Blatnik (D., Minn.) that he knows of no "gross misrepresentation" of the drugs, and that it is his understanding that the producers subject the drugs to careful tests before releasing them to the medical profession. Dr. Bartemeier explained that the drugs are helpful in bringing mental patients in contact with reality, thus preparing them for treatment.

Dr. Robert H. Felix, head of the National Institute of Mental Health, agreed that the tranquilizers are "a new source of hope" for patients and psychiatrists alike, but he pointed out that their success actually highlighted the acute shortage of trained psychiatric personnel in public mental hospitals. He said that too many patients, after being made ready for treatment through use of the drugs, have to wait for long periods

until overworked psychiatrists can start their treatments.

Two other government witnesses also said no new legislation is needed. They were Dr. Albert H. Holland, Jr., medical director of Food and Drug Administration, and Commissioner Sigurd Anderson of the Federal Trade Commission. They argued that even the most questionable wording does not mislead the wary physician, and that there is no record in 20 years of any drug advertisements sent exclusively to the profession that carried false or misleading claims.

Dr. Nathan Kline, research director for the New York State Department of Mental Hygiene, said there may be occasional abuses or "honest mistakes," but that they are not frequent enough to justify new legislation.

Dr. Kline did suggest that it might be wise to give Food and Drug Administration full authority over policing of advertising. At present FDA is responsible for checking on claims on labels or enclosed literature, and Federal Trade Commission for checking advertisements. The advantage would lie in FDA's authority to move faster against producers in case of abuse.

Among the few who called for new control legislation was Dr. J. Murray Steele, who headed a New York Academy of Medicine study of tranquilizer advertising.

In contrast to evidence from witnesses before the Blatnik subcommittee, Dr. Steele said a number of psychiatrists had told his panel that the ads often serve more to mislead than to guide physicians.

NOTES

A four-day Washington conference of representatives of **organizations concerned with nursing homes and homes for the aged** agreed on the need for federal legislation to help renovate and build facilities. Left open was the ques-

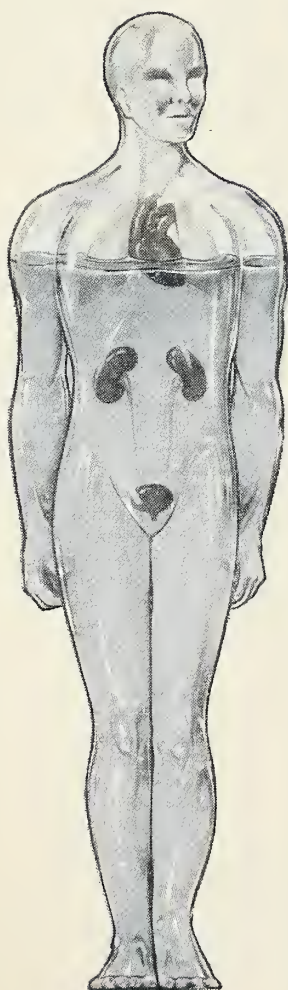
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(CHLOROTHIAZIDE)

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EDEMA



Start therapy with one or two 500 mg. tablets of 'DIURIL' once or twice a day.

BENEFITS:

- The only orally effective nonmercurial agent with diuretic activity equivalent to that of the parenteral mercurials.
- Excellent for initiating diuresis and maintaining the edema-free state for prolonged periods.
- Promotes balanced excretion of sodium and chloride—without acidosis.

Any indication for diuresis is an indication for 'DIURIL':

Congestive heart failure of all degrees of severity; premenstrual syndrome (edema); edema and toxemia of pregnancy; renal edema—nephrosis; nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.
'DIURIL' and 'INVERINE' are trade-marks of Merck & Co., Inc.



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HYPERTENSION

1 INITIATE 'DIURIL' THERAPY

'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS

The dosage of other antihypertensive medication (reserpine, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION

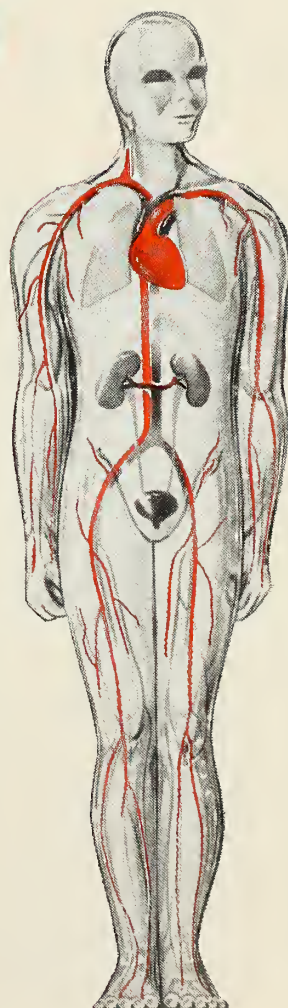
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'



tion of whether aid should be through grants or mortgage guarantees. Surgeon General Burney told the group that lack of good nursing homes was keeping "tens of thousands of older patients in general hospitals for prolonged periods beyond the time when they need or even can benefit from 'full-dress' hospital services."

Dr. David B. Allman, AMA president, has warned the country of food faddists and diet quacks. Speaking at the National Food Conference, he said too many people put off seeing a physician while accepting certain health foods, herb mixtures or "some other phony remedy." AMA and Food and Drug Administration are working on a program on the dangers of food quackery. This includes a television film.

Senator Lister Hill (D., Ala.), chairman of the Senate Appropriations subcommittee that handles the HEW budget, is convinced work should be pushed on the new National Library of Medicine building. Only planning funds have been voted to date. Hill wants the administration

to indorse \$7 million for the library in the face of deterioration of the present structure. He cites an editorial in the *Journal* of the AMA on the need for action.

Dr. F. J. L. Blasingame, AMA general manager, has informed the House and Senate Armed Services committees of AMA support for continuing the 1956 incentive pay act for medical officers. The House group is considering legislation to change the base pay of all military personnel; this would have the effect of cutting down the special pay for experienced medical officers.

The House Government Operations Committee also has been busy in another field. Reporting on its long hearings of last year on advertising of filter tip cigarettes, the group declared: "The cigarette industry has done a grave disservice to the smoking public initially, blatantly and, more recently, very subtly publicizing the filter tip smoke as a health protection."



release from pain and inflammation

with **BUFFERIN**[®] **IN ARTHRITIS**

salicylate benefits with
minimal salicylate drawbacks

Rapid and prolonged relief — with less intolerance. The analgesic and specific anti-inflammatory action of BUFFERIN helps reduce pain and joint edema—comfortably. BUFFERIN caused no gastric distress in 70 per cent of hospitalized arthritics with proved intolerance to aspirin. (Arthritics are at least 3 to 10 times as intolerant to straight aspirin as the general population.)

No sodium accumulation. Because BUFFERIN is sodium free, massive dosage for prolonged periods will not cause sodium accumulation or edema, even in cardiovascular cases. Each sodium-free BUFFERIN tablet contains acetylsalicylic acid, 5 grains, and the antacids magnesium carbonate and aluminum glycinate.

Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

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Bristol-Myers Company
19 West 50 St., New York 20, N. Y.

antiallergic benefits
all day or
all night
with just
one Pyribenzamine®
LONTAB®



The Pyribenzamine Lontab is unique in two ways. Its outer shell actually releases 33 mg. Pyribenzamine for immediate relief. Its specially formulated inner core slowly and consistently releases an additional 67 mg. Pyribenzamine to extend relief up to 12 hours.

For short-term or intermittent therapy, you can prescribe regular Pyribenzamine tablets.

SUPPLY: *Pyribenzamine Lontabs, 100 mg. (light blue). Pyribenzamine Regular Tablet, 50 mg. (scored) and 25 mg. (sugar-coated).*

PYRIBENZAMINE® hydrochloride
(tripelennamine hydrochloride CIBA)
LONTABS® (long-acting tablets CIBA)



C I B A SUMMIT, N. J.

2/2010MK

Wanted: PHYSICIANS LOCATIONS

Physicians are needed in seven Indiana communities according to requests from citizens and physicians in those localities. The requests were made during late January and February.

During that same period 20 general practitioners and 17 specialists asked for information about possible openings in the state.

The Physicians Placement service of the Indiana State Medical Association has sent information to both groups in the hope that locations will be found and physicians obtained.

SEEK PHYSICIANS

BERNE—Adams County, population 2,300. Opening for general practitioner July 1, 1958. Office space for sale or rent. Thriving community. Also some equipment for sale. Contact Myron L. Habegger, M.D., 9 Orange Avenue, Rockledge, Florida.

CHARLESTOWN—Clark County, population approximately 7,000 with a very large surrounding rural area. Free rent and equipped office free of charge for one year. Four physicians located in the town. Contact Mr. Charles C. Bottorff, Bottorff's Pharmacy, Charlestown, Indiana.

NEW PALESTINE—Hancock County, population 650. Located 17 miles from Indianapolis and 10 miles from Greenfield. One physician in community. New office, fully equipped with x-ray available. Contact Mr. Joe Wickham, druggist.

DUNKIRK—Jay County, population 3,050. Located 14 miles from Hartford City and Portland and 18 miles from Muncie. Commercial Club will assist. The demand for another physician in this industrial and agricultural community is very great and the opportunities unlimited as there are only two physicians in full active practice. Dr. Elizabeth Garber Tate is interested in securing an associate. Also Dr. N. L. Heller is interested in an associate. Contact Doctors Tate and Heller for details.

BRUCEVILLE—Knox County, population 800. Large surrounding area. Located close to Vin-

cennes. Contact Mrs. Glenn Hill, Bruceville, for details.

DYER—Lake County, population 1,600. Located close to Gary and Hammond. No physician in the town. Office available. Contact John Knutson, President of the Board of Trustees, Dyer, Indiana.

DARLINGTON—Montgomery County, population 725. Located 10 miles from Crawfordsville and 25 miles from Lafayette. Office space available. One physician in community. Contact A. E. Budd, Darlington.

INTERESTED PHYSICIANS

The following general practitioners have asked about openings for general practice in Indiana:

William J. Cron, M.D., 3428 Buena Vista, Laredo, Texas.

James F. Stewart, M.D., 133 Glenridge Place, Cincinnati 17, Ohio.

Robert E. Brubeck, M.D., 161-W, Sioux City Air Base, Iowa.

Edmund A. Krekarian, M.D., 127 Sylvia Circle, Athens, Georgia.

Francis E. Donahue, M.D., 875 W. Drive, Woodruff Place, Indianapolis, Indiana.

W. B. Long, M.D., 1400 Pythian, Springfield, Ohio.

John D. Lacy, Jr., M.D., DeMotte, Indiana.

Wayne B. Stone, M.D., 1822 S. Fillmore, Little Rock, Arkansas.

Manuel J. Soares, M.D., 195 Carew Street, Springfield, Mass.

Milton A. Boyd, M.D., Box 73, Fort Logan, Colorado.

Uldarico A. Angeles, M.D., 128 West 7th Street, Peru, Indiana.

Marvin E. Priddy, M.D., 1600 A Capehart Housing, Blytheville, AFB, Arkansas.

John R. Hanford, M.D., Collinsville, Alabama.

Paul V. Kuenzig, M.D., 3409 Jackson Street, Alexandria, Louisiana.

William H. Taake, M.D., 391 Sexton Street, Struthers, Ohio.

Charles R. Echt, M.D., 4434 N. Damen, Chicago, Illinois.

Patrick E. Callaghan, M.D., 406 May Circle, Eglin AFB, Florida.
 Roy B. Balder, Jr., M.D., 8237 Asbury Park, Detroit 28, Michigan.
 Charles N. Patton, M.D., 2310 Billman Place, Cuyahoga Falls, Ohio.
 Robert A. Rehm, M.D., Ohio State University, Columbus 10, Ohio. (locum tenens)

SPECIALISTS

The physicians listed below all specialize in some branch of medicine and have sought information on possible openings for them in Indiana cities.

Robert J. Westhart, M.D. (general surgery), 13710 Hoffman Blvd., Denver, Colorado.
 A. Raad, M.D. (general surgery), Garfield Memorial Hospital, Washington 1, D. C.
 Glenn S. Rasmussen, M.D. (general surgery), 3635 Johnson Avenue, Bronx 63, New York.
 Ralph L. Hopp, M.D. (general surgery), 338 E. Kingsley, Ann Arbor, Michigan.
 James F. Casey, M.D. (general surgery), 1313 W. Fayette Street, Baltimore 23, Maryland.
 Frank A. Perry, M.D. (general surgery), Naval Medical Research Institute, Bethesda, Maryland.

Albert D. Blenderman, M.D. (orthopedic surgery), 7244 Beverly, Overland Park, Kansas.
 William R. Chambers, M.D. (neurosurgery), 3053 Rodenhaven Drive, N.W., Atlanta, Georgia.
 Eugene F. Boyer, M.D. (dermatology), 1736 Blue Jay Cove, Brentwood, Missouri.
 Michael B. Dooley, M.D. (radiology), 1016 Dougherty Drive, Swarthmore, Pennsylvania.
 George Bouras, M.D. (anesthesiology), 5 Park Vale, Brookline 46, Massachusetts.
 Eugene Sherman, M.D. (obstetrics and gynecology), 3501 Eldorado Avenue, Baltimore, Maryland.
 J. Wesley Crossley, M.D. (ophthalmology or EENT), Gill Memorial Hospital, P. O. Box 1772, Roanoke, Virginia.
 Harry A. Goldstone, M.D. (internal medicine), 268 N. Miami Street, Wabash, Indiana.
 Rex L. Huff, M.D. (internal medicine), 2418 Harvard Avenue, N., Seattle 2, Washington.
 John E. Berry, M.D. (cardiovascular disease), 834 South 16th Street, Maywood, Illinois.
 Robert Berkow, M.D. (internal medicine), University of Rochester, 260 Crittenden Boulevard, Rochester, New York.

PMB-200

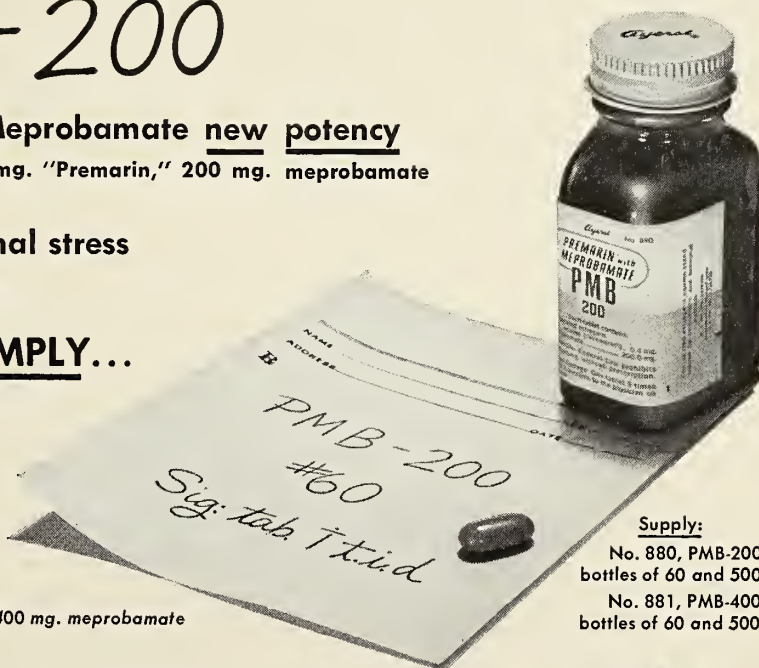
"Premarin" with Meprobamate new potency

Each tablet contains 0.4 mg. "Premarin," 200 mg. meprobamate

**For undue emotional stress
in the menopause**

WRITE SIMPLY...

Also available as
 PMB-400 (0.4 mg. "Premarin," 400 mg. meprobamate
 in each tablet).



Supply:

No. 880, PMB-200
 bottles of 60 and 500.

No. 881, PMB-400
 bottles of 60 and 500.

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5830

The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

THE EDITOR'S NOTEBOOK

By EARL RICHERT

Dr. Patrick J. V. Corcoran said some things in his Tuesday night inaugural address as president of the Vanderburgh County Medical Society that have needed to be said for some time.

He said that in addition to fulfilling their roles as physicians, the doctors should be exceedingly active in civic affairs.

"Our fundamental role," he said, "is two-fold: One is professional—the other civic."

In elaborating on his concept of the civic duty of doctors, he said:

"We have a duty to express carefully considered opinions concerning medico-civic matters, such as sewers, sidewalks, sanitation hazards, fluoridation, immunization, and other matters of public health. Nor can we evade our responsibilities in meeting and solving criticisms or suggestions such as those concerning emergency medical care.

"The total tone of the community should be our concern; our influence upon the vital decisions that promote or retard over-all progress can be very much greater than our mere proportionate segment of the body politic would justify . . .

"We should proceed along a prompt, decisive and articulate role in all pertinent phases of our community life. We should not wait to be prodded into this action or goaded into that response; it is for us to preempt our place and policy with foresight, to offer a positive rather than a negative program whenever we can."

Amen, and well said, Dr. Corcoran.

* * *

VANDERBURGH COUNTY, in my opinion, is exceptionally blessed with fine doctors. There is little reason for local citizens to have to go elsewhere for medical care.

But also, in my opinion, the local medical profession has not come close to providing the community leadership that could rightfully be expected of it—based upon the numbers and qualifications of the individuals involved.

The same can be said of the dental profession and, to a somewhat lesser extent, of the legal profession.

With rare exceptions, our professional people simply haven't been stepping forward as they should to assume roles of community leadership.

Rather, they've been leaving these tasks to the businessmen of the community.

The "why" of this is almost impossible to understand. The professional people are just as dependent upon the economic health and should be just as interested in the cultural progress of the community as are the businessmen.

Busy? Sure. So are the businessmen.

The doctor or dentist or lawyer who thinks he's too busy to take on some community assignment should take a look at the daily schedules of some of our business leaders who are working so hard on civic matters.

And particularly in this time of recession can it be said the average professional man isn't undergoing anything like the strain under which the average businessman finds himself operating.

Yet, except for the few rare exceptions among the professional people, it is the businessmen who are providing what leadership we have today in tackling community problems.

I hope sincerely Dr. Corcoran's urgings will be heeded by his medical colleagues, as well as by members of other professions.

Our community will benefit greatly if more of our talented professional people can be induced to put their shoulders to the community wheel.

—*Evansville Press.*

UNHEEDED ADVICE

Though there have been improvements in the nation's traffic safety record from time to time, the story is still fundamentally a grim one. And this is so in spite of a heavy barrage of safety appeals.

Information coming to President Eisenhower's traffic safety committee suggests most of these appeals may be bouncing off American motorists. Evidently nearly all of them think safety advice is for the other fellow, that they already are above average or better drivers.

The Opinion Research Corporation, inquiring into motorists' attitudes, found that 93 per cent place themselves in the "safe" category. A bare 2 per cent conceded they might be a bit below average. The rest had no views.

Safety campaigns apparently may have tough sledding until more drivers can be persuaded that

Continued

The Fourth Estate

Continued

they still have something to learn. This may involve better measurement as to what constitutes good driving, and better and more forceful methods of checking drivers against those standards.

Traffic safety funds channeled in this direction might be very well spent.

—*Kokomo Tribune.*

THE RIGHT TO ADVERTISE

Throughout the years during which professional and trade groups have been sponsoring proposals for laws that restrict the right of individuals to advertise, these zealots have either misunderstood or deliberately misconstrued the position taken by the newspaper fraternity in opposing such legislation.

It may not be fair to censure those who unintentionally do not understand the dual role of a newspaper. But there is reason to believe that a large part of the criticism directed at newspapers, for their antagonism to proposals for governmental throttling of advertising, is purposely designed to create distrust of newspapers.

Perhaps it is difficult for the average person to understand that in addition to the necessity for self-interest, a newspaper has the continuing obligation to protect the rights of people against unwarranted governmental domination. Advertisers are to a newspaper what patients are to a physician and what customers are to a tradesman. Without advertisers, no newspaper could exist for long or perform the service which the public has the right to demand of the press. By the same token, no professional man could practice without patients or clientele and no business could survive without customers.

In that respect then, newspapers are no more self-centered in protecting their interests when opposing laws that restrict honest advertising than the professions or the trades would be in opposing proposals that would authorize government to restrict the rights of people to seek professional service or to patronize the tradesmen of their choice. To be sure, this involves a certain degree of selfishness; but self-preservation is a factor that must be considered in the survival of any vocation, whether it be professional or commercial in nature.

What is least understood is the other role which every newspaper worthy of the name must assume in its obligation to safeguard what should be the inalienable rights of the people against unjustifiable encroachment by government. It is this factor

which underlies newspaper opposition to legislative proposals for government to police honest and truthful advertising.

The plea of the professions and some trades is that advertising is unethical. Ethics in the singular is the science that treats of morals and right conduct. The theory of the professions is that any person who practices in the professions or in licensed trades is immoral and depraved if he advertises. That is a fantastic conclusion when we realize that exercise of the right to advertise has not a whit of connection with the morals or conduct of an individual. It assumes that a scoundrel is morally pure if he does not advertise and that a person maintaining the highest ideals becomes a renegade when he exercises his right as a citizen to advertise.

While newspapers with good reason question the sense of the theory that it is unethical to advertise, they have no quarrel with any group which advocates that theory so long as it is kept within bounds. Physicians and lawyers are examples of the professions which subscribe to the theory and have adopted codes of ethics that conform to it. But it should be realized that members of these two professions have voluntarily subjected themselves to the ban against advertising. That is their privilege and their right.

It is when groups turn to government to enforce by law the denial of the right to advertise that newspapers have reason to become alarmed. The fact is that the public and more particularly the members of those groups have even greater cause for fear. Newspapers would be just as forceful in opposition to proposals that would compel individuals to advertise as they have been in attacking those by which government prohibits or restricts advertising.

There are adequate laws at the federal level and in every state to protect the people from damaging advertising. Beyond that, the government has no further obligation or responsibility. It should have no right to prohibit a mortician from advertising or to restrict the size of advertising. It should have no right to prohibit an optometrist from advertising the price of a pair of spectacles sold at retail and separate from any professional ability of the seller. It should have no right to prohibit by law outdoor advertising on privately owned land along federal or state highways as is presently under consideration in Congress and in several states.

Newspapers are fulfilling their duty to represent the people at large when they resist pressure on government to enter fields that are not a function of government and which intrude on the private rights of the people. The right to advertise or not to advertise is one which is of no concern to any governmental unit.

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References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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Blue Cross Commission Gets "Freedoms" Award

A FREEDOMS FOUNDATION Award for outstanding contribution to Americanism during 1957 has been won by the Blue Cross Commission of the American Hospital Association.

The award, a bronze medal cast in honor of George Washington, was made to the Blue Cross Commission for its program encouraging the use of discussion as a learning and educational

tool in the nation's schools. It was announced during ceremonies at Valley Forge on Washington's Birthday, February 22.

Backbone of the Commission's program for schools is in the practical application of discussion as "an old American custom we use every day." Illustrating this for classroom use is a kit containing a series of color charts, a guide to teachers in leading group discussion and a system of evaluating class participation. Kits, along with supplementary educational material, are now being used in thousands of elementary and high schools and universities.

Richard M. Jones, director of the Blue Cross Commission, said, "We feel it is part of the Commission's responsibility to the civic and educational life of our nation to emphasize the freedom we enjoy in exchanging ideas and to help define what that means. Blue Cross is dedicated to the interest of the community and the school program we have initiated is tangible evidence of our community role. The Commission is honored by its selection as a Freedoms Foundation award winner."

Freedoms Foundation of Valley Forge is a nonsectarian, nonprofit organization endowed voluntarily by business, industry, service groups and individual contributions to sponsor an annual program of Americanism awards. This year, the Foundation's impartial 30-man jury selected from community clubs, civic organizations and state supreme courts, had 40,000 entries from which to choose. Nation-wide, there were 700 award winners.

The George Washington Honor Medal will be presented to the Blue Cross Commission at a regional ceremony in Chicago this spring.



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BETWEEN 12,000 and 15,000 physicians will journey westward in June in search of something far more valuable than gold. They'll be on a quest for the latest information on new medical techniques and discoveries at the American Medical Association's 107th Annual Meeting in San Francisco. The five days of June 23-27 will be filled with bright nuggets—including scientific exhibits, lectures, motion pictures, panel discussions, televised surgical procedures and commercial exhibits. Convenient center for the Scientific and Technical Exhibits, films, color TV and lectures will be the Civic Auditorium, the adjacent new Plaza Exhibit Hall and other surrounding buildings. Headquarters for the House of Delegates sessions will be the Sheraton-Palace Hotel.

Plans for an outstanding scientific lecture program are being completed by the Council on Scientific Assembly. Opening the general scientific program Monday afternoon, June 23, will be a symposium on the care of the severely injured patient. Tuesday morning's general meeting will feature another symposium on hazards associated with therapeutic agents. Formal scientific section meetings will run from Tuesday afternoon through Friday morning.

Special panel discussions and demonstrations are being planned throughout the meeting, including: perinatal problems; methods of resuscitation of infants; nutrition; physical examination of physicians, using electrocardiograms and

chest x-rays; fresh tissue pathology, and treatment of fractures. The Section on Miscellaneous Topics also is planning sessions on allergy, prevention of traffic accidents, prevention of injury in sports, and medical professional liability. Other features will be a color television program of live operations and demonstrations from San Francisco Hospital and a varied motion picture program.

Two high school winners of AMA scientific awards at the National Science Fair again will display their prize exhibits. In addition, the top winners of the intern-resident and medical student exhibit classifications at the Student AMA convention this spring will be invited for the first time to exhibit at an AMA meeting.

Registration officially opens at the new Plaza Exhibit Hall Monday, June 23, at 8:30 a.m. and closes Friday noon. Advance registrations will be accepted Sunday, June 22, from 12 noon to 4:00 p.m. The Scientific and Technical Exhibits will be open to AMA physician-members only on Tuesday and Wednesday mornings.

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ANOTHER PROUD OWNER

Ours is not the only state medical association in the throes of acquiring its own "home." The California group has solved the difficulty by buying an old building, rather than erecting a new one. The following announcement appeared in *California Medicine* for December, 1957:

C.M.A. BUYS BUILDING

Increasing demands for office space to house the expanded activities of the California Medical Association have resulted in the purchase of a downtown San Francisco office building to serve as C.M.A. headquarters.

As a constantly growing organization the C.M.A. has been faced with continuing need for added office space, a need which cannot be met with either facility or efficiency in the present location. The Association has been quartered at 450 Sutter Street, San Francisco,

since that building opened in the fall of 1929. Office quarters have been expanded to accommodate increased demands for space but expansion now has finally been halted because of the impossibility of getting additional adjacent area at the present location.

Under the agreement now reached with the California Teachers Association, the C.M.A. will take delivery of a building at 693 Sutter Street, San Francisco, on or after July 1, 1959. The teachers' organization is building a new and larger headquarters in Millbrae.

Terms of the purchase call for the payment of \$325,000 for the building, a structure of six stories, mezzanine floor and basement, on July 1, 1959. The teachers' group will continue to occupy the building until that time and to pay rent to the C.M.A. if the new C.T.A. building is not ready for occupation by then.

Negotiations for this purchase have taken place over the past several months, during which time members of the Council and Executive Committee have inspected the property. The final decision to purchase was made by the Council on November 10 when recommendation that the building be bought was made in a report by a special committee. . . .

While this method is expedient, nevertheless, an old building can present its new owner with many a headache, one of the chief being maintenance. Another difficulty is air-conditioning, to which many buildings of an earlier generation are not adapted. While congratulating C.M.A. on its new venture, we still applaud our own Council and House of Delegates for envisioning and deciding upon a brand new tailor-made building for I.S.M.A.

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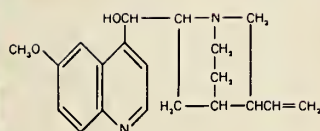
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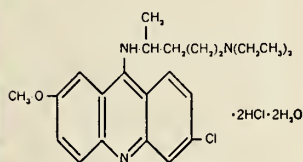
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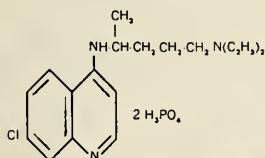
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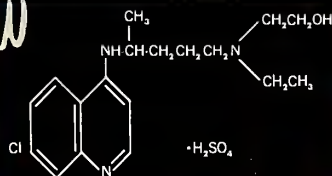
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REFERENCES:

1. Scherbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
2. Schoch, A.G., and Alexander, L.J.: The Schoch section, *Bull. A. Mil. Dermatologists* 5:25, Nov., 1956.
3. Cornbleet, Theodore: *Arch. Dermat.* 73:572, June, 1956.

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In the offer Thompson stated, "I do not desire anything for the lard samples but a brief explanation on their letterhead of the experiment which will, of course, be kept confidential."

Thompson urged researchers to send all requests to him, John E. Thompson, President, Reliable Packing Company, 1440 West 47th Street, Chicago, Illinois.

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Supervised by THE COUNCIL

Volume 51 — April 1958 — Number 4

Bronchiolar Carcinoma: A Case Report of a Diagnostic Problem

EMMETT C. PIERCE, M.D.*

PAUL V. EVANS, M.D.*

Indianapolis

ONE OF THE UNCOMMON primary malignant tumors of the lung is bronchiolar carcinoma. Liebow¹ states that it comprises between three and four percent of the malignant tumors of the lung. Men and women are affected about equally and the greatest incidence is in the sixth decade.

This neoplasm presents a difficult clinical diagnostic problem and in the majority of the cases the diagnosis is made at postmortem examination.² Most frequently the clinical diagnosis is either pneumonia or pulmonary tuberculosis.³

We have observed such a case in a 78 year old, colored male, in which the clinical diagnostic problem was further complicated by a superimposed pneumonia due to *Klebsiella pneumoniae*.

*From the Department of Pathology, Indianapolis General Hospital, and the Department of Pathology, Indiana University School of Medicine.

CASE REPORT

On January 4, 1957 this 78 year old, colored male, a retired coal miner, was admitted to the Indianapolis General Hospital with complaints of cough, shortness of breath, and weight loss. He had been in good health until October of 1956 when subsequent to a cold he developed a persistent cough that was productive of copious amounts of sputum. The sputum was frequently blood tinged and on a few occasions contained an estimated one-half cupful of bright red blood. For a month prior to admission he had experienced a progressive dyspnea on exertion, night sweats, fever and chills. His appetite had been good until the onset of the present illness, but since October he had been anorexic with intermittent nausea but no vomiting. There had been a 30 pound weight loss.

PAST HISTORY: The patient had been a coal miner for 22 years and while so employed

he had sustained fractures of his left wrist and right ankle. These had healed with a residual deformity. Twenty years prior to this admission he had been hospitalized for a head injury. There was no history of any other serious illness.

FAMILY HISTORY: History of diseases of familial tendency was negative.

REVIEW OF SYSTEMS: The patient had a mild dysuria of two weeks duration.

PHYSICAL EXAMINATION: The temperature was 100 degrees F.; pulse 88 per minute; blood pressure 170/90 mm. of mercury; respirations 30 per minute and slightly labored. The patient was described as being a moderately obese colored male in acute respiratory distress. Moist rales were heard over the posterior bases of both lungs and over the anterior lower thorax. Occasional expiratory wheezes were heard. There was dullness on percussion over the posterior left lung base. Examination of the heart revealed no enlargement and no murmurs. The liver was palpable three finger breadths below the right costal margin. On rectal examination the prostate was noted to be slightly enlarged, soft, and smooth. Gross deformities of the right ankle and the left wrist were present.

LABORATORY DATA: On January 9, 1957 the hemoglobin was 11 grams per 100 ml. blood, white blood cells 11,700 per cu. mm., with a differential count of 49% neutrophils, 4% bands, 2% eosinophils, 33% lymphocytes, and 12% monocytes. Urinalysis revealed a specific gravity of 1.020, 6-8 white blood cells per high power field and negative for albumin or sugar. Sputum culture showed a growth of *E. coli*, *Klebsiella pneumoniae*, alpha hemolytic streptococci (viridans), and scant beta hemolytic streptococci. On January 10, the blood urea nitrogen was 20 mg. per 100 ml. of blood. Urinalysis on January 11 showed a specific gravity of 1.019, one plus albumin, 1-2 white blood cells per high power field, and loaded with red blood cells. The blood urea nitrogen rose to 87 mg. per 100 ml. of blood on January 22. The potassium was 5.9 milliequivalents per liter, the sodium 133.8 milliequivalents per liter, and the chlorides 100.8 milliequivalents per liter. The prothrombin time was 47% of normal. The V.D.R.L. was reported as negative. On January 23, the total protein was 7.6 grams per 100 ml. of serum, albumin 3.57 grams, and globulin 4.03

grams. The prothrombin time was 100% of normal on January 28. January 30, the zinc turbidity was 6.0 units, the alkaline phosphatase 10.0 K.A. units. On February 5, the blood leukocytes became elevated to 18,700 white blood cells per cu. mm. with a differential count of 70% neutrophils, 8% eosinophils, and 22% lymphocytes. The blood urea nitrogen had decreased to 25 mg. per 100 ml. of blood. On February 9, urinalysis revealed a specific gravity of 1.006, two plus albumin, and 50-60 white blood cells per high power field. Numerous sputum specimens were examined for acid-fast bacilli and all were reported as negative, both on cultures and smears. Roentgenographic examination of the chest on January 15 was reported as a bilateral pneumonic process, with a note that an acid-fast infection should be excluded. Another examination was done on January 24 and the report stated that there were bilateral, scattered, small, somewhat round densities with some confluencies of these in the lower third of the left lung and in the right base. There was no significant change from the films taken on admission and the findings were thought to be compatible with the clinical impression of Friedlander's pneumonia. Later chest films showed no significant changes.

COURSE AND TREATMENT: The temperature remained elevated for the first four days of hospitalization, the highest reading being 100.6 degrees F., and then he became afebrile. On admission pulmonary tuberculosis was suspected and isolation technique was used in the care of this patient. On receiving the report of a positive sputum culture for *Klebsiella pneumoniae*, antibiotic therapy with Tetracycline and Streptomycin was started, as the organism was most sensitive to these. The lung findings on physical examination remained the same and the dyspnea persisted. The sputum remained blood tinged and mucoid, but decreased in amount. On January 11, a medical consultant examined the patient and he suggested that the patient might have silicosis with a superimposed chronic infection, or Boeck's sarcoid, but that tuberculosis was more likely. The dyspnea began to improve but the anorexia continued. On January 21, P.P.D. #1 skin test was positive, and the histoplasmin skin test was negative. Vitamin K was given and in six days the prothrombin time returned to normal. On February 3, an electrocardiogram showed a left bundle branch block and auricular

tachycardia. He was rapidly digitalized and he was improved for the next five days. On February 8, he began having chills and his temperature rose to 101.2 degrees F. His course was then rapidly downhill and he expired on February 11, 1957.

AUTOPSY

GROSS EXAMINATION:

EXTERNAL EXAMINATION: The body was that of a well-developed, fairly well nourished colored male, which had previously been embalmed. Marked deformities of the right ankle and left wrist were present.

HEART: 590 grams. The myocardial wall was thickened, the right ventricular wall being 0.6 cm. and the left ventricular wall 1.7 cm. in thickness. The coronary vessels were patent and showed minimal sclerosis.

LUNGS: Right, 1500 grams, left 1250 grams. The right pleural space was obliterated by adhesions. On palpation both lungs were quite nodular. On sectioning, the cut surface was moist and there were firm nodules throughout that measured up to 2.0 cm. in diameter.

GASTRO-INTESTINAL TRACT: In the ileum were numerous yellow sessile nodules on the mucosal surface. These measured up to 0.3 cm. in diameter.

LIVER: 1850 grams. The liver margins were blunted.

PANCREAS: There was the usual yellow-tan lobulated surface and the parenchyma did not appear remarkable.

KIDNEYS: Each weighed 190 grams. Numerous broad-based scars were present over the surfaces of both kidneys.

MICROSCOPIC EXAMINATION:

HEART: In the myocardium there was a moderate to marked increase in the connective tissue. A small focal abscess was present.

LUNGS: Several sections of lung were examined and all showed the presence of anaplastic cells. These lined the alveoli, and frequently projected out into the alveoli almost completely filling the air sacs. The malignant cells were columnar and contained mucin. In areas there were abundant extracellular mucinous secretions. Occasional mitotic figures were seen. In some areas

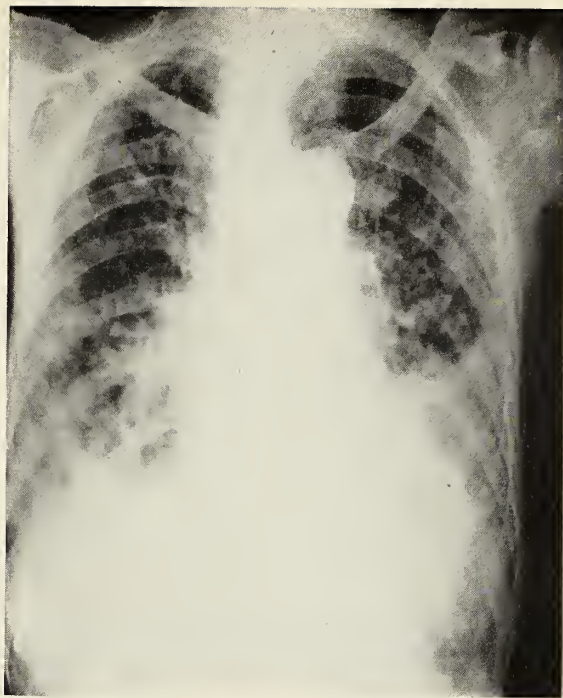


Figure 1. A film of the chest showing the nodular and diffuse lesions throughout both lungs.

glandular structures were formed. Neoplastic cells were seen in connective tissue, blood vessels and lymphatics. In a few areas there was necrosis with obliteration of the architecture.

GASTRO-INTESTINAL TRACT: A section of the ileum showed the presence of numerous dilated lymphatic vessels in the submucosa.

PANCREAS: The fibrous connective tissue was markedly increased with only a few identifiable acinar cells and islets present. A few lymphocytes were scattered throughout.

LIVER: Focal areas of necrosis were present throughout the liver.

KIDNEYS: Many of the glomeruli were hyalinized and others showed marked pericapsular fibrosis. There were numerous dilated tubules containing protein material. The interstitium showed fibrosis and a heavy lymphocytic infiltrate. The arteriolar walls were thickened.

DISCUSSION

There are numerous synonyms for this neoplasm, among the most commonly used are alveolar-cell tumor, alveolar-cell carcinoma, and pulmonary adenomatosis.⁴ It may be nodular or diffuse or a combination of these two forms. In 80 percent of the cases the lesions are bilateral when

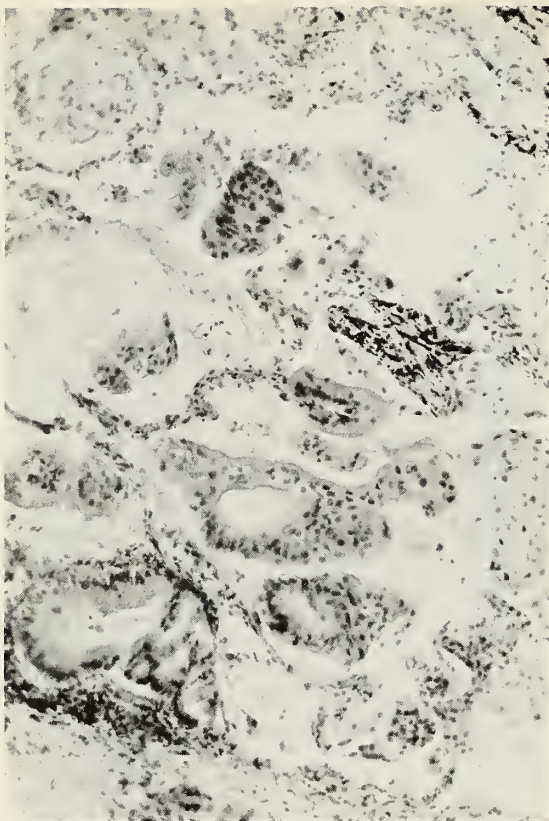


Figure 2. A section of lung showing the typical malignant cells lining the alveoli, and occasionally being in clumps. Several cells contain large amounts of mucin. (120X)

first seen, or there is soon evidence of spread to the other lung.¹ Laipply and Fisher³ reviewed 28 cases and added two of their own and in all cases the tumor involved both lungs. Eleven were nodular, ten were diffuse and nine had both types of the lesion. Twenty-five had extrapulmonary metastases, three contained tumor within pulmonary vessels, and two had local invasion of the interstitial tissue and pleura.

Swan⁵ stated that the criteria for pulmonary adenomatosis should be alveolar cellular proliferation characterized by the appearance of tall columnar cells, the absence of an intrinsic tumor of the bronchial tree and, thirdly, the absence of primary carcinoma of any other part of the body.

The cells may occur in a single layer but at times are multi-layered, or may occur in solid masses.¹ Papillary processes project into the alveolar spaces and impart an adenopapillary appearance. The alveoli may be completely filled and distended by tumor cells. The malignant cells are usually rather uniform, but foci of pleomorphism may appear and multinucleated giant cells

may be present. Mitotic figures may be frequent but they are never numerous.⁴ The cells contain mucin and extracellular mucin is sometimes seen within the alveoli. The alveolar walls are usually well preserved, but they may be thickened and contain chronic inflammatory cells. Hutchinson⁶ believes that the cells may be ciliated, and Laipply, Sherrick and Cape⁷ in reviewing eight cases found ciliated cells in six. The cilia were uncommonly seen in the less well-differentiated tumors. In our case, we were unable to be certain that cilia were present.

The origin of these cells has been the subject of much controversy. The lining of the alveoli by the tumor cells suggests origin from the alveolar lining cells, but numerous authors including Herbut,⁸ Fisher and Holley,⁹ and Laipply, Sherrick and Cape⁷ believe that the cells originate in the terminal bronchiolar epithelium. Some authors^{7, 10} believe that the origin of this tumor is from multicentric foci of development rather than from a single focus of origin.

Of interest is the morphological resemblance of the more benign forms of this neoplasm to an infectious endemic disease of sheep, jaagsiekte.¹¹ Morphologically similar lesions are seen in guinea-pigs and mice.

The most frequent clinical symptoms are cough, dyspnea, pain in the chest, and weakness. Careful clinical evaluation should disclose the production of large amounts of sticky, tenacious sputum.⁷ One of the most prominent of the symptoms is a progressive dyspnea.⁹ The roentgenologic changes suggest an organizing pneumonia in the more diffuse forms or disseminated metastatic carcinomatous lesions in the nodular form.¹

Smith, Knudtson and Watson² did cytologic studies on five patients with bronchiolar carcinoma. In four cases the report was "conclusive proof of carcinoma," and the other "suspicious of a malignant tumor."

The clinical course is shorter than in other cases of untreated malignant neoplasms.⁹ Occasionally cases are reported with a survival time of more than five years after the onset of symptoms.¹⁰

The case under discussion was a most perplexing clinical problem. The pneumonia which was present on admission obscured the malignant lesions. The repeated chest films showed the constancy of the nodules, even after the patient became afebrile. Repeated sputums were negative

for acid-fast bacilli. Had cytologic studies been done, they might have been of aid in establishing the presence of a malignancy. The rapid progression of this condition, with death occurring four months after the onset of symptoms, is in accordance with the usual history of bronchiolar carcinoma.

The microscopic findings filled Swan's criteria, and there was definite evidence of malignancy.

SUMMARY

This is a case report of a patient with bronchiolar carcinoma. This is an uncommon primary malignant tumor of the lung, and as in this case, the clinical diagnosis is most difficult. The diagnosis is most often made at postmortem examination. It is suggested that cytologic studies would be of value in a similar case.

REFERENCES

1. Liebow, A. A.: Tumors of the Lower Respiratory Tract. Atlas of Pathology, Sect. V-Fascicle 17, 1952.
2. Smith, R. R., Knudtson, K. P., and Watson, W. L.: Terminal Bronchiolar or "Alveolar Cell" Cancer of the Lung. Cancer 2:972, Nov., 1949.

3. Laipply, T. C. and Fisher, C. I.: Primary Alveolar Cell Tumors of the Lung. Arch. Path. 48:107, Aug., 1949.
4. Evans, R. W.: Histologic Appearances of Tumours, E. and S. Livingstone, Ltd., 1956.
5. Swan, L. L.: Pulmonary Adenomatosis of Man. Arch. Path. 47:517, June, 1949.
6. Hutchinson, H. E.: Pulmonary Adenomatosis and Alveolar-Cell Carcinoma. Cancer 5:884, Sept., 1952.
7. Laipply, T. C., Sherrick, J. C., and Cape, W. E.: Bronchiolar (Alveolar Cell) Tumors. Arch. Path. 59:35, Jan., 1955.
8. Herbut, P. A.: "Alveolar Cell Tumor" of the Lung. Arch. Path. 41:175, Feb., 1946.
9. Fisher, J. H. and Holley, W. J.: Primary Alveolar Cell Carcinomas of the Lung. Arch. Path. 55:162, Feb., 1953.
10. Delarue, N. C. and Graham, E. A.: Alveolar Cell Carcinoma of the Lung (Pulmonary Adenomatosis, Jagziekte?). J. Thoracic Surg. 18:237, April, 1949.
11. Bonne, C.: Morphological Resemblance of Pulmonary Adenomatosis (Jaagsiekte) in Sheep and Certain Cases of Cancer in the Lung in Man. Am. J. Cancer 35:491, April, 1939.

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Diagnosis and Treatment of Endometrial Carcinoma

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INTRODUCTION

DEDELAYED DIAGNOSIS and incomplete treatment are the two outstanding factors responsible for poor results in the management of endometrial carcinoma. Early diagnosis and adequate treatment should insure that 4 out of 5 women with the disease will be alive 5 years later and that 2 out of 3 women will still be alive after 10 years.

Our experience is based on a study of 218 cases of endometrial carcinoma at the Indiana University Medical Center since 1933. Included among these are cases referred because of recurrence or complications after initial treatment elsewhere.

DIAGNOSIS

1. **DELAY IN DIAGNOSIS.** In spite of the presence of characteristic symptoms of endometrial carcinoma, there was a delay in diagnosis of 12 months or more in almost one-half of the patients in our study. In only one-third of the patients was the diagnosis established within the first six months of the appearance of characteristic symptoms. As would be expected, the longer the symptoms had existed, the more advanced stage of disease was found when diagnosis was finally established.

A. Causes of delay in presence of characteristic symptoms:

1. Patient ignoring symptoms and failing to

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Appreciation is expressed to Dr. Joe Atlas, Houston, Texas, former Resident in Obstetrics and Gynecology at the Indiana University School of Medicine, who collected some of the statistics presented.

seek medical aid. Many of these women are elderly and have not been imbued with the necessity of periodic pelvic examinations.

2. **Physician delay:**

- a. Failure to make pelvic examination.
- b. Failure to insist on diagnostic dilatation and curettage.
- c. Treatment of symptoms with hormonal preparations.

2. **SYMPTOMS.** Endometrial carcinoma, in most instances, is a slow growing malignancy. Developing in the mucosa of the uterine corpus with ready access to the vagina, its characteristic early symptoms give adequate warning to both patient and physician in the early and curable stages of the disease. The early symptoms of endometrial carcinoma are:

- a. Postmenopausal pinkish, brown or bloody vaginal discharge. This is never "normal". Frank postmenopausal bleeding usually is a later symptom of the disease. (87% of the patients developed their symptoms postmenopausal.)
- b. Intermenstrual, persistent or intermittent pink, brown or bloody vaginal discharge. (13% of the patients developed endometrial adenocarcinoma while still having regular menstrual periods. The youngest was 30 years old.)
- c. Pelvic pain and vaginal hemorrhage are late symptoms of the disease usually associated with extensive uterine involvement and metastatic spread beyond the uterus.

3. **EXFOLIATIVE CYTOLOGIC SMEARS.**

It is regrettable that a simple, easily obtained and reliable exfoliative smear test for the

slowly growing endometrial adenocarcinoma is not available for general screening procedure.

a. *Cervical and vaginal smears.* Cytological smears of the vaginal pool and cervical scrapings, so highly accurate for the detection of early cervical carcinoma, have been disappointing in the detection of early endometrial carcinoma. Exfoliative cells of endometrium degenerate in their slow passage down the endometrial and endocervical canals. Studies have shown a correlation of positive vaginal and cervical smears and the existence of endometrial carcinoma in only 30-60% of the cases.

b. Endometrial aspirations have been difficult to obtain as a screening procedure because of postmenopausal cervical stenosis and a dry endometrial cavity with atrophic endometrium. Aspiration with tiny cannulas have been used.¹ Recently, endometrial washings, which are then centrifuged and smeared on slides, have been encouragingly successful. However, all these technics require special instruments which must be sterilized and often cause the patient discomfort. New methods must be developed before the ease, painlessness and reliability of the smear for cervical carcinoma can be matched.

4. ENDOMETRIAL BIOPSIES. When the cervical canal is patulous and endometrial carcinoma is strongly suspected, endometrial biopsies with the endometrial suction curet or tiny regular curet may be obtained as an office procedure. However, if the tissue report is negative, carcinoma has not been excluded.

5. PHYSICAL EXAMINATION.

a. Pelvic findings:

Early endometrial adenocarcinoma. The uterus is of normal size and mobility. There may be a slight bloody discharge from the external cervical os. Occasionally, a friable, fleshy polyp may protrude from the cervix when the endometrial carcinoma has assumed a markedly polypoid growth. All such polyps should be removed with a Gaylor biopsy forceps and sent for pathologic examination.

Advanced endometrial carcinoma. The body of the uterus becomes enlarged and of a softer consistency than that found with uterine fibroids. Evidence of parametrial extension is best elicited by combined rectovaginal examination. Careful examination for vaginal metastasis should be made. If advanced disease is found, further studies should be carried out for evidence of metastasis. These include X-ray of chest, intravenous pyelograms and barium enema.

b. General physical examination and routine laboratory studies are particularly important because of the associated medical diseases—obesity, hypertension and diabetes—so frequently found in the older patient with endometrial adenocarcinoma. The type of treatment will be determined by the general physical status of the patient.

6. FINDINGS WHICH SHOULD ALERT THE PHYSICIAN'S "INDEX OF SUSPICION" OF THE POSSIBLE EXISTENCE OF ENDOMETRIAL CARCINOMA:

a. Age—the average age of the patients in our study was 59 (30-87 range), which is 10 years older than the average for cervical carcinoma.

b. "Endometrial carcinoma diathesis". A constitutional or endocrine common denominator may exist in that an unusual number of patients who develop endometrial carcinoma have the following findings by history or examination: obesity, diabetes, hypertension, lowered fertility, fibroids, endometrial polyps, late menopause and dysfunctional uterine bleeding at the menopause.

c. Previous dilatation and curettage for dysfunctional uterine bleeding during the menopause.

d. Recurrence of vaginal bleeding after previous radiation castration for dysfunctional uterine bleeding.

7. ESTROGENS AND ENDOMETRIAL CARCINOMA.

The exact role of estrogens (endogenous or exogenous) in the development of endometrial carcinoma has not been settled.^{2, 3} There is

much evidence to suggest that in the susceptible patient prolonged action of estrogens may be the first step towards the following sequence of events: endometrial hyperplasia → adenomatous hyperplasia → atypical hyperplasia → carcinoma-in-situ → adenocarcinoma.

The frequency with which endometrial carcinoma is found in association with the estrogen-producing ovarian granulosa and theca cell tumors is further evidence of the possible carcinogenic activity of the estrogens.

The practical conclusion is that the prolonged administration of estrogens is to be discouraged.

8. PELVIC EXAMINATION UNDER ANESTHESIA AND DILATATION AND CURETTAGE OF UTERUS.

The most accurate and reliable method of establishing the diagnosis of endometrial carcinoma is by pelvic examination followed by dilatation of the cervical canal and fractional curettage under anesthesia in the hospital.

A careful pelvic examination with the bladder and bowel empty and the patient relaxed under anesthesia gives a much more accurate "touch picture" of the nature and extent of the pelvic pathology. So frequently has the additional information, obtained by the examination together with the curettage, had a sufficiently important bearing on the diagnosis and treatment of the gynecological pathology present that they are routinely performed before practically all pelvic laparotomies in our clinic.

a. The pelvic examination and curettage should provide the following information:

1. The extent of the disease—whether localized to the uterus or with extension into parametrium or vagina (combined recto-vaginal examination).
2. By obtaining sufficient tissue the pathologist is able to establish the presence or absence of adenocarcinoma.
3. Differentiate between endometrial and endocervical carcinoma (fractional curettage).
4. Determine the location and extent of the adenocarcinoma in the endometrial cavity.
5. Determine the size of the endometrial cavity so radium application can be carefully

planned to uniformly cover all areas of the endometrium.

From the above information, the most favorable treatment plan can be formulated for the particular patient. We believe that serious errors will be made if the decision as to the presence or absence of adenocarcinoma is made only by gross inspection of the opened uterus immediately after its removal in surgery.

b. *Fractional curettage.* After the cervix has been dilated to admit a No. 10 Hegar dilator, the endocervical canal below the internal cervical os is systematically curetted from above downward around in a clockwise direction. The material obtained is placed in a separate container. Then the endometrial cavity is also systematically curetted from above downward around in a clockwise manner. After each downward stroke, the curet is removed so that the material can be inspected in an attempt to locate the area of endometrial carcinoma. Side-to-side strokes are made across the fundus and special small strokes in the cornual area of the endometrial cavity.

After the curettage, the endometrial cavity is carefully explored with a small ring sponge forceps, opening and closing the ends to grasp any endometrial polyps which can frequently elude the most meticulous curettage.

c. *Gross appearance of curettings.* Normal endometrium is recognized as coming away in long strips or ribbons of tissue. In advanced endometrial carcinoma, friable chunks of endometrium may roll from the endocervical canal during dilatation of the cervix or early in the fundal curettage. However, it is impossible to differentiate by gross inspection between adenomatous hyperplasia and early adenocarcinoma.

The microscopic examination by frozen or permanent section of the curettings is the only certain method of diagnosis of adenocarcinoma.

d. *Problems of curettage.*

1. Cervical stenosis in atrophic uterus. Even though the patient has had postmenopausal bleeding, cervical stenosis may exist, making

sounding of the canal impossible. Pressure to enter the cervical canal with a silver probe or No. 1 Hegar dilator may be made with safety if guided by the middle finger of the left hand inserted into the rectum, identifying the direction of the upward course of the cervix.

2. Care must be exercised in dilating an atrophic cervix, for it may be easily split if the dilatation is carried out too rapidly.

3. Myometrial invasion weakens the uterine wall, making perforation of the uterus, when sounded with a uterine sound, a not infrequent occurrence. For this reason, it is advisable to explore and sound the uterine cavity with a medium-sized curet or the ring sponge forceps.

9. "SURPRISE" DIAGNOSIS

After the hysterectomy has been performed for a supposed benign condition, without a prior dilatation and curettage, the surgeon is "surprised" to find the pathologic report returned as showing endometrial carcinoma. In most instances, the surgical procedure has been inadequate for a malignant condition. Regardless of subsequent therapy, the prognosis is never as favorable as it should have been.

10. THE PATHOLOGIC REPORT AND TREATMENT.

a. *Endometrial hyperplasia*. This is a benign condition and the treatment should be based upon the other clinical findings. The menopausal or postmenopausal patient should be followed closely, for endometrial hyperplasia might be the first step in the endometrial chain of events which might eventually lead to adenocarcinoma.

b. *Adenomatous hyperplasia, atypical hyperplasia and carcinoma-in-situ*. If a thorough curettage has been performed and adequate tissue obtained upon which the pathologist can base his diagnosis and be sure of the absence of frank adenocarcinoma, the patient should be treated by a total hysterectomy together with the removal of a short vaginal cuff.

c. *Adenocarcinoma*. The report will usually be qualified by a statement as to whether the malignancy shows a differentiated, undifferentiated or adenoacantho-

matous growth. In each instance, adenocarcinoma is present and the management of these cases is presented in the following discussion of treatment.

TREATMENT⁴⁻⁷

The best results will be obtained only if the diagnosis has been established before treatment is instituted and the therapeutic management planned to fit the needs of the individual patients. Endometrial carcinoma is to be cured by surgery. However, as a result of our experience at the Indiana University Medical Center, it is our conviction that the most favorable results will be obtained if radiation therapy in the form of intracavitary radium or external irradiation is administered prior to surgery for the following reasons:

1. Preoperative radiation inhibits cellular growth of the adenocarcinoma. At subsequent surgery, the malignant cells which may be spilled on the peritoneum or vaginal cuff or squeezed into lymph or vascular channel of the paracervical or paravaginal tissue are "sick" cells from the radiation effect with a markedly reduced capacity to establish a metastatic growth.

2. Preoperative radiation by inhibiting cellular growth makes the paracervical and paravaginal tissues less likely to support metastatic malignant cells.⁸⁻⁹

3. Radiation can be cancerocidal. In favorable cases during a period of years at Indiana University Medical Center when radiation alone (intracavitary radium plus external radiation) was employed in 49 cases of endometrial carcinoma, the five-year survival rate was 66.6%.

4. Our best results have followed the use of preoperative radiation with a five-year survival rate of 80%. Cases so treated have had the lowest incidence of vaginal vault recurrence.

1. RECOMMENDED TREATMENT FOR ENDOMETRIAL CARCINOMA.

Dilatation and curettage to establish diagnosis and determine extent of disease and size of endometrial cavity in every case.

A. *Endometrial carcinoma limited to uterus. Patient a good or fair surgical risk.*

1. *Preoperative intracavitary radium.*

a. If frozen section of curettings are pos-

itive for endometrial carcinoma: radium implantation by multiple small capsule technic—6 to 12 capsules packed into uterine cavity and vaginal colpostat, depending upon extent of disease. X-ray films are made immediately after the application and dosage is calculated to administer 8,000-10,000 roentgens to the estimated serosal surface of the uterus. The average implant is from 50-60 hours in duration.

b. If frozen section is inconclusive: await permanent sections and, if positive for adenocarcinoma, proceed with intracavitary radium as described above.

c. Six weeks after radium application, abdominal total hysterectomy with removal of a generous vaginal cuff and bilateral salpingo-oophorectomy.

2. *Preoperative external radiation.* After diagnosis is established by curettage, conventional voltage X-ray is used to crossfire the uterus. Approximately 2,000 roentgens in air are delivered to each of 4 pelvic ports for a total of 3,500 roentgens to the midline in 4 weeks. This is tolerated well by the majority of patients.

a. Six weeks after termination of radiation therapy, an abdominal total hysterectomy with removal of generous vaginal cuff and bilateral salpingo-oophorectomy.

B. *Endometrial carcinoma with evidence of extension beyond uterus or major surgery contraindicated because of other medical disease (poor surgical risk):*

1. Intracavitary radium with vaginal colpostat as described above. To this is added external radiation directed to the lateral pelvic wall—2,000-3,000 roentgens are delivered to the parametrium in four weeks.

C. *Palliative radiation*¹⁰—Extensive pelvic carcinoma and severe cardiovascular disease.

1. Excessive uterine bleeding—intracavitary radium in tandem or multiple capsules with dosage regulated to control the bleeding. Since endometrial carcinoma is a slow-growing disease, we have patients who have survived several years with excellent palliation until they have succumbed to their medical disease.

2. SURGICAL TECHNIC (POSTRADIATION).

a. Suturing or packing of cervix (prevent potential spill of carcinoma cells).

b. On entering abdomen, clamps are placed lateral to fundus to prevent spill via uterine tubes, lymphatics and vascular channels. The clamps are used for retraction of uterus. The uterus should not be directly manipulated during the procedure.

c. One inch of vaginal cuff removed with the cervix. The vaginal vault is the most frequent site of recurrence within the first year after surgery.

d. If evidence of carcinomatous extension beyond uterus is found, do not proceed with surgery. Complete the radiation therapy by administering external radiation to lateral pelvic walls or intracavitary radium, depending upon type of preoperative radiation employed. Statistics have not shown an improved survival rate if Wertheim hysterectomy and pelvic lymphadenectomy are carried out in these cases.

3. CRITICISM OF PRIMARY SURGERY.

a. We agree that in early cases with normal-sized uterus and carcinoma limited to the endometrium, primary total hysterectomy with removal of a vaginal cuff and bilateral salpingo-oophorectomy will give excellent survival figures. However, it is not until after the uterus has been sectioned in the laboratory and multiple slides studied microscopically that the absence or presence and extent of myometrial invasion can be established.

b. It has been our experience that recurrence occurs in a higher percentage of cases treated by primary surgery than by preoperative radiation followed by surgery.

4. FOLLOW-UP AFTER TREATMENT.

This is a very important aspect of the management of patients with endometrial carcinoma. It is only by careful follow-up of these patients that we can give the best medical care possible. It is also the only manner in which we can obtain a true evaluation of the results of treatment. The patients are seen at 6 weeks, 3 months and 6

months after treatment and then every 6 months for the first 2 years after initial treatment. They are, of course, seen oftener if symptoms develop. After the first 2 years, in the absence of any untoward symptoms or findings, we follow them at yearly intervals.

Through the efforts of Mr. Eugene J. Donlan, Director of Tumor Registry, Indiana University Medical Center, together with the members of the Departments of Obstetrics and Gynecology and Radiology, we have follow-up data on 212 of the 218 patients with endometrial carcinoma in this study—a follow-up of 97%.

CONCLUSIONS

1. The diagnosis and treatment of endometrial carcinoma, based upon a study of 218 cases at the Indiana University Medical Center, are presented.

2. Endometrial carcinoma is usually a slowly growing malignancy with characteristic early symptoms of postmenopausal or intermenstrual pink, brown or bloody vaginal discharge.

3. Careful pelvic examination under anesthesia in the hospital followed by dilatation of the cervix and fractional curettage is the most accurate and reliable method of establishing the diagnosis of endometrial carcinoma.

4. Our best results with a 5-year survival rate of 80% have followed the use of preoperative radiation (intracavitary radium or external radiation). Six weeks later, surgery is performed—abdominal total hysterectomy with the removal of

a generous vaginal cuff and bilateral salpingo-oophorectomy.

REFERENCES

1. Hecht, E. L.: Endometrial Aspiration Smear: Research Status and Clinical Value, *Am. J. Obst. and Gynec.* 71:819, 1956.
2. Larson, J. A.: Estrogens and Endometrial Carcinoma, *Obst. and Gynec.* 3:551, 1954.
3. Novak, E. R.: Relationship of Endometrial Hyperplasia and Adenocarcinoma of the Uterine Fundus. *J.A.M.A.*, 154:217, 1954.
4. Javert, C. T., Douglas, R. G.: Treatment of Endometrial Carcinoma: Study of 381 Cases at New York Hospital: Preliminary Report, *Am. J. Roentgenol.* 75:508, 1956.
5. Webb, G. A., Margolis, A. J., Traut, H. F.: Adenocarcinoma of Endometrium: Evaluation of Factors Influencing Prognosis and Outline of Plan of Therapy Based on These Factors. *West. J. Surg.* 63:407, 1955.
6. Browne, H. B., Latour, J. P. A., Philpott, N. W.: Review of 306 Cases of Endometrial Carcinoma—1926-1953. *Surg., Gynec. and Obst.* 101:753, 1955.
7. Corscaden, J. A., Tovell, H. M. M.: Management of Carcinoma of the Corpus (1938-1948), *Am. J. Obst. and Gynec.* 68:737, 1954.
8. Stander, R. W.: Vaginal Metastases Following Treatment of Endometrial Carcinoma, *Am. J. Obst. and Gynec.* 71:776, 1956.
9. Rutledge, F. N., Tan, S. K., Fletcher, G. H.: Vaginal Metastases from Adenocarcinoma of the Corpus Uteri. *Am. J. Obst. and Gynec.* 75:167, 1958.
10. Dieckmann, W. J., McCartney, C. P., Carpender, J. W. J.: Treatment of Endometrial Carcinoma by Means of Repeated Application of Intracavitary Radium. *Am. J. Obst. and Gynec.* 70:1258, 1955.

Adenocarcinoma of the Vermiform Appendix: A Case Report and Review of the Literature

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NEOPLASMS OF THE APPENDIX may be divided into three histologic types. The most common and the least malignant is the carcinoid tumor. These tumors, however, may show local invasiveness and may metastasize. Malignant mucoceles are the next most common type and may form pseudomyxomatous peritoneal implants following rupture of the primary lesion. The least common is adenocarcinoma of the colonic type. It resembles the ordinary colonic carcinoma in behavior.¹⁵

The incidence of adenocarcinoma of the appendix is difficult to determine. Niceberg *et al.* found only one adenocarcinoma in 2,301 appendectomies.¹⁰ Lesnick and Miller found five cases at the Mount Sinai Hospital in New York over a 10 year period. During this time there were also 50 carcinoid tumors of the appendix.

Uihlein and McDonald found that of 144 neoplasms of the appendix at Mayo Clinic during the 31 years prior to 1941, 127 were of the carcinoid type, 12 of the malignant mucocele type and only five of the colonic type.¹⁴

Ehrlich and Hunter found 441 carcinomas of the gastrointestinal tract in military age patients during World War II. Five of these were colonic type adenocarcinomas of the appendix.³

During the 10 year period from 1948-1957 there were 2,835 appendectomies performed at the Indianapolis General Hospital. There were no adenocarcinomas found in this group. There were 3,505 postmortem examinations done during this period with no adenocarcinomas included. However, microscopic examination was

not done on all postmortem appendices, gross examination alone being done in most cases.

Niceberg *et al.*¹⁰ reviewed all the documented cases of adenocarcinoma of the appendix reported in the literature between 1930 and 1954. There was a total of 71 cases. Since that time there have been approximately 10 additional cases reported. Of 49 cases in which the sex was reported, 31 were in males. The peak incidence was during the fifth, sixth and seventh decades with 80% occurring past the age of 40. There has not been a reported case in which the diagnosis was made preoperatively and over 50% presented with the signs and symptoms of acute appendicitis. They feel that the symptomatology may be produced by one of several mechanisms: 1) Obstruction of the lumen by growth; 2) Infiltration with perforation; 3) Obstruction of lymphatics, and 4) Obstruction of the vascular supply.

CASE REPORT

The patient, a 61 year old caucasian female, was well until three days prior to admission to Community Hospital on March 19, 1957. At that time she noted onset of abdominal pain with anorexia. The pain increased in intensity and vomiting became a prominent symptom. She also noted abdominal distention with no relief from self-administered enemas.

Physical examination revealed an acutely ill, dehydrated, frail-appearing, elderly, white female who was alert and cooperative. Examination was entirely normal except for the abdomen.

The abdomen was greatly distended, but was not rigid. There was diffuse tenderness, with maximum tenderness being in the right lower

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quadrant. Bowel sounds were high pitched and occurred in rushes. There was moderate tympany. Rectal examination revealed tenderness, especially on the right, but no masses were palpable.

On admission the temperature was 102° orally, pulse rate was 110 and respiratory rate was 26. Laboratory examinations revealed a red blood count of 3,050,000, hemoglobin of 9.6 grams, white blood count of 8,600 with 18 percent bands, 73 percent adult neutrophils, 6 percent lymphocytes, 2 percent monocytes and 1 percent eosinophils. The carbon dioxide combining capacity was 35. The blood urea nitrogen was 21.5 mg. per 100 ml. The urinalysis showed a specific gravity of 1.225, a heavy trace of albumin and otherwise was negative.

A P-A chest x-ray was interpreted as normal. A flat film of the abdomen showed a mechanical small bowel obstruction with the obstructing point located in the right lower quadrant. A barium enema filled a normal colon with none passing into the terminal ileum.

A tentative diagnosis of peritonitis secondary to a ruptured appendix or carcinoma was made.

Because of the dehydration and poor general condition of the patient, supportive therapy was immediately instituted. A Levin tube with suction was anchored, antibiotics were started, and she was hydrated with intravenous fluids. The following day, exploratory laparotomy was done and a generalized peritonitis due to a ruptured appendix was found. An appendectomy was performed and the abdomen closed without drainage.

The appendix measured 10.5 cm. in length, with a diameter up to 1.7 cm. at the distal $\frac{1}{3}$. The appendix was white in color, extremely firm with a club-shaped distal $\frac{1}{3}$. Multiple sections through the lumen revealed it to be filled with a white, friable, granular material with a slightly lobular pattern separated by thick connective tissue septa.

Microscopic examination revealed the lumen to be filled with a proliferating overgrowth of neoplastic tissue in a glandulopapillary pattern and derived from the mucosa of the appendix. The neoplastic cells were tall, columnar in type with large vesicular nuclei. There were occasional mitotic figures and other anaplastic features. The entire submucosa was replaced by the neoplasm and invasion of the muscle layer was evident.

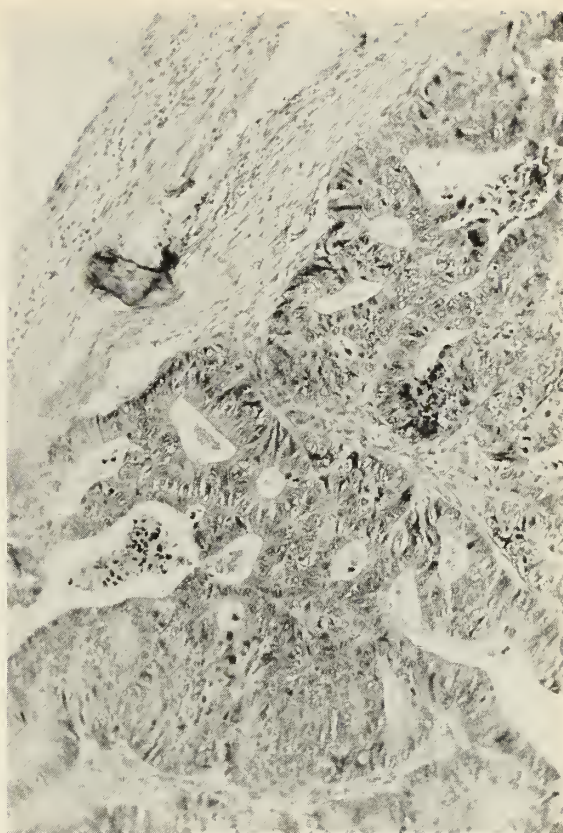


Fig. 1: Adenocarcinoma of the appendix, 100X. Showing anaplastic columnar cells with large vesicular nuclei. The neoplasm has replaced the submucosa and invaded the muscle layer.

Since the entire lumen of the appendix was filled with the malignant tissue both microscopically and grossly it was felt the removal was incomplete. (Fig. 1)

Impression—Adenocarcinoma, moderately well differentiated, appendix.

The postoperative course was slow but uneventful and she was released to her home 9 days after admission. On April 19, 1957, a right hemicolectomy with ileotransverse colostomy was performed. There was no evidence of metastasis at the time of operation. The patient withstood the procedure well and recovery was uneventful.

The pathological report at this time was as follows:

Gross—The specimen consists of 20 cm. of terminal ileum and the right colon with their mesenteries. There is marked edema and slight granularity of the ileo-cecal valve. The site of the previously performed appendectomy shows induration. Sections through this area show no gross evidence of residual neoplastic disease.

Several small lymph nodes are present in the mesentery, none of which shows gross neoplastic involvement.

Microscopic—Multiple sections through the cecum in the region of the appendectomy fail to reveal the presence of residual carcinoma. Examination of the lymph nodes reveals a chronic lymphadenitis but no evidence of metastatic involvement.

The patient subsequently developed an incisional hernia but otherwise offered no complaints and appeared in good health at the time of her last examination on February 15, 1958.

DISCUSSION

Adenocarcinoma of the appendix has not been diagnosed preoperatively and usually presents with the signs and symptoms of acute appendicitis.

From the reported cases it would seem that the prognosis may be better than that of colonic carcinoma. This may be due to the fact that operation is earlier due to the development of acute symptoms before invasion or metastasis has occurred.

In the present case the prognosis would seem to be good except for the fact that the appendix was perforated at the time of the original operation.

In many of the reported cases the diagnosis has been made after an incidental appendectomy at the time of another surgical procedure within the abdomen. This would seem to be another indication for complete exploration and incidental appendectomy when operating within the abdomen.

Typically adenocarcinoma of the appendix closely resembles the same type of tumor in the colon. They may be either polypoid or adenomatous in character. Microscopically they are composed of columnar cells showing various degrees of anaplasia. Mitoses may be numerous. The tumor metastasizes to the lymph nodes and to the liver.

Adequate therapy consists of a radical resection of the terminal ileum and right colon, with their mesenteries. This should be done at the time of the initial appendectomy if the diagnosis is made grossly or at a subsequent operation if the diagnosis is a microscopic one. There are, however, several reported cases with long survival where the treatment has been appendectomy

alone. In these cases the growth has probably been limited to the mucosa.

SUMMARY

1. A case of adenocarcinoma of the appendix is presented.
2. Adenocarcinoma is the least common of the malignant tumors of the appendix.
3. The majority of patients present with the signs and symptoms of acute appendicitis. The correct diagnosis has not been made preoperatively.
4. The treatment of choice is appendectomy with primary or secondary right hemicolectomy.

Acknowledgment: Photomicrograph by Robert Albright.

REFERENCES

1. Burgess, S. B.: Primary Adenocarcinoma of the Appendix, Connecticut M. J. 18:501, 1954.
2. Clarke, R. G., and Simonds, J. P.: Adenocarcinoma of the Appendix; Report of Two Cases, Am. J. Digest. Dis. 20:47, 1953.
3. Ehrlich, J. C., and Hunter, O. B.: Tumors of the Gastro-Intestinal Tract—A Survey of 813 in Persons of Military Age During World War II. Surg., Gynec. & Obst. 85:98, 1947.
4. Fleming, J. M.: Primary Carcinoma of the Vermiform Appendix. Am. J. Surg. 86:188, 1953.
5. Gerber A., Mackles, A., and Raab, A. P.: Primary Adenocarcinoma of the Appendix. New England J. Med. 250:505, 1954.
6. Hughes, J. H.: Brit. J. Surg. 39:282, 1951.
7. Knepper, P. A., Riddell, R. V. and Carpenter, G. T.: Adenocarcinoma of the Appendix. Arch. Surg. 68:519, 1954.
8. LeBrun, H. I.: Adenocarcinoma of the Appendix. J. Internat. Coll. Surgeons, 20:481, 1953.
9. Lesnick, G. and Miller, D.: Adenocarcinoma of the Appendix. Cancer 2:18, 1949.
10. Niceberg, D. M., Feldman, S., and Mandelberg, A.: Adenocarcinoma of the Vermiform Appendix; A Case Presentation and Review of the Literature. Surgery, 40:560, 1956.
11. Nunnally, R. M. and Montgomery, P. O'B.: Adenocarcinoma of the Appendix with Krukenberg Tumor of the Ovaries. Am. J. Obst. & Gynec. 72:449, 1956.
12. Rabinovitch, J., Rabinovitch, P., Rosenblatt, P. and Zisk, H.: Primary Carcinoma of the Appendix. Arch. Surg. 75:122, 1957.
13. Smith, H. O.: Adenocarcinoma of the Appendix. Canad. M. A. J. 65:260, 1951.
14. Uihlein, A. and McDonald, J. R.: Primary Carcinoma of the Appendix Resembling Carcinoma of the Colon. Surg., Gynec. & Obst. 76:711, 1943.
15. Wells, A. H. and Joffe, H. H.: Epithelial Neoplasms of the Appendix. Minnesota Med. 30:176, 1947.

Radical Retropubic Extracapsular Prostatectomy and Bilateral Seminal Vesiculectomy for Early Carcinoma

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INCIDENCE

THE PROBLEM of prostatic cancer involves magnitude not generally appreciated. Pathological studies by Rich and Moore and later by Hinman indicate that approximately 15% of men in our country over 55 years of age have occult cancer of the prostate. With the increasing age of our population there are about 17 million males in the United States today who fall into this category. Brendler, in analyzing cancer mortality statistics, estimated that 5% of these, or about 850,000 men, would develop clinical cases and die of prostatic carcinoma.

EARLY DIAGNOSIS

Urologists find that only about 10% of the patients with malignancy of the prostate are seen early enough to be suitable for radical operation, which alone offers a chance for complete cure. Fortunately, the capsule of the prostate acts as a barrier and deters the cancer from getting outside the gland until relatively late in the disease. If this were not so, cures by radical operation would be rare, whereas the five year cure rate recently reported by Walter Reed Army Hospital is 64%.

Digital palpation is the most valuable single step in discovering early prostatic carcinoma. A nodule or a hard prostate demands biopsy of the suspicious area. Needle or punch piopsy is adequate if positive but we do not employ it now because of the considerable number of false

negative findings. Open perineal biopsy and more recently transrectal biopsy is preferred. We have not done many frozen section biopsies because of the difficulty experienced by the pathologists in differentiating granulomatous prostatitis from cancer. We feel that a correct tissue diagnosis is sufficiently important to justify a transrectal biopsy and permanent sections, which only requires two additional hospital days.

INDICATIONS

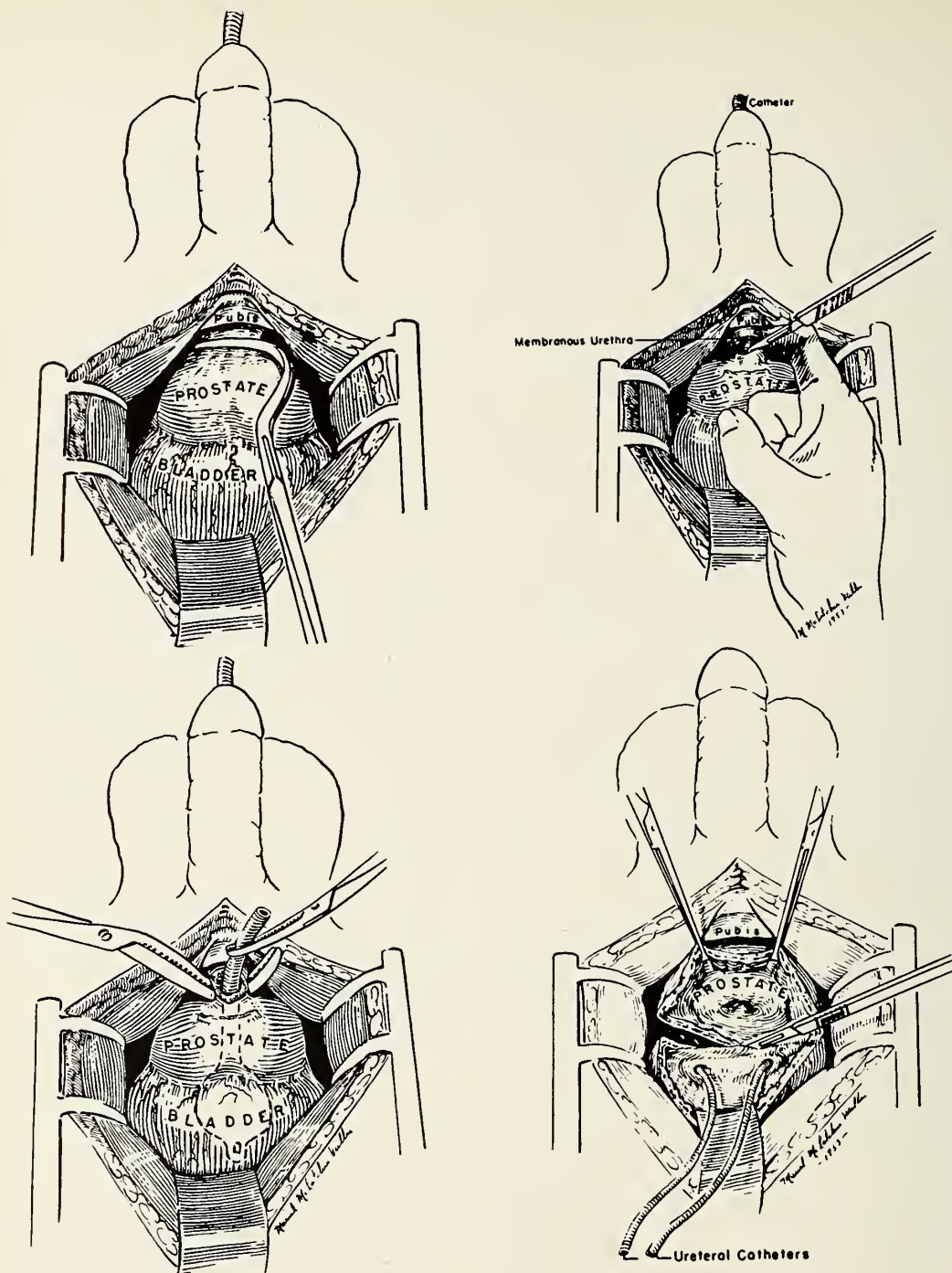
Radical surgical extirpation is indicated in the following patients:

1. The palpable hardness is confined within the prostatic capsule and the gland is movable. Fixation indicates spread beyond the capsule.
2. A good surgical risk patient with a life expectancy of more than two years.
3. Absence of metastasis.

Advantages of Retropubic Over Perineal Route for the Operation

1. In large glands, the perineal operation is technically more difficult.
2. The retropubic approach allows meticulous removal of all of the seminal vesicles, a step extremely difficult of accomplishment perineally.
3. Most importantly, cancer spread to the lymph nodes along the iliac vessels can be accurately detected by retropubic exposure whereas perineally this is impossible. Flock reports 30% involvement of the regional lymph nodes in his series of 100 cases operated upon retropubically and in all of

Presented at the meeting of the Indiana Chapter of the American College of Surgeons held in Fort Wayne in April 1957.



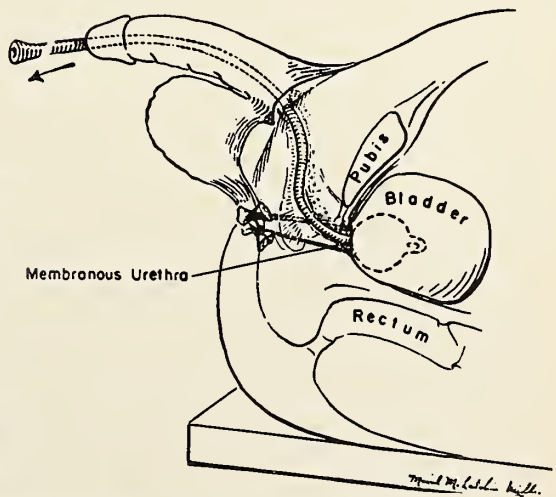
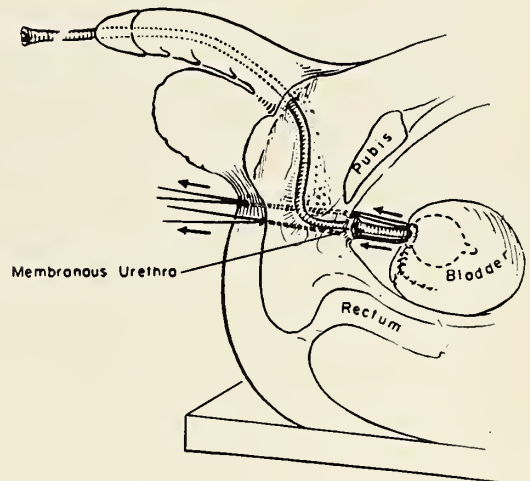
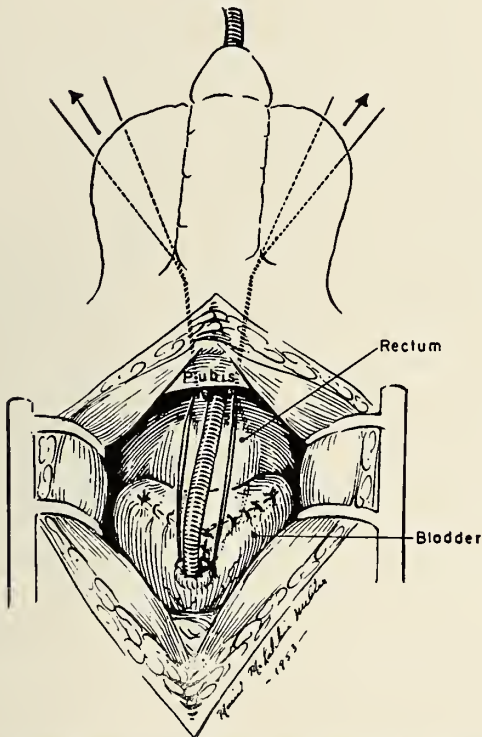
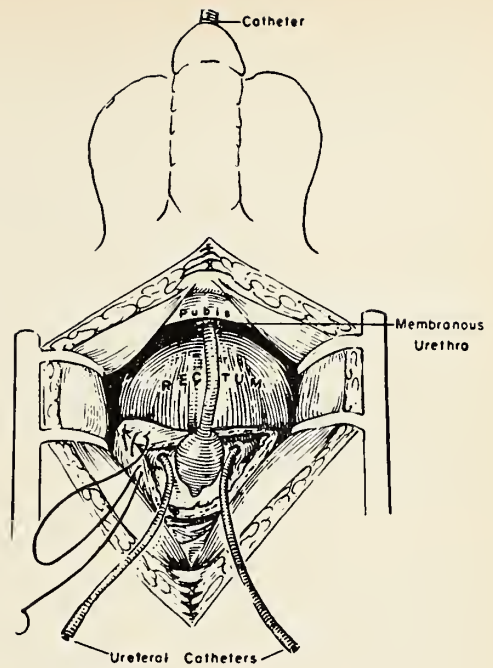
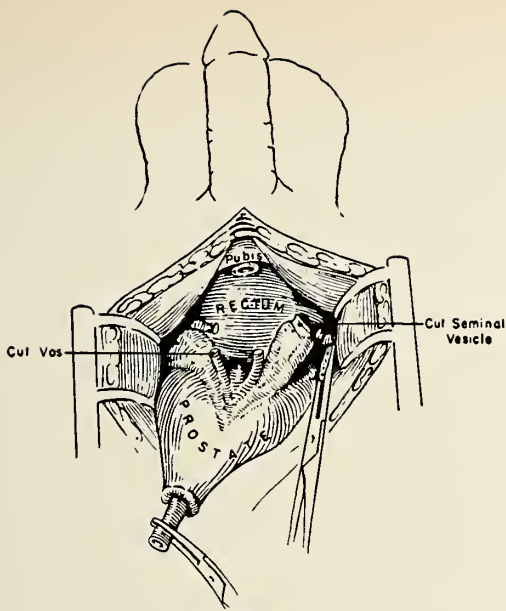
Figures 1 and 2 at top; 3 and 4 below.

1. Prostate has been partially freed from rectum and puboprostatic ligament containing large vein has been separated by finger dissection from the membranous urethra and is now being clamped.

2. With finger beneath it, membranous urethra has been gently separated from underlying rectum, and its roof is being incised upon inlying catheter.

3. Through incision in roof of membranous urethra, catheter is picked up and clamped, and distal end cut off and discarded. (In order to demonstrate floor of membranous urethra a curved clamp is shown beneath it.)

4. Ureters are catheterized for identification. Incision in bladder wall is carried across trigone above prostate but below ureteral orifices.



5. Both vasa have been sectioned and ligated. Right seminal vesicle has been dissected free, and its pedicle clamped. Left seminal vesicle has not yet been dissected free.

6. Bladder is being closed in form of an inverted Y about Foley catheter which will be brought out at upper end of stem of Y.

7. Two long traction sutures of #2 chromic on either side of the catheter have been brought out through the perineum on long straight skin needles. Traction on them will pull future bladder neck snugly against the membranous urethra.

8. Cross section drawing showing traction sutures on bladder neck emerging on perineum, but not yet tied.

9. Cross section drawing showing how bladder outlet is held closely approximated to membranous urethra after sutures have been tied on perineum and traction put on Foley catheter. No anastomosing sutures are used.

these, the serum acid phosphatase and x-ray findings were negative for metastasis.

Operative Technique

We favor the Czerny incision, in which the recti muscles are detached from the pubis and re-approximated to it in closing, because of the excellent exposure it allows. The iliac vessels are approached by careful upward freeing of the peritoneum from the lateral pelvic walls. Any enlarged lymph nodes along the iliac vessels can be examined and if necessary excised for biopsy, including frozen section, before proceeding with the operation.

CASE REPORTS

We have operated upon 14 patients in the past 3 years, using the radical retropubic technic. The average age of these 14 patients was 61 years, the youngest being 52 and the oldest 75.

There have been no deaths and all are enjoying good health at the present time. The only one who shows possible evidence of recurrence has an area of palpable firmness at the bladder neck which may be local recurrence or may be fibrosis.

A positive tissue diagnosis of cancer was made

in every case before the radical operation was performed.

Partial incontinence has been troublesome in 12 of our 14 patients, persisting from a few weeks to a year postoperatively but being improved considerably by passage of sounds. In no case has there been true incontinence.

SUMMARY

1. Annual digital examination of the prostate should be done in all men over 50 years of age.
2. All prostates with suspicious hardness or nodules should have open surgical biopsy. The transrectal method of biopsy has proved superior in our hands.
3. Radical prostatectomy, preferably by the retropubic technic, and including removal of the seminal vesicles, offers the best hope of cure in the patients who have a positive tissue diagnosis of prostatic carcinoma.

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We wish to acknowledge the courtesy of Dr. Richard Chute, Brookline, Massachusetts, for allowing us to use his excellent illustrations of the radical retropubic technic.

Some of the Uses of the Technique of Exfoliative Cytology

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EXFOLIATIVE CYTOLOGY is a technique designed to extend the scope of the morphologic method beyond the biopsy. It is not meant to replace the biopsy except in certain instances. For the practicing physician it is now a tool by which he may select cases of probable or possible malignant disease deserving further study. Its greatest use, at present, is in the diagnosis of cervical cancer.¹ Because this cancer may lie dormant and be clinically occult for years before it becomes an invasive killing malignancy, exfoliative cytology becomes a method of choice in the detection of this lesion.

Its other basic use is to permit morphologic diagnosis of tumors arising in body areas inaccessible to biopsy forceps. Most important of this class of lesions is bronchogenic carcinoma where the percentage of preoperative diagnosis can be increased from about 35% by biopsy method to 70 or 80% by the combined use of biopsy and cytology. This remarkable increase in preoperative diagnosis gives the surgeon considerable help in his approach to an operative problem. Other tumors of this type include cancers of the stomach and ureter.

The method is not new. As early as 1864, Lücke and Krebs² drew attention to the presence of tumor cells in an exudate. Occasional similar reports continued to appear, but studies stressed methods using centrifugation, routine formalin fixation, and paraffin embedding, so the usual hemotoxylin and eosin stained section was used for cell study. This approach offered some de-

gree of success but did not give the fine details or large number of cells of present preparations. In 1928, Papanicolaou³ presented his technique of fixing and staining smears for cytologic study. His staining method, which has since become so intimately associated with the procedure, produced beautiful preparations and added much to the study of exfoliative cells. The significance of the method of fixation, probably a more important contribution, is usually overlooked. This consisted of smearing an exudate on a slide and immersing it in a mixture of ether alcohol before drying. There are definite advantages in fixing an exudate in this manner. The cells spread out in such a film are considerably enlarged as compared to those in the usual tissue block, thus permitting better examination of minute cell characteristics. Fixation in this manner does not distort nuclear chromatin and allows a variety of staining reactions to exhibit features not demonstrable by fixation and embedding methods previously used.

The acceptance of the method by the medical profession has been slow but not without good reason. Its success depends upon the close cooperation of a team consisting of the clinician, a well trained cytotechnologist and pathologist. Such a team could not be brought into general use until recently and even now is difficult to maintain. Lack of competence of any member of the team leads to false positives, false negatives, frustration and failure. The clinician must know how to obtain specimens properly so cells are smeared without distortion and fixed before drying. The sample must be adequate. Scanty smears parallel the old problem of the small biopsy. The cytotechnologist should know how to prepare

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crisp, well-differentiated slides. He or she must be able to recognize atypical cells. Considerable intellectual honesty on the part of the cytotechnologist is a necessity. Lapses of attention occur during the long hours of screening. The technologist must be aware of this problem and be sufficiently conscientious to go back and review a skipped area. This is especially important in an abnormal smear. The pathologist must have the training and experience to be able to properly interpret and classify the atypical specimen presented to him.

This paper will emphasize the use of exfoliative cytology in relation to carcinoma of the cervix. The reasons for this are simple. The cytologic method has been applied to this malignancy for a longer period of time, and in far more cases, than any other tumor. Specimens are easily obtained and because of the anatomic location of the primary neoplasm, usually come from a tumor surface or at the most a few millimeters from such a surface. This latter feature is more important, preventing dilution of tumor cells by body fluids. Sampling from such a location results in a high percentage yield of positive diagnosis and a low percentage of false negative reports. The long natural history of this cancer, with its tendency to lie dormant as an *in situ* carcinoma from one to ten years, makes it an ideal lesion for detection by the cytologic method. Questionable or positive smears are easily checked by relatively simple biopsy methods without mutilating surgery.

Some indication of the prevalence (total number of cases) of cervical and endometrial carcinoma is shown in Table 1.⁴

These figures, based on cytologic screening and biopsy, indicate a rather high occurrence of malignant disease of the uterus. Information is still incomplete, yet Dunn⁵ states prevalence rates, based on similar data, are impressive. He further says they appear excessive in comparison to the

findings of those individuals suspected of overenthusiasm in the field of exfoliative cytology.

The effect of the widespread use of the cytologic method is shown in Table 2.

TABLE 2.
Results of Columbus Cancer Survey⁴

Clinical Stage Cervical Cancer	Tumor Clinic Ohio State Med. School—1947	Cancer Survey Columbus—1957
0	0%	38%
I	14%	48%
II	41%	5%
III	41%	7%
IV	4%	2%

The 1947 totals are derived from the Tumor Clinic of Ohio State University Medical School. The 1957 totals are the result of a cancer survey program involving Ohio State University, The Columbus Academy of Medicine, and The National Institutes of Health.

The proven value of the method, as shown by its ability to detect as high as 90% incipient cervical malignancy, makes it mandatory the medical profession develop and utilize the method. This becomes specially apparent when it is realized the cure rate of *in situ* carcinoma of the cervix should be 100%. Although statistics, history and methodology are necessary to understand the method, its true value is best shown by actual experiences of patient and physician. To illustrate this, the following case examples are presented:

Case 1:

CLINICALLY OCCULT CANCER OF CERVIX

The patient, a 35 year old para 2, gravida 2, entered St. Vincent's Hospital for an anterior and posterior perineorrhaphy. She had no complaint of postcoital bleeding or spotting. The cervix appeared normal to gross inspection.

A routine smear contained atypical cells. A punch biopsy showed an *in situ* carcinoma. A cone biopsy gave similar results. A vaginal hysterectomy was done. This specimen was found to be free of tumor.

This illustrates an important function of cytology. Unsuspected cervical cancer was detected in the simplest manner yet devised; the diagnosis was confirmed and therapy was instituted. Under these circumstances the expected cure rate of cervical cancer should be extremely high. The

TABLE 1.

Comparison of Memphis and Columbus Studies⁴

	No. Examinations	Carcinoma	
		No. Cases	% Prevalence
Memphis Study	70,000	527 (1:143)	0.75
Columbus Study	35,493	99 (1:357)	0.279

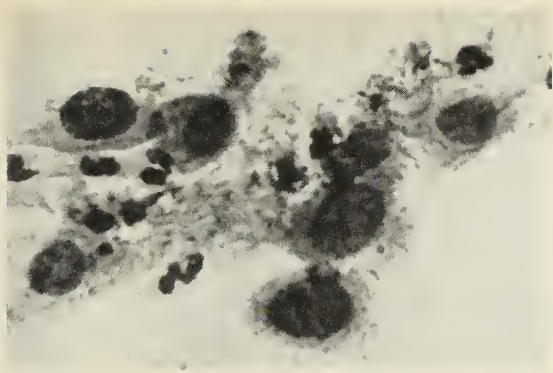


Fig. 1. (Case I)—Large numbers of cells of this type were exfoliated. They were regarded malignant. Photo x385.

case brings up the idea of eliminating carcinoma of the cervix as a killing cancer. At present, there are many obstacles to this goal. Some of these include lack of information on the part of the public and medical profession, cost of the test and failures of the method leading to a false sense of security. These shortcomings should not prevent the physician from using the method as completely as possible. All physicians who have a large number of female patients have the opportunity to decrease the prevalence of this disease. The greatest burden and opportunity falls on the general practitioner. In our experience, smear diagnosis has detected unsuspected disease prior to other types of gynecologic surgery. By using cytology the surgeon has been able to evaluate the nature of a cervical malignancy before operation and plan treatment accordingly. The danger implied, in an instance when cervical cancer is not recognized, has been decreased by the more widespread use of total hysterectomy rather than supracervical hysterectomy. It is still important to know the extent of a tumor so an extensive but unrecognized surface malignancy will not be cut through or only partially excised.

The expected incidence of positive smears varies with patient selection. This is well illustrated in a series published by Papanicolaou.⁶ In a group of 124 patients of the Women's Clinic of New York Hospital, a 16.1% incidence of uterine cancer was found. These patients had symptoms suggesting the possibility of disease. Another group of 777 patients referred by private physicians had an incidence of 1.4%. Most of these patients were asymptomatic or had relatively few symptoms. In a routine screening program covering 3,195 cases the incidence was only

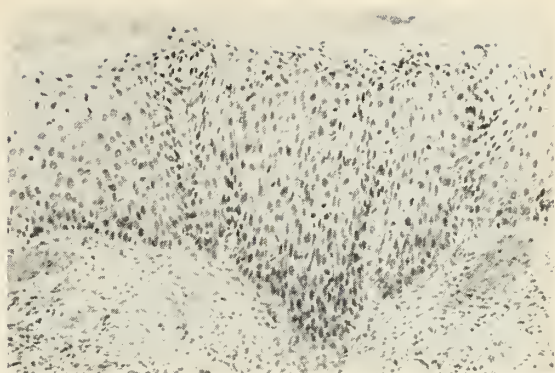


Fig. 2. (Case I)—Area of in situ carcinoma found in biopsy. Photo x80.

0.3%. These figures indicate the highest incidence of positive smears will be from those patients having gynecological complaints.

Case 2:

BIOPSY FAILURE

The patient, a 58 year old white woman, entered the hospital February 5, 1956 because of intermittent post-menopausal bleeding of nine years duration. She had had a supracervical hysterectomy in 1947 with resultant artificial menopause. She developed back pain in February 1956 some time after falling down stairs. She consulted her physician who found blood in the vagina. She was referred to St. Vincent's Hospital out-patient clinic. When the cervix was examined an area of leukoplakia and an ulcer were found. Her general physical condition was good. There were malignant cells present in the cervical smear. A quadrant biopsy was reported as chronic cervicitis. This was followed by a cone biopsy reported as chronic cervicitis with epidermidization of endocervix. Because of technical difficulties anticipated in the removal of the cervical stump she was discharged to be followed cytologically. A repeat smear was again positive so she was readmitted on October 23, 1956. A cone biopsy, taken very high in the endocervical canal, contained an *in situ* cancer.

The case has a twofold importance. It first illustrates that certain cervical malignancies difficult to biopsy may be detected by the use of cytology. It further points out epidermoid cancer of the cervix may originate high in the endocervix rather than, according to classical description, at the squamo-columnar junction.

There have been several studies on the histogenesis of cervical cancer. Foote and Stuart,¹ in



Fig. 3. (Case II)—Abnormal cells of this type were found on repeated smear examinations. Photo x385.

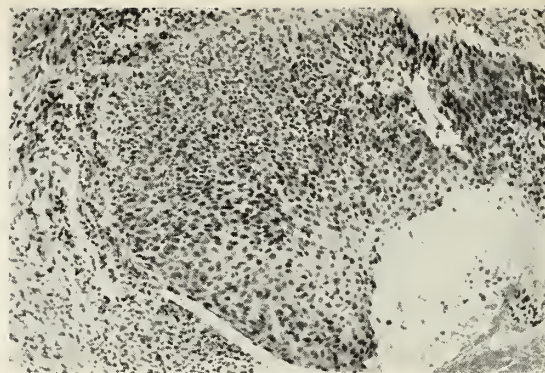


Fig. 4. (Case II)—An area of *in situ* carcinoma found on the third biopsy. Photo x80.

their paper, concluded cervical cancer developed most frequently in the exocervical epithelium. Their conclusions were based on a study of 27 cases of *in situ* cancer diagnosed by biopsy. Only eight of these patients had smears taken before biopsy. Five of these were reported negative. The five negative reports were based on material taken only from the vaginal vault. Two of the three positive reports came from material taken directly from the cervix. They felt a higher percentage of positive reports would have resulted if all of the smear specimens had been cervical in origin.

To investigate the anatomical location of cervical cancer, Reagan⁷ reviewed 100 cervixes removed for *in situ* carcinomas. The greatest concentration of tumors occurred near the "theoretical" squamo-columnar junction. Wide occurrence over the exocervix was found in only ten cases. The tumor was found most frequently in the endocervical canal. The length of the *in situ* cancers in the canal varied from 4 to 22 mm. Their average length was over 6 mm.

The apparent difference between these two series can be reconciled if one remembers biopsy diagnosis was used extensively in the series of Foote while cytologic methods were extensively employed in the cases of Reagan. Reagan's series is enforced by Howard's⁸ review of 400 apparently normal cervixes removed in the course of operations for gynecologic disease other than that arising in the cervix. He described epidermidization (reserve cell hyperplasia) developing from metaplasia of the columnar cells of the endocervix. He was able to find transitions from simple squamous metaplasia to *in situ* carcinoma at various levels in endocervical mucosa. These

studies, as well as the review of specimens constantly accessioned in any laboratory, seem to indicate the majority of epidermoid cancers of the cervix begin as endocervical lesions.

The cytologic method assumes great value by detecting such lesions before they have grown to the squamo-columnar junction or have become invasive carcinomas.

ENDOMETRIAL CARCINOMA

It is more difficult to attain practical success with this method in endometrial cancer. Bleeding, associated with the malignancy, dilutes tumor cells so fewer may be recognized in the usual smear. The problem of dilution is aggravated by the considerable distance tumor cells must travel before reaching the point at which specimens are taken. Too, in some cases, the morphology of malignant cells in this tumor may not differ greatly from normal endometrial cells. In the 1943 monograph of Papanicolaou and Traut,⁹ an incidence of nearly 10% false negative smears from corpus cancers was reported. Papanicolaou thought this was a rather high percentage of failure. In 1949, Papanicolaou⁶ reported 901 cases in which 11 cases of adenocarcinoma of the endometrium and endocervix were detected cytologically. There were no false negatives in this series, an incidence of 100% detection! Papanicolaou still wisely warned against extensive reliance on the method for management of patients suspected of having this disease. These are only technical problems, in the way of accurate, early diagnosis. Another difficulty in management is the very nature of endometrial carcinoma. Its natural history is not as well known as cervical cancer, but it is probable that its evolution is much more rapid. Thus, if the cytologic method fails to con-

firm a clinical impression of endometrial cancer, dilatation and curettage should be the next diagnostic step. It is not proper to attempt multiple cytologic examinations seeking a diagnosis until this particular application of the technique is better understood.

RESPIRATORY SYSTEM

Examination of smears from the sputum offers an excellent and simple method for screening the lower respiratory tract in patients with undiagnosed lung disease. Lung carcinomas so small as to be undetectable by x-ray are large enough to exfoliate cells which may be found in smears. Frequently, the lesion will be in an inaccessible biopsy position for the bronchoscopist and yet, its presence and nature can be determined by the cytologist. It is often used also as confirmatory evidence in cases of suspected lung cancer.

In those cases in which malignant cells are repeatedly exfoliated, no lesion may be found by other diagnostic methods, yet the diagnosis of lung carcinoma can still be made. Sputum examination will not inform us which lung is involved, but with examination of bronchoscopic washings even this can be determined. In certain cases, evidence of this sort may be the indication for a pneumonectomy.

Cytology results in lung carcinoma are accurate. Often the cells are so characteristic that the various types of lung carcinoma may be diagnosed.

A problem, frequently encountered in sputum examination, is the failure of a "deep" cough specimen. Shallow coughing or merely clearing the throat is not sufficient. This does not bring up material from the bronchi and smaller radicals. The patient must be impressed by bringing up this material by "deep" cough effort.

Another difficulty is encountered in sputum smears, this time from the standpoint of the cytologist. Cells cast off from patients with bronchiectasis and chronic lung and tracheal infections will resemble a malignant cell and will cause confusion for an inexperienced cytologist. Here, as in every other situation where cytology is used, the training and the experience of the cytologist and the pathologist are essential.

It never should be felt that negative results on a sputum examination rules out carcinoma. Nor can one expect that if carcinoma is present, the specimen will be positive on every occasion. Dur-

ing 1957, at the Indianapolis General Hospital, only 7 of 16 positive cases showed malignant cells in the sputum on *every* examination. The exact cause of these false negatives is difficult to determine; nevertheless, the possibility of a false negative report must be taken into consideration. Bronchoscopic washings may offer no greater accuracy in cytologic diagnosis than sputum,¹⁰ but do have the advantage of being taken from a known source.

URINARY TRACT

The greatest accuracy obtained in cytologic examination of urinary sediment is obtained from tumors arising from transitional epithelium in the bladder, ureters and renal pelvis. Foote *et al.*¹¹ report 61.7% of 212 cases correctly diagnosed as positive on examination of smears. Some difficulty is encountered in examination of urinary sediment because of the variability which normally occurs in transitional cells. The possibility of false positive reports is greater with these epithelia. When malignancy is present, there may be many normal cells and only a few malignant cells, singly or in groups. Malignant cells, when seen, however, are apt to be recognized if the cells are reasonably well preserved. Cell preservation is an important feature. More false negative findings in this group of tumors are seen in carcinomas originating in the renal pelvis because of the poor preservation of these cells by the time they are examined. It is most necessary to process urinary specimens quickly in order that cell preservation be maintained as much as possible. The finding of malignant cells indicates an immediate search for the lesion by the physician.

Renal parenchymal tumors unfortunately do not exfoliate until late in their development. This is usually after they have broken through the renal pelvis and have become a fungating mass.

Similarly, urinary sediment is not a good medium for an early diagnosis of prostatic cancer. Foote¹² reports 15% accuracy by this method. Prostatic carcinoma does not exfoliate in satisfactory amount. Smears obtained from prostatic massage are much more satisfactory.

GASTRO-INTESTINAL TRACT

Examination of smears of gastric, duodenal and colon secretions are frequently of value. With gastric smears, the difficulty is encountered in

the rapid rate at which the cells degenerate because of proteolytic enzymes. If saline or Ringer's solution washings are used it is necessary to quickly place the specimen in equal amounts of alcohol for fixation. The technique of the gastric balloon with a covering hairnet device is more successful in obtaining large numbers of cells for examination.

Smears taken from duodenal contents have been successful in the diagnosis of carcinoma in the bile duct, ampulla and pancreas.

Reliable results¹² may be obtained in diagnosis of colonic carcinoma not visible in the sigmoidoscope. Following a 24 hour fasting or liquid diet and a purge to empty the colon, the patient is given a high enema with saline and Ringer's solution and the return is processed by centrifugation, fixation and staining of the sediment. Malignant cells from carcinoma in the ascending colon and cecum may be detected by this technique.

SEROUS EXUDATE

Examination of exfoliated cells from serous exudate is quite satisfactory. A high degree of accuracy may be expected if carcinoma is present.¹³ A positive finding indicates a far advanced carcinoma with no possible cure but is of definite aid in establishing prognosis and a plan of management. In the case of negative findings, however, the examination does not help to rule out carcinoma and present strong negative evidence that the fluid has some other cause, possibly inflammatory or serosas. Foote¹² states that approximately 90% of carcinomas in the chest cavities are diagnosable by this method.

The physician is reminded that cells in chest fluid are rather fragile. The fluid must be delivered by the cytology laboratory quickly so steps may be taken to preserve the cells. This is best done by taking a portion of the specimen and mixing with equal parts of 50% alcohol. If the fluid must stand over night, it should be refrigerated. An able cytologist is essential in the smear examination because of the frequent marked similarity between mesothelial cells, macrophages and carcinoma cells.

MAMMARY SECRETIONS

The usefulness of pathologic examination, in cases of breast tumors, is mainly limited to those arising in the ducts. Intraductal papillomas and

carcinomas often exfoliate cells which are present in the breast secretion. The diagnosis by cytology is, in these instances, quite accurate. Most breast cancers, however, lie deep in the breast, and are associated with marked fibrous tissue production. These tumors do not exfoliate satisfactorily, so the examination for breast secretion is not useful in most cases.

EXPECTATIONS

Until a more simple cancer test is devised, such as a biochemical or serologic procedure, the smear method remains the best test for the detection of incipient malignancy. Its widespread use for the diagnosis of uterine cervical cancer has increased five year survival rates to 90% in one group using the method extensively in recent years.¹⁴ This outstanding accomplishment must be considered seriously. The use of the procedure in Indiana is spotty. One group of pathologists serving a large population accessioned less than 400 cytology specimens in 1957. During this time another group accessioned over 8,000 smears. The latter group served a larger population, but the two series of accessions are still disproportionate, indicating, at present, varied interest and understanding of the method by the medical profession. The maintenance of dependable constant service by screening technicians is another problem to be faced. This is being met by the establishment of training schools for cytotechnicians. One such school is in operation at Indiana University Medical Center. Organizational and teaching difficulties are enhanced by the inexperience of all of us trying to transfer a procedure from research laboratories into clinical practice. Despite these formidable obstacles it can be seen the method is of overwhelming merit. All of us should try vigorously to establish its clinical use as a screening technique for the diagnosis of cervical and endometrial carcinoma. As functioning cytology laboratories are established the procedure will surely find use in the diagnosis of many types of malignant disease.

REFERENCES

1. Foote, Frank W. Jr., and Stewart, Fred W.: The Anatomical Distribution of Intra-epithelial Carcinomas of the Cervix, *Cancer* 1:431-439, 1948.
2. Lücke, A. and Krebs, E.: *Arch. f. path. Anat. W. Phys. V.f. klin. Med.*, 41:1-14, 1867. Quoted by O. Saphir: Cytologic Diagnosis of Cancer from Plural and Peritoneal Fluids, *Am. J. Clin. Path.* 19:309-314, 1949.

3. Papanicolaou, G. N.: New Cancer Diagnosis. Proceedings of Third Race Betterment Conference, p. 258, 1928. Quoted by Howard L. Richardson, Frank B. Queen, and Fred H. Bishop: Cytohistologic Diagnosis of Material Aspirated from the Stomach, *Am. J. Clin. Path.* 19:328-340, 1949.
4. Ullery, J. C., von Hamm, E., and Miller, E.: Early Diagnosis and Treatment in a Cancer Survey Program. A Preliminary Report, *Obstetrics and Gynecology* 10:371-377, 1957.
5. Dunn, John E., Jr.: The Relationship Between Carcinoma in Situ and Invasive Cervical Carcinoma, *Cancer* 6:873-886, 1953.
6. Papanicolaou, G. N.: Cytologic Diagnosis of Uterine Cancer by Examination of Vaginal and Uterine Secretions, *Am. J. Clin. Path.* 19:301-308, 1949.
7. Reagan, James W., and Hicks, Dorothy: A Study of In Situ and Squamous Cell Cancer of the Uterine Cervix, *Cancer* 6:1200-1214, 1953.
8. Howard, L., Jr., Erickson, C. C., and Stoddard, L. D.: A Study of the Incidence and Histogenesis of Endocervical Metaplasia and Intraepithelial Carcinoma, *Cancer* 4:1210-1223, 1951.
9. Papanicolaou, G. N., and Trout, H. F.: Diagnosis of Uterine Cancer by the Vaginal Smear. New York: The Commonwealth Fund, p. 47, 1943.
10. Rome, D. S., and Olson, K. B.: Sputum Specimens versus Bronchial Aspirates in the Diagnosis of Bronchogenic Cancer, *J.A.M.A.* 164:167-169, 1957.
11. Foote, N. C., Papanicolaou, G. N., Holmquist, N., and Seybolt, John F.: Exfoliative Cytology of Urinary Sediment, *Cancer* 11:127-137, 1958.
12. Foote, N. C.: The Role of Exfoliative Cytology in the Detection of Early Cancer, *Cincinnati Journal of Medicine*, 33:153-160, 1952.
13. The Cytologic Diagnosis of Cancer. Vincent Memorial Hospital, 1950. W. B. Saunders Co.
14. Burns, Edward L. and Gorski, T. W.: Five Year Cure Rates of Clinically Occult and Suspected Uterine Carcinomas. A Community Cancer Detection Program, *J.A.M.A.* 166:568-571, 1958.

Blood-Loss Monitor Devised by VA Surgeon

An electronic machine that enables doctors to know when a patient needs a blood transfusion during surgery has been devised by a Veterans Administration surgeon, VA announced recently.

Called a blood-loss monitor, the new instrument instantly, automatically, and continuously measures the amount of blood lost by a patient during an operation.

It was originated by Dr. Harry H. LeVeen, chief of surgery at the VA hospital in Brooklyn.

Dr. LeVeen said measurements of blood loss made by the monitor are accurate to within one-half of one per cent.

The machine is in use at the Brooklyn hospital for all heart surgery and for most operations for cancer, burns, and other conditions in which heavy blood loss is likely to occur, he said. The monitor is about two feet square.

Sponges and drapes used in surgery are dropped into a wire basket inside the machine and agitated in a measured amount of water to remove the blood. Other blood lost at the site of surgery is sucked into the same water through a tube.

As blood is added to and mixed with the water, the electrical conductivity of the solution changes. The machine measures this conductivity and translates the changes into cubic centimeter measurements of blood loss.

The cumulative blood loss is measured on a dial at the front of the monitor.

Hepatic Disease with Ascites and Icterus

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Indianapolis

HISTORY

THE PATIENT, a 57-year-old colored male laborer, was studied on the Medicine Service from April 19 to June 2, 1954. He had been chronically ill for approximately one year, at which time he began to experience intermittent cramping pain in the upper abdomen. The pain was not too severe, but it was frequently accompanied by nausea and occasionally by vomiting. The association of vomiting with the pain and nausea had become more definite during the last 2 to 3 months, and he had recently vomited small amounts of "bright red blood." Sometime during the intervening year, but after the appearance of the abdominal pain, he developed abdominal swelling.

During the last 2 to 3 months he had also noticed bright red blood in his stools and it had been noted that his stools were frequently a tarry black color. His family physician had hospitalized him briefly in his local hospital where his abdomen was tapped and a large amount of fluid was removed. This promptly relieved the abdominal pain. The family had noticed a slight yellow tinge to the eyes periodically over the year, and they stated that he had "no appetite at all." He had lost approximately 40 pounds in weight. They stated that the physician caring for him had noted a "fever," but they did not know the degree of elevation of his temperature.

From the Departments of Medicine, Pathology, and Radiology, Indiana University School of Medicine, Indianapolis, Indiana.

Dr. Behnke is Assistant Professor of Medicine and Chief of Medicine, V. A. Hospital; Dr. Beamer is Professor of Pathology, and Dr. Miller is Assistant Professor of Radiology.

He had always been quite healthy until the onset of the present complaints, but he had a huge alcoholic intake for approximately 20 years. An average daily intake would consist of several quarts of beer and a pint or more of whiskey. They stated emphatically that on many occasions there were intervals of "days when he had nothing to eat." The only additional chronic complaint was that of persistent hemorrhoids which he had for some 8 to 10 years, but which had recently bled frequently and which were extremely painful upon defecation.

PHYSICAL EXAMINATION

The patient was a chronically ill, colored male in no acute distress. He was oriented and coherent although somewhat lethargic. There was a generalized pallor to the conjunctivae and the buccal mucosa and, in addition, there was an icteric tinge seen at both of these sites. Numerous spider nevi were observed over the anterior and posterior chest and generally the axillary and pubic hair was somewhat sparse.

The chest was entirely negative. There was no gynecomastia. The heart was not enlarged to percussion. The PMI was in the fifth interspace, 8 cm. from the midsternal line. Blood pressure was 112/70. No murmurs were heard and all heart sounds were normal, and the rhythm was regular.

Examination of the abdomen disclosed both shifting dullness and a fluid wave with severe abdominal distention. The liver was palpable 6 cm. below the right costal margin and it was firm, smooth, and not tender, and the spleen was not felt. The rectal examination was negative. Both testes were palpable but it was felt that the left was unusually small.

LABORATORY STUDIES

Blood examination	April 19	April 28	May 5	May 14	May 22	May 27	June 1
Hgb.	10.0	10.2	11.0	12.1	11.0	10.5	11.0
RBC	2.36	3.21	3.60	4.33	3.51	3.59	3.49
WBC	9,550	7,700	8,600	5,400	13,400	14,200	19,000
Band forms	2	12	5	5	17	13	6
Adult polys	76	74	68	66	54	79	87
Lymphocytes	17	12	21	27	23	4	5
Monocytes	1	2	4	2	3	4	2

Urinalysis	April 19	April 28	May 14	May 27
Sp. gr.	1.026	1.019	1.024	1.020
Sugar	0	0	0	0
Albumin	Trace	0	0	0
Pus cells	Loaded	Loaded	0-3	1-2
RBC	0	0	0	0

	April 20	May 5	May 11	May 25
Serum protein (Gms.%)	6.50	7.10	7.8	6.5
Albumin	1.92	2.10	2.3	2.39
Globulin	4.58	5.00	5.5	4.11
Prothrombin time (%)	61.5	46.5	67	73.5
Thymol turbidity (units)	14	16	13.5	10.5
B.S.P. (% in blood)	31	---	33	37
Serum bilirubin (mg.%)	2.4	---	2.2	6.3
Direct	1.2	---	0.7	2.3
Indirect	1.2	---	1.5	4.0
Serum alkaline phosphatase (K. and A. units)	9.5	8.3	7.7	---
TNPN (mg.%)	50	60	---	45
Blood sugar (fasting, mg.%)	104	---	---	---

Serologic tests for syphilis:
Mazzini, 2+; cardiolipin, 2+.
Mazzini complement fixation: 0.1 cc., 2+; 0.05 cc., 1+; 0.025 cc., 1+.

Paracentesis fluid:
No specific gravity determined
WBC 89
Polys 56
Lymphs 44
RBC 126

Cultures of blood and abdominal fluid—negative.
Urine—*Staphylococcus aureus*.
Papanicolaou report on paracentesis fluid—No cancer cells seen.
Radiologic studies are illustrated in Figures 1 to 3.

HOSPITAL COURSE

The patient was afebrile during the first 5 days of his hospitalization, but on April 25 he spiked a temperature to 102° F. and complained of severe cramping abdominal pain. The temper-

ature progressively fell during the succeeding 3 to 4 days and remained virtually normal throughout the remainder of his hospitalization. It was felt that this elevation of temperature was probably due to a urinary tract infection, for at that time pus cells and bacteria were found in the urine and the fall in temperature was thought to be due to the administered Erythromycin.

The investigation of his problem included sigmoidoscopy which revealed no lesion up to 20 cm.; however, there were large protruding ulcerated hemorrhoids. The bone marrow examination disclosed a marrow which was quantitatively normal in all elements but which revealed macrocytic erythrocytes and manifested marked autoagglutination. These were thought compatible with advanced liver disease and no specific deviation from normal was found.

His therapy was primarily dietary with all attempts directed at a high caloric diet with approximately 125 to 130 grams of protein per day. In addition, he was given large amounts of vitamin B complex and 0.3 grams of ferrous gluconate, 3 times a day. Intramuscular vitamin K was given in 10 mg. amounts each day.

The abdominal paracentesis performed on May 18 was productive of 1800 cc. of clear yellow fluid. Progressively from the middle of May forward the rectal hemorrhoids provided an increasing source of difficulty, for they prolapsed and bled uncontrollably. Bleeding was to such an extent that the estimated loss per day was between 300 and 500 cc., and it was felt necessary to replace blood on 6 different occasions. During the last two weeks of his hospitalization the amount of icterus increased and the patient became progressively more lethargic, lapsing into coma on May 28. At no time during his hospitalization did the patient vomit blood and at no time did he demonstrate any accumulation of fluid other than that in the abdomen.

On June 2 a Levin tube was passed for the

purpose of gavage feeding. At that time 500 cc. of whole blood was aspirated from the stomach. A Sengstaken tube was anchored for esophageal tamponade but the patient's blood pressure rapidly fell to shock level and he quickly expired despite transfusion of large amounts of whole blood.

DISCUSSION AND CLINICAL DIAGNOSIS

Dr. Roy H. Behnke: It would seem from the data presented that we have to consider this a classic case of Laennec's cirrhosis or more specifically stated, nutritional cirrhosis. One could dwell at length upon the profound alcoholic history of the patient; drinking even to the exclusion of food over many years. Both factors separately or in combination could well produce the primary injury eventuating in a fatty liver and cirrhosis. Experimentally, one can produce severe fatty degeneration by feeding a diet deficient in protein and other essential dietary components including the so-called lipotropic agents, methionine and choline.

Hepatic decompensation or insufficiency in some degree must have been present for nearly one year if one is to take the symptom of scleral icterus at its face value. In essence, this means that less than 20 per cent of the patient's liver is functioning adequately; the huge 80 per cent reserve is lost and with it the multiple integrated physiologic functions it normally performs. Added to the icterus is the weight loss, fever, abdominal pain, and most seriously the ascites and hematemesis.

Equally classic are the features of the physical examination. The lethargy itself is an ominous sign of severe hepatic insufficiency. Whether this be due to an excess of ammonia in the arterial blood or to some less direct chemical derangement is not presently known. The change in hair distribution, testicular atrophy, and spider nevi or angiomata attest to the chronicity and severity of the hepatic dysfunction. The liver itself is large, not unusual if it is understood that the great bulk of the organ is fat and not functioning parenchyma. The spleen is not palpable. Could this be due to the difficulty encountered in palpation with the massive ascites, or is this organ normal in size? At this stage of hepatic cirrhosis approximately 75 per cent of the spleens are palpable.

The laboratory data, so often important in a critical differential diagnosis, is here simply confirmatory. No major test fails to support fully the diagnosis of Laennec's cirrhosis. Of particular interest is the normal protein value with complete A/G ratio reversal and profound hypoalbuminemia. This fact, combined with the increased portal pressure, altered capillary permeability, increased renal tubular reabsorption of sodium and excess amounts of antidiuretic substance, could account adequately for the intractable ascites.

That we have increased portal pressure and abnormal collateral venous channels is attested to by the roentgenographic demonstration of esophageal varices. We are at a loss to state which of several factors, *i.e.*, intrahepatic arteriovenous shunts, an overall reduction in the intrahepatic venous bed, or pressure of regenerating hepatic nodules upon portal vein radicles, is dominantly responsible for this dangerous collateral venous bed beneath the esophageal mucosa. Certainly hemorrhage from an ulcerated varix was the terminal event.

With the positive blood serologic tests for syphilis, *hepar lobatum* or syphilitic cirrhosis might be considered. This is an unusual variety of cirrhosis, and one should find more well defined large lobules upon palpation, and seldom are the features of portal hypertension as well defined. One is occasionally surprised to find a hepatic carcinoma, a hepatoma, inasmuch as in 3 to 5 per cent of cirrhotic livers such a neoplastic process is found. Cirrhosis, on the other hand, is found in 80 to 90 per cent of the livers the site of a primary hepatic neoplasm. Unusual fever or pain with a high alkaline phosphatase in the face of little obstructive hyperbilirubinemia are stated to be important differential clues. In the absence of cytologic or roentgenographic evidence, however, such a diagnosis can not be made definitively.

Clinical diagnosis: Laennec's cirrhosis: nutritional cirrhosis. Esophageal varices.

POSTMORTEM STUDIES

Dr. Parker R. Beamer: (I.U.M.C. Autopsy 7110). As one would expect from a review of the clinical findings and Dr. Behnke's brief, but comprehensive evaluation, the liver was of chief interest in this case. The organ was slightly en-



Figure 1. X-ray films to demonstrate the irregular blood-filled varices, observed as a "filling defect" in the lower esophagus. The usual slightly curved, parallel mucosal folds are irregular, wavy, and much wider than normal.

larged (*i.e.*, 1920 grams, in comparison with a normal weight in the range of 1700 grams), and yellow-brown or tawny on its external surface, which was uniformly studded with moderately firm, bulging nodules that varied from one to ten millimeters in diameter. The most conspicuous feature of the internal structure was observed in the right lobe, where there was a relatively large, indistinctly outlined, gray to gray-white to yellow-brown, irregularly rounded mass that ranged from 10 to 12 centimeters in various dimensions. The borders blended almost imperceptibly with nodules similar to those observed on the surface, but the main body of the mass consisted of a compact, mosaic grouping of gray and gray-white, moderately firm, bulging nodules that ranged from 1 to 25 millimeters in diameter and were bounded by thin and coarse bands of depressed or contracted fibrous tissue. The centers of the larger nodules were generally yellow, soft, and almost diffuent. Similar tissue was identified within branches of the portal vein coursing through the involved region.

Elsewhere in the liver, the unusual architectural pattern was completely replaced by numer-

ous, closely packed, yellow-brown or tawny, firm nodules (1 to 10 millimeters in diameter) that corresponded with those observed on the external surface; most of the nodules bulged slightly above the interlacing network of thin and coarse bands of depressed, gray-white fibrous tissue that surrounded them.

Study of histologic sections from the left lobe of the liver (*i.e.*, the portion that was uniformly nodular) revealed numerous, spheroidal and ovoid groups of hepatic cells that tended to resemble hepatic lobules but there was usually no distinct cordal pattern and central veins were not recognizable. The lobule-like nodules of hepatic cells were completely surrounded by thin and coarse, interlacing bands of densely cellular or collagenous connective tissue that formed an irregular, continuous network (Figure 4). The individual hepatic cells were usually coarsely granular; several contained a single, relatively large, clear vacuole (*i.e.*, fat), and others were smaller and contained two (sometimes three) nuclei. Throughout the network of fibrous tissue, especially in the cellular portions, there was an increased number of cross-sections of small

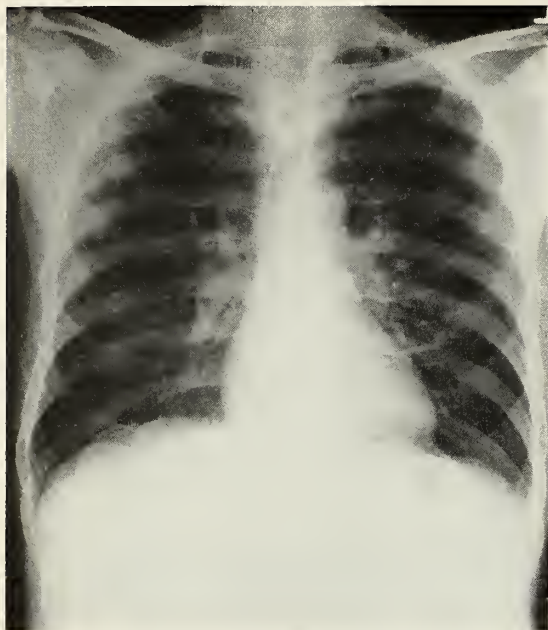


Figure 2. X-ray film of the chest interpreted as within normal limits.

bile ducts and vessels, and a diffuse scattering of lymphocytes.

The *large mass in the right lobe* of the liver was composed chiefly of neoplastic cells arranged in spheroidal and ovoid nodules that had remote resemblance to hepatic lobules, but their growth was apparently uncontrolled, and small groups of the cells had invaded the fibrous bands (Figure 5). High-power examination of various portions of the large mass revealed that some of the cells were morphologically indistinguishable from those described in the preceding paragraph, *i.e.*, the cells *per se* were abnormal, but not neoplastic. Intimately associated with these, there were neoplastic cells that manifested great variation in the size, shape, and staining properties of the cytoplasm and nucleus, to the extent that they would hardly be recognizable *per se* as hepatic cells, except for their basic structure and histologic relations (Figure 6). In some instances, the nodular collections within the large mass consisted only of the anaplastic cells, and similar tissue was observed in the intrahepatic branches of the portal vein (Figure 7) and in vessels in the lungs (Figure 8).

Owing to limitation of space, the other anatomic abnormalities are not described, but the significant pathologic changes are summarized in



Figure 3. X-ray film during the second examination of the colon revealed no defects, and the findings were interpreted as normal. Some air was trapped in the transverse colon and the splenic flexure.

approximately the general order in which they are presumed to have developed.

Final Anatomic Diagnoses: (1) Diffuse nodular cirrhosis (*i.e.*, Laennec's cirrhosis, portal cirrhosis, nutritional cirrhosis); (2) *Primary carcinoma of the liver—hepatic cell type* (*i.e.*, hepatocarcinoma, in contrast to carcinoma of the bile duct type); (3) Emboli of carcinoma in the pulmonary arteries; (4) *Varices of the esophagus*; (5) Red blood (*i.e.*, not altered) in the stomach; (6) Ascites—1250 ml.; (7) Icterus of the skin, scleras, and viscera; (8) Atrophy of the testes; (9) Female-type distribution of hair; (10) Congestion and edema of the lungs; (11) Bronchopneumonia of the lower lobes of the lungs, moderate; (12) Passive congestion of the spleen, kidneys, and intestinal tract; (13) Emaciation.

SUMMARY

Based on the data in the clinical history and the anatomic findings, it seems reasonable to conclude that this man probably developed nutritional cirrhosis. A combination of various factors (such as general constitution, age, sex, improper diet, recognized and unrecognized noxious substances, individual susceptibility, and so on)¹⁻⁶



Figure 4. Photomicrograph of a portion of the liver, illustrating the conspicuous increase in fibrous tissue that enclosed nodules of regenerated hepatic parenchyma. Hematoxylin and eosin. Low power.

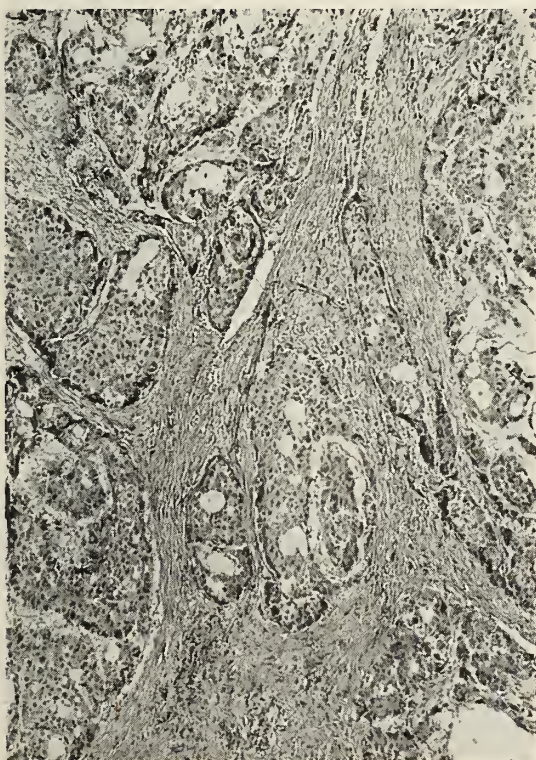


Figure 5. Photomicrograph to illustrate carcinoma originating in nodules of regenerated hepatic parenchyma. Note the invasion of malignant cells in the broad band of fibrous tissue. The neoplastic tissue resembles poorly formed lobules of hepatic cells, rather than bile ducts. Hematoxylin and eosin. Low power.

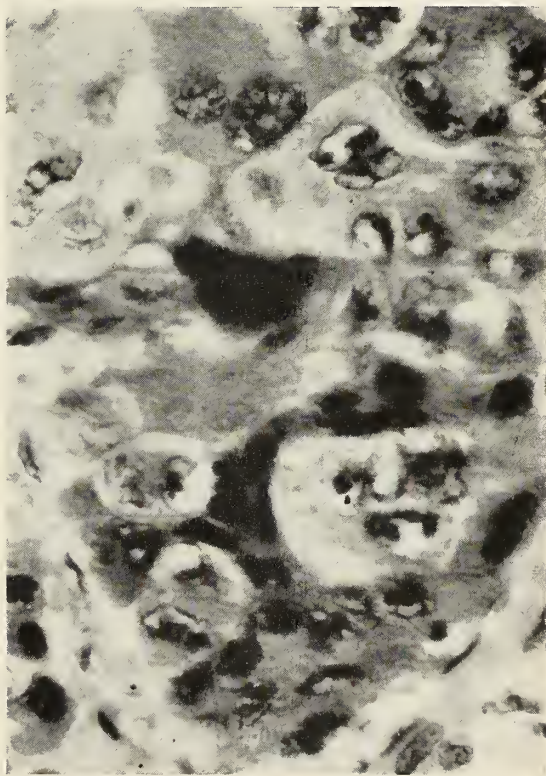


Figure 6. High-power magnification of a portion of the field illustrated in Figure 5. Note the variation in the size, shape, and structure of the cytoplasm and nuclei in the neoplastic cells. Hematoxylin and eosin.



Figure 7. Photomicrograph of carcinoma growing within a relatively large, intrahepatic branch of the portal vein. Hematoxylin and eosin. Low power.

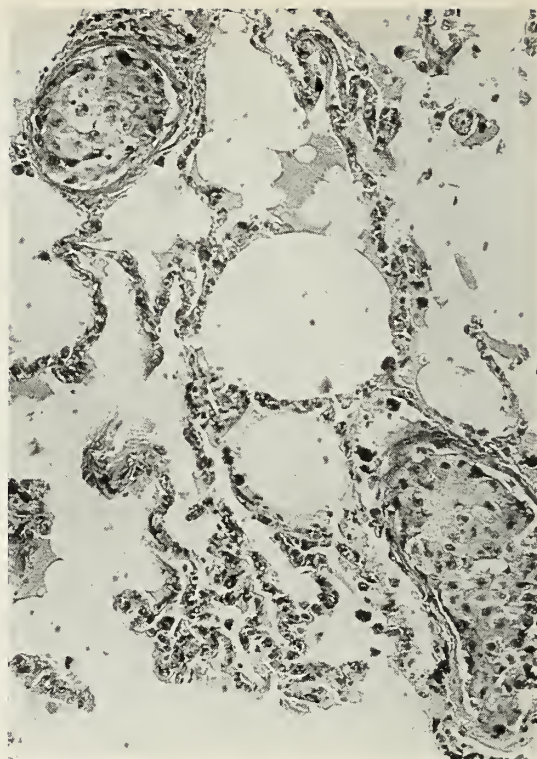


Figure 8. Photomicrograph of a portion of the right lung, illustrating hepatic-cell carcinoma in a moderately large (lower right) and a smaller (upper left) pulmonary vessel. Hematoxylin and eosin. Low power.

resulted in the carcinoma that seemed to originate in nodules of regenerating hepatic tissue. The terminal episode was associated with profuse bleeding from esophageal varices.

Acknowledgment: The authors are indebted to Mr. James F. Glore and Mr. Paris Johnson, Department of Illustration, Indiana University School of Medicine, for preparation of the photographic material.

REFERENCES

1. Best, C. H., Hartroft, W. S., Lucas, C. C., and Ridout, J. H.: Liver damage produced by feeding alcohol and sugar and its prevention by choline. *Brit. M. J.*, 2:1001-1006, 1949.
2. Hartroft, W. S.: Diagnostic significance of fatty cysts in cirrhosis. *A.M.A. Arch. Path.*, 55:63-69, 1953.
3. Higginson, J., Grobbelaar, B. G., and Walker, A. R. P.: Hepatic fibrosis and cirrhosis in man in relation to malnutrition. *Am. J. Path.*, 33:29-54, 1957.
4. Karsner, H. T.: Morphology and pathogenesis of hepatic cirrhosis. *Am. J. Clin. Path.*, 13:569-606, 1943.
5. MacDonald, R. A.: Cirrhosis and primary carcinoma of the liver. Changes in their occurrence at Boston City Hospital 1897-1954. *New England J. Med.*, 255: 1179-1183, 1956.
6. MacDonald, R. A.: Primary carcinoma of the liver. *A.M.A. Arch. Int. Med.* 99:266-279, 1957.

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LONGEVITY IN THE UNITED STATES

THE LIFE SPAN of American citizens is still on the increase. Dr. Louis I. Dublin, health and welfare consultant of the Institute of Life Insurance, recently announced that the average length of life for women in the United States is now 73 years. For men it is only 67 years.

Both men and women are participating in the increased length of life. Since 1900, the gain for the nation as a whole is 22 years. Women's expectation of life increased 25 years in this period, while that for men has risen only 20 years.

While the increased life span for everyone can be accounted for by many improvements in nutrition, sanitation and medical care, the continued and increasing disparity between longevity of women and men cannot be explained so easily. Dr. Dublin thinks that women probably have a basic physiological advantage over men. This is an observation which is rather common in the entire animal kingdom. An evolutionary factor may also be partially responsible, in that the female of the species is more important than the male for race preservation.

The female health record is better than that for males in all age brackets. More boys are born than girls; this is apparently nature's attempt to offset the poorer life expectancy of the male. Female infants enjoy a better mortality rate than do male infants. During the teens, girls show the greatest advantage of all age groups, and from 15 to 24 years of age have a death rate which is one-third that for boys. Fifteen years ago the male death rate was only one and one-half times that for females.

Such differences in mortality carry more women by far into the older age groups. And here women again have an advantage over men. A woman of 65 has an expectation of 16 more years, a man at the same age can expect about 13 years.

A part of the difference is explained by a change in mortality for malignant disease. Prior to 1945 more women than men died of cancer. In the past 15 years the cancer mortality rate for women has declined by 10 percent, while that

for men has increased. The mortality rate for men with lung cancer has increased 180 percent in this period.

The death rate for accidents in females is less than half that for males. Heart and circulatory disorders account for half of all deaths, and this rate for women is two-thirds that for men. Women show lower death rates from all the major causes of death except one—diabetes.

Dr. Dublin suggests one practical difference

which he thinks may help to induce longevity in women—the often observed fact that women are more apt to take time off from work when they are sick. It may be, that when all the illnesses, big and small, of a lifetime are added together in their damaging effects that a few days or a few more days spent in recovering completely before returning to work would enable man to add the six years difference which prevails at the present time.

OPEN INVITATION TO ENTER EXHIBITS

THE SCIENTIFIC EXHIBIT Committee of the Association is planning for the Annual Convention and has issued an invitation to the members to participate in the form of scientific exhibits.

The committee members are anxious to encourage Hoosier physicians in this endeavor, since they feel that clinical results and clinical material from our own state will be of special interest. Every active practitioner has some particular phase of his practice of which he or she is especially proud, either because of a well developed system of diagnosis or treatment, or because of good results. These are the subjects which lend themselves well to illustration by

photograph, graphs and charts, and are therefore suitable for scientific exhibits.

The exhibits may be of general or special medical interest. Now is the time to accumulate the data necessary and to start with the preparation of the illustrative material. Information concerning the exhibit and advice may be obtained by addressing the chairman of the committee, Dr. Jack G. Weinbaum, P. O. Box 925, Terre Haute.

Application forms should be prepared and forwarded to the State Association Headquarters Office at an early date in order that adequate preparations may be made in the exhibit hall.

A reproduction of the application form is printed in this issue of *The JOURNAL*.

MEDICAL EDUCATION WEEK

PHYSICIANS OF INDIANA have an opportunity this month to both honor and aid the medical schools by helping bring the third annual observance of Medical Education Week to the attention of their patients and the public.

During the week of April 20 to 26, the medical profession will join forces with the Woman's

Auxiliary and the medical schools throughout the country in presenting programs emphasizing the progress, problems, and challenges of medical education.

The world leadership of American medical schools, their expanding enrollments, research triumphs, and community services are little

known by the public at large. Medical Education Week is designed to create greater public appreciation and support for their continuing achievements.

At the same time, it will stress the problems which the foreseeable future holds—increased competition for the qualified school candidate, greater facilities for teaching the growing complexities of medicine, and the need of an expanding and aging population for more doctors. And, not least of all, is the immense cost of medical education which already is a \$200 million annual undertaking.

The medical schools and their friends all over the country will be explaining the complexities, difficulties and tremendous potential of the

American medical education system. At Indianapolis, Indiana University School of Medicine plans to assist other schools in their observance of this special week. Dean VanNuys and several of the faculty members are scheduled to speak at other meetings.

Medical Education Week in Indiana will be celebrated later in the year on the occasion of the dedication of the new medical science building on the Indianapolis campus. This magnificent building, the first four-year medical school building of modern time in Indiana, is now nearing completion. Its dedication and opening for the fall term in September will actually be the time for Hoosiers to participate in Medical Education Week.

"LETTERS TO THE EDITOR" are always welcome and if consistent with the editorial policy of The JOURNAL will be used in this section.

metaphosphate produced markedly higher blood levels than capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline⁶ capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,⁷ who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydrochloride with and without sodium metaphosphate, found much higher blood levels with the tetracycline phosphate complex than with the tetracycline hydrochloride.

Dicalcium phosphate and food resulted in lower, and sodium metaphosphate in higher, serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracyclines. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetracycline is related to its ability to form complexes with calcium ions, which are unavailable for complexing with tetracycline.

“...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied...”

The effects of citric acid and sodium metaphosphate were published simultaneously with the last mentioned report of Welch et al.⁷ These data were based on thoroughly controlled studies both in rats⁸ and in man⁹ and include additional findings that serve to explain, fairly conclusively, the various discrepancies that have been mentioned.

The experiments in rats⁸ were carried out to study the effects of citric acid, dicalcium phosphate, sodium metaphosphate, food, oil and sorbitol on the serum antibacterial activity produced by the administration of tetracycline hydrochloride or tetracycline base. Citric acid administered in equal weight with tetracycline hydrochloride gave the highest concentrations of all the preparations studied. No enhancing effect was obtained from citric acid when given with tetra-

addendum to the last mentioned paper of Welch et al.⁷ indicates that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexametaphosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in other studies may very well have been due to the presence of calcium as fillers in some of the capsules and not in others.

This, however, fails to explain the most recent findings of Welch and Wright,¹⁰ who compared the absorption of three capsules, each containing 250 mg. of oxytetracycline hydrochloride — one without any adjuvant, one with 250 mg. of citric acid and the third with 380 mg. of sodium hexametaphosphate; no other filler was contained in any of these capsules. In triple

crossover studies, they as-
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Eisner, H. J., Stirn, F.
 Enhancement of serum lo
J. Pharmacol. Exper. & T
 Kaplan, M. A., Dickison,
 F. H. New, rapidly absor
biotic Med. & Clin. Therap.
 Welch, H., Lewis, C. N., Su
 concentrations of three tetr
 single oral dose in man.
 222, 1957.
 Pulaski, E. J., and Isokane
 blood serum, bile, and pro
 ministration of tetracycline
 drochloride. *Antibiotic Me*
 Welch, H., Wright, W.
 blood concentrations follow
 hydrochloride, tetracycline
 metaphosphate. *Antibio*
 Welch, H., Wright, W.
 following oral admin
 chlortetracycline by
Antibiotic Med. & Clin.
 Welch, H., Wri
 blood concentr
 and chlortetra
Therap. 4:627
 Dearborn, F.
 J. J., and
 sorption
 4:627-64
 Sweeney
 J. M.
 certain
 1957.
 Welch
 hexan
 tered
 4:735.

Editorial.

The New England Journal of Medicine.

258:97-99, (January 9) 1958

ACHROMYCIN*V

TETRACYCLINE HCl BUFFERED WITH CITRIC ACID

is

tetracycline and citric acid



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The President's Page

OF SAGACITY AND SILENCE

IT HAS BEEN SAID that a prudent silence is the sacred vessel of wisdom. A declared purpose is never highly esteemed, and commits itself to criticism in advance. If it fails, the misfortune is doubled. Thus, the declared aim of the Allies to accept nothing except unconditional surrender of Germany and Japan was foredoomed, and subsequent events have demonstrated the folly of that aim. So the aim of American Medicine should be general in scope and broad in policy; it should not be limited to a declared specific objective nor to a series of publicized designs. It is because of bombastic pronouncement that loud opposition develops and repetition by one is returned twofold by the other.

Consider therefore most carefully your words when dealing with matters of policy in our Association. In publication of these words there is always time to add a word, but none in which to take one back. Speak in a testament, for the fewer the words, the less the litigation. Make of that which is of no importance the training ground for that which is.

Reserve has an aspect of divinity about it, and he too easy for speech, shortly falters and falls.

W. C. Lippincott M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

Dear Doctor :

Another year is coming to a close for your Woman's Auxiliary to the Indiana State Medical Association and this will be my last letter to you. I hope that you have followed us through the year and have learned of our various activities that we did in behalf of the medical profession.

We are very proud of our achievements in the field of recruitment. Many of our county Auxiliaries have given nurses' scholarships and have formed nurses' clubs in the high schools in an attempt to interest girls in this field. This is one phase of our work to which we are very dedicated because we know that it means so much to you and to the communities in which we live.

Scholarships for nurses and future nurses' clubs are two of the most valuable methods for obtaining more nursing personnel. Future nurses' clubs bring the profession closer to the high school girls and will educate them as to their programming as well as their emotional and physical needs. Members of these clubs go on field trips visiting various hospitals and laboratories. They hear speakers such as physicians, nurse educators and graduate nurses who are now active in the nursing profession. Counseling is provided and many questions answered for both the club members and their parents.

Scholarships make possible nurses' training for deserving girls who would otherwise be unable to receive this training.

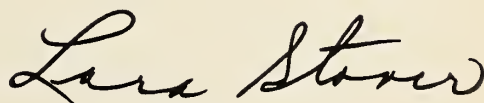
The funds are coming in very well for the American Medical Education Foundation and we are very proud of this achievement, hoping that we will again receive notice of our generosity at the National Convention this year.

I have visited many County Auxiliaries this year and have found great enthusiasm among the members concerning our many projects that we endeavor to do for you, our parent organization. So in each field pertinent to medicine your Auxiliary has been active and has had the pride of achievement.

We will soon convene for our fourteenth annual House of Delegates meeting at which time we will elect a new president, who will be in charge of your Auxiliary, and I hope you will extend to her all of the courtesy, understanding and cooperation which you have extended to me this year.

It has been a pleasure to meet and serve your wives as the president of the Woman's Auxiliary to the Indiana State Medical Association, and I am proud of our component county Auxiliaries and the pride they have taken in this, their dedicated field of service.

Sincerely,



Mrs. W. C. Stover, President

Training of Cytotechnologists

FRANK VELLIOS, M.D.*

Indianapolis

WITH THE INCREASED INTEREST in the detection of early cancer, especially of the uterine cervix, the role of the cytotechnologist has become even more vital. The cytotechnologist prepares and screens the specimens, especially those that are obtained in the routine examination of the cervix. All atypical cells are then reviewed with the pathologist. Every pathologist's laboratory is an important cog in detection of early cancer, and therefore opportunities exist in these laboratories for trained cytotechnologists.

Recently, the Registry of Medical Technology has prescribed certain basic requirements for the entrance to certified schools of cytotechnology. These requirements include a minimum of two years of college with 6 credit hours in chemistry and 12 credit hours in biology. Other laboratory courses in zoology and chemistry are encouraged but not required. The training period recommended by the Registry includes six months of study in an approved school of cytotechnology. During this period the student is taught the normal cytology of the exfoliating body surfaces

and subsequently the appearance of abnormal cells, especially cancer cells, from these sites. Such a school is now in existence in the Department of Pathology at the Indiana University School of Medicine.

Following the completion of this course, 12 months of further experience is required before the candidate is eligible for the examination of the Registry of Medical Technology.

It should be mentioned that there are excellent schools of cytotechnology that do not meet the requirements of the Registry of Medical Technology. Students should be aware of the requirements of the Registry, and if they desire to be certified should be sure that the course they take meets the minimum requirements.

It is difficult to induce suitable candidates to take this training because of the loss of income during the training period and because of lack of knowledge of opportunities in this field. For this reason, the Indiana State Division of Health and Preventive Medicine, through the Bureau of Preventive Medicine and various county units of the Indiana Division of the American Cancer Society, offers scholarships to suitable students.

Information concerning the course in cytotechnology may be obtained from the Department of Pathology, Indiana University Medical Center, Indianapolis 7.

* Department of Pathology, Indiana University Medical Center. Doctor Vellios was assisted by Juanita Griffin, M.T., A.S.C.P., and Sandra J. Donoho, B.S., of the Department of Pathology and School of Cytotechnology, Indiana University Medical Center, Indianapolis.

Indiana Cancer Society Offers New Film, "Time and Two Women," for Booking

AMONG RECENT ADDITIONS to the film library of the Indiana Division, American Cancer Society, is the highly recommended film, "Time and Two Women," which is a 16 mm. color and sound production which requires 18 minutes viewing time. It was produced during 1957.

The Indiana Division has 16 copies of the film which William H. Cordell, executive director, says may be booked by any county medical society in Indiana on request.

In addition to "Time and Two Women" the Indiana office has several films especially prepared for showing to the medical profession. Three in this kinescope series are entitled "Cancer Detection," "Cancer of the Cervix," and "The Differential Diagnosis of Uterine Bleeding." The film on cancer detection features some of the leading authorities in the field, including Dr. George Papanicolaou.

The following review of "Time and Two Women" is reprinted from *The Journal* of the American Medical Association, October 12, 1957.

This film alerts women to the urgency of early detection of uterine cancer and explains the uterine cancer cell examination (the "Pap" smear). It is narrated by Dr. Joe V. Meigs of Boston, who tells the stories of two women who had cancer of the uterus: one who ignored warning signals and saw her doctor too late, and the other whose early cervical cancer was detected in the course of a periodic checkup. The growth of cancer is shown by animated diagrams; and a photomicrograph of a cervical smear, with normal and malignant cells,

identifies for the viewer how the pathologist can suspect the presence of cancer by noting cells' structural abnormalities. Details of the routine examination are explained, emphasizing that the patient experiences no discomfort during the procedure. Since the second patient's laboratory report indicated the presence of abnormal cells, she returned the following day, when several small tissue specimens were removed from the cervix. These enabled the pathologist to make a positive diagnosis of cancer. After treatment, she reported for follow-up examination, including smears, for five years, during which she showed no further evidence of disease. The film is concluded with an appeal for women to go to their family physicians once a year for a pelvic examination even though they have no symptoms.

This film should be considered as part of a broad program of professional and public education. At each showing, a doctor should be present to answer questions from the audience; slides of key materials in the film are supplied for projection during the discussion period. At the present time there are not enough trained professional assistants for the pathologists in analyzing specimens taken for cell examination; therefore, the film should be shown only in those areas where the county medical society approves and where pathologists are prepared to read smears. This is an excellent film, clear-cut, pertinent, concise, and very illuminating. The participants perform their parts exceptionally well and the photography is excellent. It is recommended for showing to all women in those areas where facilities for cancer cell examination are available.

For information regarding any of this material contact Mr. William H. Cordell, Executive Director, Indiana Division, American Cancer Society, 325 Board of Trade Building, Indianapolis 4, Indiana.

"The Fact Is, We Are Drifting Into Socialism," Indiana Industrialist Says

Testimony presented to House Ways and Means Committee in Washington, D.C., January 8, 1958, by Lothair Teetor, Hagerstown, Indiana, representing the Indiana State Chamber of Commerce.

MY NAME is Lothair Teetor—of Hagerstown, Indiana. I represent the Indiana State Chamber of Commerce, of which I am a Director and Chairman of its Federal Tax Committee. I believe my testimony also represents the point of view of a majority of the citizens of Indiana. House Concurrent Resolution No. 16, approved March, 1957, by both the House and Senate of the Indiana General Assembly, states in no uncertain terms how the people of Indiana feel about our Federal tax system. My testimony will be in complete agreement with that document. With your permission, Mr. Chairman, I offer for the record House Concurrent Resolution No. 16.

We believe in the necessity for adequate defense just as much as any group of people in this nation. We must keep ourselves physically safe from our potential enemies regardless of cost. That is our number one job. But we also recognize the necessity for economic security, for without strong business institutions, soundly financed and efficiently managed, it would be impossible to defend ourselves or help our allies if war should come.

We are economically strong today, but there are unmistakable signs of weakness in our economy that must be recognized and dealt with before the weakness becomes a deep-seated disorder.

First of all, we think there should be an immediate and substantial reduction in the highly progressive income tax rate as a move to check the recession and restore business confidence. It has been apparent for some time that the tax structure is a major factor in the current slump. We most strongly recommend that the Congress not wait too long before tax reform is decided

upon and put into effect. There will be a tendency to temporize, to wait and see, to hope for upturns. There is grave danger we will wait until a recession gets deep to do something about it. When we know something is wrong, the sooner we correct it the better.

Americans must realize and never forget that we are living in the midst of a revolution that is directed toward the destruction of the principles of Western civilization. The United States is not free from the infiltration of these revolutionary forces, the most subtle being the socialization of our tax structure through the highly progressive income tax, which confiscates earnings, and its counterpart estate and gift taxes, which confiscate private property.

The group I represent is, of course, concerned about the immensity of our tax load, but we are much more concerned about the philosophy embodied in our tax system, which is destroying the incentives and initiative that create new jobs, substituting security for opportunity in the minds of our potential new business owners and managers, and making the accumulation of risk capital virtually impossible.

Slowly but surely, Federal income and estate taxes are siphoning off every pool of personal wealth in this country, and destroying the source of funds from which business ventures obtain the capital to start and grow.

From 1953 to 1955 I was Assistant Secretary of Commerce for Domestic Affairs of the United States Department of Commerce. In that office I had a front seat to observe some of the unfortunate things that are happening to our free competitive enterprise system. For two years I was a member of the Loan Policy Board of the Small Business Administration, where your tax money

and mine was being used to bolster up small business. Private capital would be available for small business had not Federal taxes stripped investors, both large and small, of the personal risk capital which historically had financed them. Furthermore, small businesses could do a lot better job of financing themselves if Federal income taxes were set at a more reasonable rate. There is nothing wrong with Small Business that reasonable tax rates will not fix.

One thing we should all know by now, we can't have private enterprise without private capital.

Some of you may be thinking, "But I know a lot of people who still have lots of money. Our tax system has not absorbed all the personal pools of wealth." And you are right. We all know some people who are the owners of accumulated wealth. But how many do we know who will risk their savings or inheritances in a new speculative business? Not many I know will do that. Their money is invested in blue-chip stocks, good income-producing real estate, in tax-free bonds, in Federal securities, in insurance. Private personal capital, that is still in existence, has been forced into comparatively non-speculative investments. This is the money that used to go into economic ventures that make national wealth, create new businesses and more jobs. Those who thought they would soak the rich, missed the target and have hurt the very people they professed to help.

"THE FACT IS . . ."

The fact is, we are drifting into socialism. The subtle principles of Karl Marx have been permitted to invade our tax system.

The trend is crystal clear to all who care to look. The number of new business starts is great, but the number with growth possibilities is small. There is not sufficient risk capital available to the competent young businessman who wants to start and grow a business in which he would have a major interest. Neither is the reward for success great enough to pull him away from the large corporation, where there is greater security and more fringe benefits. He will not trade the security of a job with an established corporation for the doubtful opportunity of achieving broader horizons and independence by operating a business of his own.

It is indeed strange that while Russia is put-

ting increased emphasis on incentives to reward unusual merit, the United States has been removing them. Could this possibly be the cause of some of our present-day dilemma?

Another disquieting trend is the concentration of business in fewer hands in many industries, particularly manufacturing. This is not conducive to invigorating and cost-reducing competition. Too much responsibility and economic power are being concentrated in the hands of too few business and labor leaders. Middle-sized concerns are selling out to larger corporations—all too frequently because of tax implications.

Apparently capital is available for the expansion of well-known successful corporations, but we should remember that strong competitive forces are necessary to the success of the free enterprise system. This means that substantial new venture with competent management and growth possibilities must always be in the making. These new ventures are speculative and must therefore look to the individual investor for a large part of their capital.

But there is little incentive to invest capital in speculative ventures today. If a venture is successful, the tax collector takes the lion's share of the earnings. If the venture fails, the investor has little opportunity to recoup his loss from other investments.

What is the end of this road? We think it is the destruction of free competitive enterprise and our precious personal freedoms. The only alternative to free enterprise is government-dominated business, and government-dominated business means government-dominated lives.

During the first phase of this evolution the middle size business will cease to exist. Without speculative capital new business with growth possibilities will not start. Attrition and mergers will remove the ones that are now operating. Soon there will be only two kinds of business—very small (millions of them), and very large (a few hundred perhaps), with nothing in the middle. Such a concentration of business will call for more and more government regulations, until government finally takes over every major industry. Then we are no longer a free country. All production, both quality and quantity, will be government-controlled. Government will set the wage rates, tell you where to work, and also set the prices of everything you buy. Without the motivating forces of competition and rewards,

quality goes down and costs go up. The standard of living of everyone will be reduced.

Neither will the evolution be smooth and painless. Lack of confidence in the government, poor business, unemployment, poverty, insecurity, resistance to the new order, domination by government officials, will be inevitable in this journey from freedom to socialism.

"TAKE A LOOK AT ENGLAND"

It might be helpful at this time to take a look at England. Many years ago England started down the socialistic road and may now have reached the point of no return. Many students of the English economy think the principal cause of England's economic fall and present dilemma has been her confiscatory income and death taxes. I am told that Mr. Colin Clark, Director of the Institute of Rural Economics at Oxford University—and formerly an active member of the Labour Party—now is head of an English League to reduce taxation. The present levels of British taxes, he says, tremendously reduce saving and initiative and immediately menace the nation with general poverty.

Lord Beveridge, the architect of the British welfare state, now declares repeatedly in public that taxation is destroying the vitality of English life, by wiping out the savings of the provident, and penalizing the best elements in the nation.

Russell Kirk, a competent American student of English economics, editor of *Modern Age*, and author of numerous books, including *The Conservative Mind* and *The American Cause*, in a recent letter to me said:

"The effect of British taxation, now taking directly nearly half the total national income, has been to accelerate the triumph of socialism, whether the British government is Conservative or Labour; but in a fashion which even the Socialists did not expect. The heart of the matter is this: The state takes so large a proportion of the national income that private corporations and individuals do not retain enough to provide for either the needs of the public or their private necessities. Thus the state is called upon, again and again, to perform new functions, for lack of private capital and initiative. And the more new functions the state undertakes, the more money it must raise through taxes; and the less money is left in private hands. Thus the process is cumulative.

The process has now advanced so far that it is very difficult to raise the money to pay taxes; and even the Socialists know this. They recently have proposed, therefore, through Mr. Gaitskell, a Labour Party member of Parliament, that the state accept, in lieu of tax payments, a share in the direct ownership of industries and commercial enterprises—a share which would steadily increase. As the state becomes proprietor of a larger and larger share of the nation's capital, the tax-burden upon the segment still remaining in private hands becomes quite insupportable; so the remaining private firms and individuals go to the wall. Thus eventually all property would be owned by the state, and this, in substance, means Communism.

"The British economy, and the British social order, are showing many signs of grave sickness—signs now visible to both political parties and to every acute student of society. Even the Socialist writer C. A. R. Crosland speaks of the present rates of taxation as 'savage'. Confiscatory taxation is one of the principal causes of this decay. But once this pattern of excessive taxation has been established, and once socialism is entrenched, to reverse the process becomes heartbreakingly difficult.

"No one, not even the Labour Party, really intended to bring about this distressing state of affairs in Britain. England sank into her present confusion in a state of absence of mind. There is reason to believe that the same process is at work in the United States."

". . . IF THERE IS A WILL"

Our own experience in the field of progressive taxation follows closely the course of English taxation. With our flair for getting things done quicker than anybody else on earth, it is quite possible that we could arrive at their tragic plight in less time than it took them.

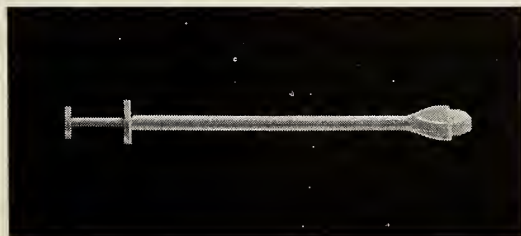
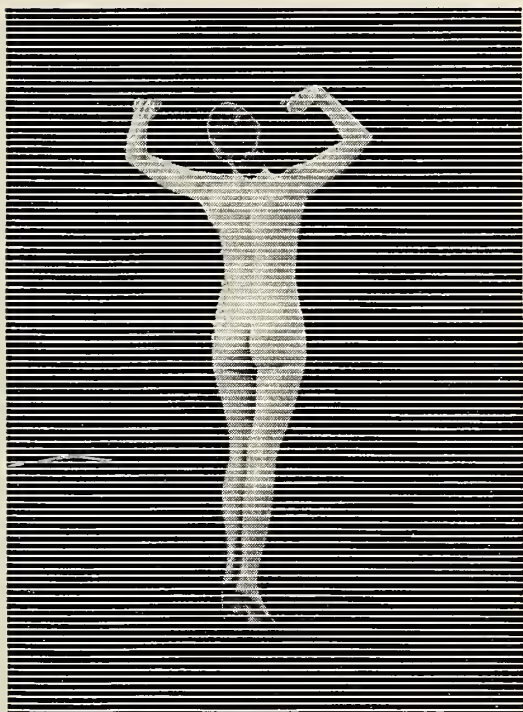
We have listened to the speeches of Administration leaders, Senators and Congressmen, predicting that a tax reduction at this time was not possible. We have also read the columns of political experts in which the terms "realistic" and "practical politics" occur at frequent intervals—but we have not been impressed.

We believe the highly socialistic income and estate taxes can be drastically cut without de-

Continued

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SEARLE

tracting one iota from the essential military budget—if there is a will in Congress to do so.

There is the great probability, borne out by history, that if tax rates were reduced to take some of the shackles off our American Enterprise System, the resulting increase in economic activity would produce sufficient new revenue to more than replace any possible loss through rate reduction.

We are not unmindful of the fact that annual federal revenues have increased from \$60.4 billion to \$73.5 billion in the last three years—an increase of \$13 billion. Neither are we unmindful of the fact that federal expenditures have increased \$7.6 billion in that same period of time—\$5.6 billion of which was due to increases in *non-military* expenditures. Does this not indicate that so-called worthy projects always will absorb the revenue that is collected, and the only practical way to reduce expenditures is to hold the debt limit and then limit the amount of revenue that will be collected? Congress and the administration both know that practically every government program has some fat in it and that many programs can be dispensed with entirely if there is no money to pay for them.

Your committee now has before it for consideration, two identical bills, one introduced by Representative Sadlak, the other by Representative Herlong. It is our opinion that of all the tax bills so far introduced, these bills strike closely at the crux of the problem. They recognize the tragic consequence to our free enterprise system of continuing the highly progressive individual

income tax, and by slow and easy steps over a period of five years, reduce the minimum rate to 15% and the maximum rate to 42%. During the same period, the maximum corporation rate is reduced to 42%, the normal rate being reduced from 30% to 22%. This reduction of eight percentage points in the normal tax rate would be a great help to small corporations.

Many other reforms and corrections are needed in our revenue code, but here in the Sadlak-Herlong bills is a reasonable start in the right direction to preserve and strengthen our free economy. The immediate effect of the passage of such legislation would be a restoration of business confidence, the priceless ingredient of good times. As the effects of tax reform begin to be felt, new businesses with competent management and growth possibilities will spring up, providing new jobs for our rapidly growing population. New products and new services will be offered to the public at more competitive prices. Businessmen will be free to make decisions based on business factors and not so much on tax impacts.

But above all will be a return of confidence that here in America there is still opportunity and reward for those of ability who want to work hard, and that no socialistic government will steal away the earnings which one has risked and worked to acquire.

It is possible to have both military supremacy and tax reform. All we have to do is cut the non-essentials so we can afford the essentials.



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
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References: 1. Groskloss, H. H., et al: Clin.
Med. 2:885 (Sept.) 1955. 2. Goldsmith, J. W.:
Minnesota Med. 40:99 (Feb.) 1957.

Tri-State Medical Group Meets May 8

The 85th annual meeting of the Northern Tri-State Postgraduate Medical Association will be held in South Bend on May 8 when physicians from Indiana, Ohio and Michigan will hear several distinguished speakers at their all-day meeting. All sessions will be held in Morris Inn on the University of Notre Dame campus.

Registration begins at 8 a.m., Central Daylight Saving Time.

The official program as issued by Dr. Charles M. Burgess, Ferndale, Michigan, secretary-treasurer, follows:

Thursday, May 8

9 a.m. Welcome

Dr. R. A. Fargher, LaPorte, President

Dr. K. E. Selby, South Bend, President, St. Joseph County Medical Society

9:15 "Dynamics of Geriatrics"

Dr. C. Howard Ross, Ann Arbor, Michigan

10:00 "Fever of Undetermined Origin"

Dr. Frank J. Heck, Mayo Clinic, Rochester, Minnesota

10:45 "What You Can Do With Your Money—If You Have Any"

Don Juan Fernandez, Merrill Lynch, Pierce, Fenner & Smith, Chicago

11:30 Social Hour, courtesy of Wayne Pharmaceutical Company

12:00 Luncheon at Morris Inn

A. Invocation

Rev. Philip S. Moore, C.S.C., Vice-President, Academic Affairs, University of Notre Dame

B. Remarks

Dr. Kenneth L. Olson, South Bend, President-elect, Indiana State Medical Association

C. Address

"Medical-Public Responsibility"
The Honorable G. Mennen Williams,
Governor of the State of Michigan

D. Short business meeting

2:00 p.m. "What's the Use of God?"

Rev. Calvin W. Didier, Presbyterian Church, LaPorte

2:45 "The Anticoagulants—Where Are We Now?"

Karl Paul Link, Ph.D., University of Wisconsin

3:00 "Gynechiatry"

Dr. William B. Keller, Louisville General Hospital

Entertainment has been provided in the afternoon for wives who attend the meeting.

Reservations should be made with: Charles M. Burgess, M.D., 23235 Woodward Avenue, Ferndale 20, Michigan. Registration and dues are \$5.00 and luncheon reservations are \$5.00 per person. Checks should accompany the reservation.

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Communism

DONALD BRUCE*

Indianapolis

This is one of three addresses presented at an indoctrination session for new members of the Indiana State Medical Association at the annual convention in October, 1957 at the French Lick-Sheraton Hotel.

The speaker, a brilliant award-winning commentator, presented the following hard-hitting discussion of a subject of interest to all free people.

I KNOW YOU HAVE a very tight schedule, so I am not going to try to be humorous and tell stories. I appreciate the invitation that has been given me to talk to you for a few minutes, mainly because you doctors are in a most strategic position in a battle that is being waged.

Whether we like to believe it or not, or whether we want to realize it or not, we are at war. It is called many things. It is called a period of tension. It is called a cold war, or it is called peaceful co-existence, but the hard, cold truth is we are at war. That is a hard thing for most people to grasp because usually when we think of war we think of two armies out on the battlefield, with the navy and the air force and other groups, in mortal military combat. However, in its real meaning the term war is more than the combat of armies in the field. Beginning with the advent primarily of Fascism, of Hitler's Germany, Tojo of Japan, and Mussolini of Italy—particularly of Nazi Germany—warfare took on a relatively new concept. Hitler had the beginning, and compared to what we face now, it *was* merely a beginning of a new concept of war. It isn't really new, but is the modern adaptation of the Trojan horse technique . . . the technique of destroying the will of a target

country to resist . . . working from within to tear down.

Warfare consists of three fundamental facets, and in order for us to survive in this struggle which has been going on now for just 40 years, we must understand all three of them and their relative importance.

“. . . RETREAT AFTER RETREAT”

First, the most important, and where we have been losing this war, is in the realm of psychological warfare. The enemy has taken us for a ride from the very beginning and has caused retreat after retreat because of our failure to understand the art of psychological warfare.

I think a few fast statistics certainly should wipe out any reticence to believe this, when we recognize that Communism, as headed by the Soviet Union, is only 40 years of age, and in that short period of time, as history goes, they have conquered more than *nine hundred million people*. It has conquered a third of the globe geographically. You break that down a little further and it means the Communists have advanced in 40 years at the average rate of 1,000 square miles a day. Never in the history of civilization has mankind seen any ideology, or any force, move with such rapidity, or such seeming finality. Certainly, in the last three or four days, as our headlines have been screaming at us about a satellite and the Soviets being the first to crack outer space with a moon of their

*Program director, news analyst and commentator, Radio Station WIRE, Indianapolis. Now on leave of absence, Mr. Bruce is a candidate for the Republican nomination for Representative in Congress from the 11th Congressional District.

own, you begin to get a picture of the power we are faced with. Unfortunately, however, we are now, more than ever, inclined to regard the enemy we face as primarily a military power. The hard truth is that their battles, their wars, their gains have been won not by military power, not by war, but primarily by psychological warfare. They have conquered nine hundred million people fundamentally with the use of psychological warfare. Breaking that down, it comes right back to where I started. When we talk about psychological warfare it means the destroying of the will of a target nation to resist. When you analyze the foreign policies which the United States of America—the great free America—has tried to devise year after year, beginning back in the early 1930's and right on through, you find us trying to come up with a new idea every day, but all of them based on the same philosophy of money and dollars. Then you trace the retreats that followed Yalta, Potsdam, Teheran and Geneva and it begins to dawn on us that the Western world, in spite of its advertising genius, in spite of its religious heritage, completely fails to comprehend the nature of the enemy we face.

You probably are aware that the Soviet Union in these 40 years has signed more than a thousand treaties and agreements with other nations. You are also probably fully aware that they have violated every single one of them. It is appalling to an individual who spends a great deal of time in research of the basic documents of international Communism, its philosophy, its Communist Manifesto, the basic writings of Lenin, and more recent writings and speeches, to find an overwhelming lack of understanding of the nature of the enemy we face. If it were not for failure to understand, how could the Soviets possibly be so successful in their phony "Peace" campaign, for example?

You probably have not had a chance to keep abreast of the news today and I don't know whether you are aware that Nikita Krushchev today made the statement that the United States and Turkey (Turkey has been a thorn in the Communists' side for a long time) had better be very careful how we step now because they have now taken the lead, he says, in missile warfare. Krushchev also came through today with a direct proposal to the United States of America, saying it is time now for the Soviet Union

and the United States to get our heads together and bypass everybody else and negotiate individually with each other in order to bring about peace—in the use of guided missiles and earth satellites. It is all part of the picture.

As far as the earth satellite itself is concerned, yes, it is a tremendous psychological victory. From a military standpoint it is being ballooned far beyond its immediate importance. It has not materially changed the balance of power militarily. It is again, fundamentally, a psychological victory for the Soviet Union, not a direct military victory. All the hoopla we are hearing from various political headquarters today about the United States sitting on its laurels and doing nothing is just so much hokum. The vast power of the military pendulum still rests heavily in favor of the United States. But, you see, we fail again to take into consideration the three fundamental concepts and their importance in present-day warfare. The one I mentioned first was psychological warfare.

TIME IS RUNNING OUT

Now, number 2, economic warfare. Go back and read again the writings of Lenin and Stalin, and what Krushchev and Bulganin are saying today. "We will force the United States (they said Western world; they meant United States) to spend and spend and spend until they spend themselves into bankruptcy and then they will fall, like a ripe plum, into our hands." Dmitri Manuilksky, the top theoretician of the international Communist movement, back in 1932 was asked, "When comes the final blow?" This was at a meeting in Moscow of the Communist Internationale. His answer is on record—he says—"Not now, comrades, not now [1932], but in approximately 30 years. The final phase will begin with the greatest peace campaign the world has ever seen. Our peace groups throughout the world will raise a mighty voice for negotiation and for peace, with the citadel of Communism, the Soviet Union. The Western world, smug in its own complacency and conceit, will rush to grasp our hands. The minute their guard is down we will smash them with our clenched fists."

". . . IN A WAR LIKE KOREA"

That brings us to the third point—the military. Exactly in that fashion—psychological

warfare, winning without war, destroying the will to resist, the fifth column, bleeding the economy by foolish spending, getting a target country to adopt the principles of Marxism instead of retaining the heritage that it has, changing a form of government so gradually and so "sugar-coatedly" that the people do not realize the very foundation of their free society is being sapped away. Substitute the words "security by government" in place of individual freedom which is the tradition. Make the people dependent upon a state, a federalized government, for their welfare and their well-being. Destroy individual initiative, and at the same time if you can get them engaged in a war like Korea and when you are on the verge of defeat, call for peace and have them rush madly to grasp your hand and negotiate for peace, knowing full well that you are going to violate every agreement that you make in that truce, knowing that the mothers and wives of the target country will be much more reluctant come another real serious crisis, for all freedom may depend upon the decision that is made. The combination of these psychological and economic pressures can create a feeling of frustration, create confusion, and weaken the will to resist. This is the Red goal.

WE MUST UNDERSTAND

The Soviet Union has followed a specific blueprint. It has never deviated from it. On no occasion have the Communists deviated from the set principles and philosophies that guide them. They have told us, as Hitler did in *Mein Kampf*, exactly what they plan to do. They have come inestimably further than Hitler ever came. When we stop and analyze what has happened in the great United States of America in the last 35 or 36 years, and go back and read the bible of international Communism, Marxism, Fabian Socialism, call it what we will, we recognize that Marx clearly stated ten points which would have to be brought about in a free society before it could be so weakened that it would not be able to resist Communism. We realize there were 10 points involved, and then we read those 10 points, such as abolition of private ownership of property and land, and application of rents of land for public purpose, and recognize that 32 per cent of every acre of land in America in the last 35 years has come

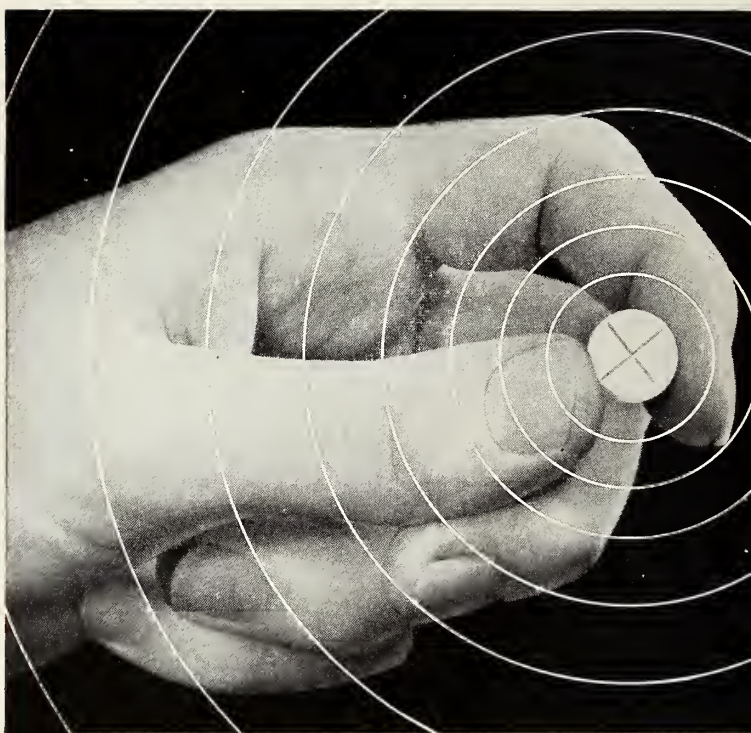
under the direct ownership of the Federal Government of the United States. When you read the number 2 point of Karl Marx' Communist Manifesto, a heavy progressive, graduated income tax, you begin to get the full impact of the changes that have been so subtly brought about in America—brought about under the same cry of tyrants that has been true throughout all history. Every tyrant that has ever risen has done so by the same cry, *for the good of the common man*. Always, tyranny is present with the cry of "for the good of the common man," and that is a fundamental propaganda point of international Communism, too. Again I stress, *we must understand the philosophy behind this movement*. I don't care how many millions of dollars we spend on armaments—and I think we should—I don't care how many millions of dollars we give to India, Indo-China, Africa, or anywhere else—unless we understand the sincerity, the devotion of the people of the international Communist movement to its philosophy, we won't get to first base; we'll continue to retreat. The first point we must understand is that the Communist means it when he says he wants peace. When Bulganin and Krushchev say "Let's negotiate for peace," they mean it. There is no more sincere fighter for peace in the world, whether he is a Red in Indianapolis, in French Lick, in Decatur, or in Moscow, than the Communist because, you see, the basic philosophy of Communism states, and they believe, "all wars, all evils, stem from capitalism and bourgeois religion. There can be no peace in the world until capitalism and bourgeois religion are destroyed." That is the fundamental part of their philosophy. When they negotiate for peace, they mean it. But they do not mean the same as you and I. Every time we negotiate with the Soviet for peace, *we* negotiate for the right of man to live side by side with his neighbor, and to live his own life. *They* negotiate for a total victory for Communism. That is why they can tear up any treaty they make.

"THERE IS NO GOD"

The number 1 point of Communist philosophy is, quote—"There is no God." Immediately, man has been reduced to animal status. Man has been reduced to mere matter, a denial of all moral law

Continued

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¹ Nichols, R. L. and Finland, M.: J. Clin. Med. 49:410, 1957.

Communism

Continued

and all that it implies. There is no conscience. How do you think the Soviet leaders in the early 30's could liquidate 10 million of their own people, the kulaks, the peasants, the small farmers, because they refused to cooperate with the Communist regime which was taking over their farms? The Communists simply killed them, not because they hated them, but because it was inherent in their philosophy that this group stood in the way of the Red goal. The means would be justified by the end they would achieve by this "peace" under world Communism, so they killed 10 million of their own people. They were quite practical, they didn't waste ammunition. They simply went in and took away all their guns, all their rakes, pitchforks, livestock. They starved to death 10 million men, women and children. In China, over the past few years, they have liquidated 27 million people, not because they hated them, but because "there is no God." "Man is unimportant, he is just another piece of matter." There is no crime then if you kill 25 million people if you reach the goal you desire? They believe that! That is a fundamental part of their philosophy!

We say, here in the United States—"Why, no people would be mad enough to drop guided missiles with atomic warheads on any nation helter-skelter." My friends, *they* would when they get enough—which obviously they don't have now or Mr. Krushchev wouldn't be talking about negotiations. They will have no hesitation whatsoever, the minute they have enough to be sure they can do the job.

Man is a material machine, completely describable in chemistry and physics with no value and no continuity in life. There is no God. It all ties together. He is a material machine, he can be liquidated, he can be changed by science alone.

A basic belief of Communism is "economic determinism." Man is a victim of his environment. "Capitalism is the enemy of the people, bourgeois religion is the enemy of the people, of all humanity. Mankind can never be changed or improved until capitalism is destroyed and bourgeois religion and faith in God is eradicated." The Communists believe this. They are determined with every means at their disposal to

impose this upon the people of the world, and *this audience would be one of the first to feel the brunt of it.*

WHY?

Why do we stand here in the year of 1957 and look back on retreat? We are seeing the most ironic twist in history. We have the citadel of atheism, of materialism, of ruthlessness, of cruelty — the Soviet Union and international Communism. We have the symbol of what we call the Christian nation of America — brotherhood, kindness, charity, freedom. Look at the foreign policies and see what has happened. Is this by accident? The Soviet Union's appeal in the world, in India, in Asia, and in Africa is not dollars. They don't go and tell India "If you will come with us we will give you 500 million dollars and we will build you 15 dams." They go in and say, "Look, we want you to be liberated; we want you to be free." It's an ideology. They appeal to the emotions of the people, on a higher plane. They are dishonest, but it's the weapon they use. The Reds are using the appeal of idealism; they are using the story of freedom. All right, what's our approach? We go into the Arab nations and we say "If you will come along with us we will give you a loan or a gift of umpteen million dollars." We go to India and we tell Socialist Nehru that if he will go along with us we'll see he gets so many million dollars and he will be our friend. They laugh at us — why? Because, fundamentally, these "in-between" people are idealists, not materialists. Here is the nation of idealism carrying a foreign policy throughout the world that is based on materialism; here is Communism, crass materialism, basing its foreign policy on a false cry of idealism. How crazy and mixed up can you get? We wonder why we retreat; we wonder why we stand on the threshold of potential defeat for the only time in our history, and it *is* that serious.

The Reds can paralyze the atomic industry in the United States with strikes; they can paralyze certain elements in our communications systems in New York and in Washington, D. C., through Communists who control a labor union. They can paralyze the copper mines in the United States, in the forests of Canada, and the uranium mines of Canada through a labor union that is under Communist control. That is the picture today in the United States of America! You try

running a wartime economy without copper, or even a peacetime economy. We had that situation a couple of years ago. They had a test run on a strike and cut copper production down 90 per cent in 24 hours. They still have control of the same outfit.

My point is this: Free enterprise is not free. We must cut through the propaganda and the doubletalk. What I am saying is that we must become interested as individuals in the men we send down to Congress, to the Senate, to our state and city offices. We can no longer afford the luxury of "letting George do it." If this free society is to survive it is imperative that doctors, teachers, laborers, every man and woman in America who has an ounce of energy and a minute of time, get into the political sphere. We have everything on our side. We have the lessons of history.

Prior to the establishment of the United States of America, history had gone in a vicious circle, around and around. Tyranny, whether under emperor, king or dictator, never produced for the people; they became hungry and there was a revolution, or there was an attack from without, the people joined with the attackers, and tyranny was overthrown. Then came a chance for freedom, and what happened? After a short measure of freedom the people became apathetic, they became lazy with their success, and in a short time they began crying, "Give us a leader—tell us what to do," and eventually they got him, and he was always a tyrant. But then came the United States of America. For the first time in all history, written into a document of government, was a new phrase—"All men are endowed by their Creator with certain inalienable rights, life, liberty [notice the wording] the *pursuit of happiness*" [not a guarantee].

LOSING BY FORFEIT

There is a very fascinating book, a very little one; I wish you could read it. It is the Constitution of the Union of Soviet Socialist Republics. Do you know what they guarantee their people? They guarantee their people in Russia freedom of speech, freedom of religion, freedom of public assembly, the right to carry arms, freedom of the press . . . the same basic rights that we are guaranteed. There is only one fundamental difference in these two basic documents. One says,

these rights are granted by the state. The American tradition says, "All men are endowed by their Creator with certain inalienable rights—life, liberty, and the pursuit of happiness." Prior to the creation of our Constitution, government ruled over all. With this new revolution in America, individual man, under God, became supreme with government his servant. My friends, we are losing that heritage—*we are losing it by forfeit!* Apparently, if we do care, we are not caring enough to do much about it!

Federal aid to education — point 10 of the Communist Manifesto—one of the two points, incidentally, that haven't been written into law, at least to a degree, in the United States, is being proposed in every session of Congress. It is directly related to point number 2, the heavy progressive or graduated income tax which drains out of the individual state its financial resources, making our separate states more and more dependent on a centralized federal bureaucracy. Yes, I am talking about a reasonable measure of states' rights and state responsibility.

THE AMAZING STORY OF AMERICA

The story of America is the most amazing, fascinating story in the history of civilization. Just look around you. Look at the lights, look at this room. Doesn't it strike you as strange that at one spot on the face of the globe mankind had initiative to literally conquer forces of darkness? Is it because we were smarter? Oh, no. Centuries before, the great philosophers and scientists had noted this element in the atmosphere which we call electricity, and it was recorded. Nothing happened. But in this new land where each man was free, free to fail, free to succeed, free to experiment, to go ahead, mankind noted this element in the atmosphere, recorded it and did something about it. He experimented and electricity was harnessed. Why, in one spot on the face of the globe, did that leadership develop?

Look at transportation. Mankind had known the wheel and the cart for centuries. Why is it that at one spot on the globe suddenly ideas and energies were concentrated and man moved from the canoe and steamboat to the trains, to the automobile, to the airplane, the jet plane, and

Continued

now the rocket? Why, primarily, did this development come in one spot on the globe?

Communication: mankind has come in the space of a century, led by America, from smoke signals and foot runners and that type of thing, to telegraph, telephone, radio, and television. Why did that come primarily at one spot on the globe? Because man was free.

Free enterprise and individual freedom are not free! They have a price tag. Ben Franklin, leaving Constitution Hall, was asked by a woman, "What have you given us?" Knowing his history full well, he replied, "We have given you a republic, if you can keep it."

At a very critical time when there was a great deal of conversation as to whether the federal government should be strengthened and the states' rights should be abrogated to a centralized government, that great patriot, Thomas Jefferson, said, "Enough of this foolishness; have done with this idle talk; this is a government of law, not of men. Bind them down with the chains of law."

At still another critical time, Abe Lincoln put

it this way when some were crying for a leader to tell us what to do. He said, "Not with presidents, not with politicians, but with you lies the answer—shall the republic be preserved?"

I would like to close with one short verse from Edward Everett Hale:

I am only one,
But I am one.
I can't do everything,
But I can do something,
And what I can do,
By the grace of God,
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1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).
2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).



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The A.M.A.—What It Is and What It Does to Merit Your Support

ERNEST B. HOWARD, M.D.*

Chicago

I AM HAPPY to speak after the inspiring address you just heard because I want to talk to you for a few minutes about the American Medical Association, one of the nation's great bulwarks against the socialist and communist inroads to which Mr. Bruce alluded. One way that we prevent growth of this development, which has been described so well, is to have a strong na-

* Assistant secretary of the American Medical Association.

Address presented October 8, 1957 at the annual convention of the Indiana State Medical Association at French Lick-Sheraton Hotel, French Lick, Indiana.

tional organization, especially of a conservative type.

What I should like to do is tell you very briefly, some of the things your national organization does and why it merits your support. What are some of the new developments in the American Medical Association? Why should there be such an organization? Why should you pay dues to it? Let's review quickly why there needs to be a national organization. What might its objectives be? And then I shall discuss each one of these objectives. What are we doing about them? What are some of the recent programs to implement them?

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We exist to serve our members, to promote action, to inform federal officials and the Congress, to establish and maintain a national headquarters with a staff, to provide liaison with other national organizations, to protect the economic interests of our members, to promote and maintain high standards, to protect the public welfare, to inform the public about the profession, to speed up and expedite technical progress and to preserve the professional status of medicine by enunciating and implementing basic principles of medical ethics and relations between physicians and other persons and agencies.

I could describe innumerable programs of the American Medical Association through which we serve our members. I should like to mention in passing, the scientific publications of the AMA, especially the *Journal*, known throughout the world; our scientific meetings in June and December; the evaluation of new drugs by the Council on Drugs, and appliances by the Council on Medical Physics; our study of nutritional advances by the Council on Foods and Nutrition; the approval of medical schools and internships and residencies through the Council on Medical

Education; and the splendid program of the Council on Rural Health of which your own Doctor Crockett is chairman.

Next, we're an action organization—we do not exist simply to disseminate information—but to *promote* action.

One of our most important functions is to inform federal officials and the Congress about medical matters, and here I wish to refer to a most important issue which confronts medicine today—an issue on which American medicine is taking a vigorous stand and one in which AMA itself will play an effective role. Recently Congressman Forand* introduced a bill to provide free hospital, surgical and other benefits to beneficiaries of the Social Security system. Those over age 65 will receive, if this legislation is adopted, hospital care and certain medical benefits as a *right* under the Old Age and Survivors Insurance system. This care, both hospital and medical, will be paid for under standards enunciated by, and under regulations promulgated by, the Social Security Administration. This proposal is very

(* Rep. A. J. Forand, Democrat, R. I.)

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similar to the compulsory health insurance proposals that Mr. Truman made back in 1949 and '50, which many of you remember we fought at great expense and time. We are confronted again not by the "full package" but by a replica of it which obviously would lead to the full program of compulsory socialized medicine. AMA is standing as a bulwark to protect the interests of its 165,000 members, together with all the state and territorial associations and their individual members, to oppose this bill and I hope that we shall be successful.

In other areas regarding the Federal Government, the AMA has been in close relation with many different agencies—through its Committee on Influenza, for example, with Doctor Langmuir, who spoke this afternoon, and with Doctor Burney, the Surgeon-General; through its Council on National Defense with officials of the Defense Department to guide their thinking and to collaborate with them, so far as it is possible, in various programs that involve medicine; through the Office of Defense Mobilization, the Health Resources Advisory Committee now under the chairmanship of Dr. Elmer Hess; the Veterans Administration and its problems—AMA has had a series of committees which have met on numerous occasions with officials of the Veterans Administration and other organizations interested in medical care of veterans. Federal Employment Insurance is a problem that now is arising and AMA has committees which are in contact with the Civil Service Commission and Congressional committees that are considering this problem. Even such a problem as civil aviation and the need for medical examination of pilots recently was referred to the American Medical Association for its advice and the Board of Trustees saw fit to appoint a special Committee on Civil Aviation so that we could serve those agencies of the Federal Government which were seeking our knowledge.

We have the responsibility of establishing and maintaining a national headquarters. Many of you have been to the AMA in Chicago, have seen the nine-story building that we occupy at Grand Avenue and North Dearborn Street. At the present time, you will be interested to know, the Board of Trustees is considering the extensive remodeling of that building including, of course, air-conditioning, and the construction of modern offices.

You may know that the budget of the American Medical Association is about ten million dollars per year. It takes money to run your national association, and that \$10 million comes only partly from its own membership in the form of dues—approximately 30%. The rest of it comes from subscriptions to its scientific journals and from advertising in those publications.

We have a staff of about 625 people. On January 1, 1958, Dr. F. J. L. Blasingame, a former member of the Board of Trustees of AMA, will become the new General Manager. Dr. George Lull, who has served so splendidly in that capacity for many years, will become Assistant to the President, a new position. I am sure that Doctor Blasingame will be an excellent new top officer of the Association.

It is our responsibility as a national organization to carry on a very important function that no state or local society can do for the entire national membership, and that is to promote and provide liaison with other national organizations. Through the Council on Rural Health, for example, AMA has been able to cement its relationships with the American Farm Bureau Federation, the National Grange, and other great farm organizations. We have a closer relationship at the present time than ever before with the United States Chamber of Commerce, an organization which in many respects thinks exactly as we do, which has its own contacts and its own influence. The National Association of Manufacturers also is far closer in terms of liaison and collaboration to the American Medical Association than ever before. The Bureau of Health Education, for example, for many years has continued its close contact with national education associations and in October will sponsor a combined physician-education program in Chicago just as it has done every two years.

AMA has the *responsibility* of protecting the economic interests of its members, and I put it clearly that way because I don't think we should be timid at any time about protecting our legitimate economic interests; it is a perfectly normal, reasonable objective and we do this in many different ways. One fundamental point of view, I'm sure, that the House of Delegates of this state association as well as the House of Delegates of the AMA, has constantly supported is the principle of free choice of physician. I would like to

Continued

The A.M.A.—What It Is

Continued

point out here, gentlemen, that the concept of free choice is basically a capitalistic concept. It is not an idea that is appropriated by Medicine for itself. It is an idea that characterizes all anti-socialistic thinking. It is the right of the consumer to spend his money as he wishes, the right of the consumer to buy one car instead of another. For *us* it means the right of the consumer to purchase the services of one physician rather than another. We have constantly reiterated this basic capitalist doctrine of free choice and when we do we are pursuing the perfectly normal and reasonable objective of protecting our economic interests because we are a typical example of private enterprise operating in a voluntary free competitive scheme. Free choice, therefore, is a basic concept not only in the practice of medicine but also in the practice of all free enterprise. AMA is keenly conscious of this and it has many different programs and committees working on the problem of the relation of physicians, as they practice freely, to third parties of various types whether they be government, or the medical schools, or the hospitals, or labor, or management. All kinds of third parties exist, all of which seek essentially the same object when they interfere with the physician-patient relationship. That objective is to seize control of the product, the extremely salable product which you provide. Our duty is to see that the physician-patient relationship remains free, under the control of physicians and not under the control of any third party.

We must promote high standards. It is a characteristic of the professions, especially of the profession of medicine, that high standards be maintained. The AMA obviously does so in many different respects.

We must inform the public. AMA conducts a vigorous press relations program. Articles which appear in various magazines are prepared after impartial technical and scientific assistance to science writers from our staff. We have press releases that go out regularly each Friday and special press releases on various subjects. Those press releases are picked up by most of the newspapers of the nation at one time or another—and don't forget when the AP, UP, and the other wire services pick up an important press story

it is read by something like 70 million persons in one day. We must not underestimate the importance of stimulating publicity and creating good publicity so that the millions of people who read about us each day will read a good story.

We have a national committee of physicians whose sole duty it is to provide close liaison and contact with the motion picture industry, not only the industry producing motion pictures for theatres, but also motion pictures for television. At the present time there is hardly a film produced for motion picture theatres or for television which is not reviewed by this committee if there is any question of medical care or any health problem involved in the script or in its production. It is an achievement to have been able to get that kind of collaboration from the motion picture industry, one of the most important communications media.

Finally, among many other points that I could make, our job nationally is to preserve the professional status of medicine by enunciating and implementing the basic Principles of Medical Ethics. Last June our House of Delegates adopted a simple, ten-principle statement of medical ethics which represents an historic landmark in the consideration of medical ethics by the American Medical Association. Previously we had had a rather long Principles of Medical Ethics which most physicians found difficult to use. In these principles were statements of policy that were etiquette rather than ethics or economic concepts rather than clear-cut principles. For years many people at AMA realized that a clear-cut, succinct, brief statement of principles was badly needed by the profession. In June, after long and arduous labor by the Judicial Council and by the Council on Constitution and Bylaws, these new Principles were adopted.

In a similar way the House of Delegates (also in June of last year) adopted a set of principles to guide the relationship between physicians and the United Mine Workers Fund. This has been a hot issue for a year and many societies and physicians have wanted to know, How shall we conduct ourselves in relation to this third party? What are reasonable hopes in our relationship with the UMW? The House of Delegates of the AMA, after much work and deliberation and

after hearing all sides of the problem, enunciated what I consider to be a very fine set of principles to guide physicians in their relationships with the UMW. (A set of principles, incidentally, not acceptable to the UMW.) In the same way the House of Delegates considered what to do about occupational health. Where does the industrial physician belong in the body politic of medicine? What is the legitimate contribution that the industrial physician makes to medicine? And the Council on Industrial Health, after many meetings and many hours of labor and writing and rewriting, came up with a series of guides to establish clearly the scope of Industrial Medicine. These guides were adopted by the House of Delegates in June.

I would close with this concluding remark: AMA is only as strong as its constituent parts. As you know, the American Medical Association is a federation of relatively autonomous state societies and territorial societies, 53 in all, of which Indiana is one, and there are almost 2,000 county societies. The state society selects delegates to the AMA House of Delegates, one delegate per 1,000 AMA members. Those delegates run the Association and elect the Board of Trus-

tees. AMA can only be as strong or as weak as you people make it, so I want to leave you with this final thought: Give us your full support and understanding and if you disagree with anything the AMA is doing or is *not* doing, express that disagreement because that is what makes for a healthy organization. Express it through your delegates who are here.

Note: Doctor Howard's address was the second talk presented at the indoctrination program for new members of the Indiana State Medical Association.

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GUY A. OWSLEY, M.D.*

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IN HIS ADDRESS before the AMA House of Delegates last year, Dr. Murray said, and I quote, "The events of the past year have disturbed me more than in any other period where American medicine is concerned." Indeed the enactment of medical care for military dependents, now known as "Medicare" and the provisions for total disability benefits for those over 50 years of age under social security, were low blows to organized medicine as we have come to view it.

This is not to criticize the leadership in medicine, who as we all know, opposed these measures with every means at their command, but to emphasize the need for a continued driving force where our welfare is concerned. I would remind you that in this respect your leadership is as good as your membership. In this connection it is well to point out that all too frequently in recent years the youth in medicine has shown a reluctance to participate in the activities of the parent body and the increasing attention to splinter groups is a threatened deterrent to a concentrated effort in shaping general policy and in following through to our elected representatives.

Many times I have asked the reasons for this indifference among our recent graduates and the answers have been too numerous to mention here, but in no case have they been entirely satisfactory.

The question might be asked—Haven't we made the parent body attractive from the standpoint of its services or are we indifferent salesmen of that which should be our mutual interest? It has been said that one is rewarded in any organization in proportion to his own output, and a "knife and fork" member is seldom the one who gets things done. All this leads us to the point of this discussion. What are the ad-

vantages of organized medicine in Indiana, and what will they do for me?

These benefits are both intangible and tangible. Many years ago I received some parental advice (having been reared in a medical family) that isolation was not only undesirable but bred suspicion. Where can we find a better social relationship than with members of our own group? The rewards of fellowship gained through medical friends are beyond question the most lasting of all relations.

The tangible results of our Association are many, but to mention a few I would place the dignity of a collective front as foremost in our accomplishments. Who has defended our human rights more effectively in a political climate addicted to the sedation of a welfare state? There can be no disagreement that our organization has held the line where others have accepted, sometimes begrudgingly it is true, that which they have felt was inevitable. If for no other reason our organization on both the state and national level needs, as it never has before, your unswerving loyalty and support.

As a mother shelters her child so does our organization come to your defense in times of adversity. I know of no other group which recognizes to a man the need for this type of service.

Further, the voice of our Association is heard wherever the third party in medicine threatens to encroach on good medical practice and in all that we believe. We are familiar with the attempts of many prominent lay groups which too often have been calling the signals when the quarterbacking should have come from medical representation. Your headquarters is constantly seeking to improve your representation in each of these instances.

Another tangible benefit which accrues from your participation in the State Association, is one which seldom occurs to us. Most medical organizations base their requirements upon your membership in the parent body, and in many of

*Chairman of the Council, Indiana State Medical Association.

these, one finds among other assets, group insurance benefits unattainable when purchased individually. This brings to mind the arrangement between our association and the St. Paul Mercury Company, which has indicated its desire to offer a much broader contract at rates which compare most favorably with those of any other company offering a similar policy.

Other assets of your association are these splendid convention privileges, as well as your subscription rights to The JOURNAL. It should be mentioned that the Indiana JOURNAL ranks among the top five of all state medical publications.

Finally your attention is directed to the many services inherent in any organization which has grown in stature as we have seen The Indiana State Medical Association prosper. The use of surplus funds through the Student Loan fund, has been most gratifying to those who have been charged with its administration. We should be reminded that the fiscal problems of growth are now being reviewed with an eye toward better investment possibilities and improvements in methods of accounting. This is imperative not

only because of our own funds, but because of the administration of Medicare through which we are directly accountable to the Federal government. Consistent with these services a study of the necessity and propriety of a central headquarters building is now under way and will be submitted to your elected delegates for their recommendations. Your Executive Committee and Council feel that in our mature years (this is the 109th anniversary of your association) provisions should be made to extend the services now provided and to plan for the future demands which will occur during a greater 100 years to come.

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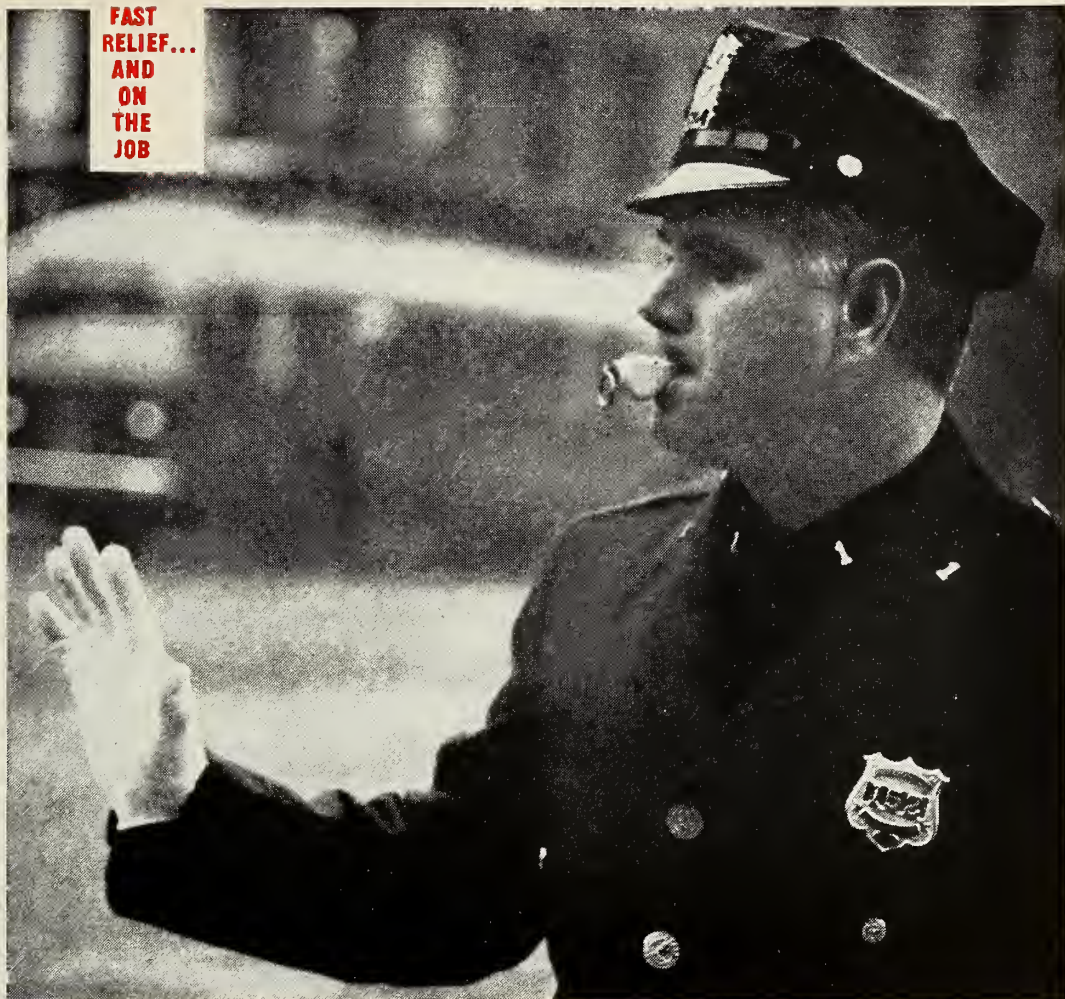
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"Fractures" Subject of Special Course

THE FOLLOWING COURSE on "Fractures" has been scheduled for April 15 as part of the continuing 1957-58 postgraduate program at Indiana University Medical Center.

Tuesday, April 15

Registration—8:30 to 9 a.m.

Traction principles as applied to individual types of fractures—Dr. Thomas Horwitz

Complications encountered in the treatment of fractures—Dr. George J. Garceau

Fractures of the clavicle in children. Demonstration of the application of a plaster dressing—Dr. William L. Franklin

Intermission

Dislocation of the acromioclavicular joint; diagnosis and treatment. Demonstration of the application of a plaster Velpeau dressing—Dr. Neill J. Garber

Luncheon

Colles fracture—Dr. Harvey W. Sigmond

Fractures of the forearm in children—Dr. Hugh L. Williams

Fractures of the surgical neck of the humerus—Dr. Robert J. W. Kinzel

Fractures of the femur in children—Dr. Palmer Eicher

Fractures about the ankle—Dr. Carl D. Martz

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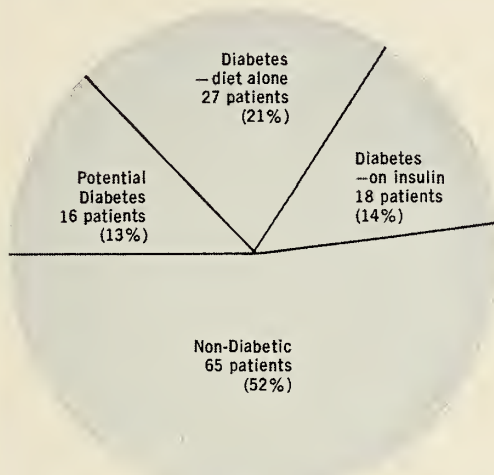
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*Murphy, R.: Connecticut M. J. 27:306, 1957.

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Abstracts:

PRESENT MANAGEMENT OF CANCER OF THE BREAST

Lawton, W. E. and Bradford, B.: The West Virginia Medical Journal, Vol. 54, No. 1 (Jan.) 1958.

Very little has been added to the operative technique of radical mastectomy since Halsted and Meyer published the procedure a half century ago. Reports of several large series of cases show that the five year survival rate following radical mastectomy (which is still only about 40 per cent) has almost doubled in the last 40 years. Some confusion in our thinking regarding the management of breast cancer has been occasioned by McWhirter and others who advocate and report relatively favorable results, following simple mastectomy and irradiation. Although the authors of this paper report only 34 cases they have made an excellent review of the subject. Many useful points in the management of breast cancer are presented. One point is that preoperative staging of the disease is notoriously unreliable. In the authors' series half of the cases which were preoperatively considered to be in stage I had axillary gland involvement. Crile is quoted to the effect, that the type of cancer and the resistance of the host are the important factors in the spontaneous spread of cancer. Never-

theless the stage of the disease is not to be disregarded. The average length of symptoms in the reported survival group of cases was 14 months.

These authors present a summary of the present trends in treatment which extend in various directions because standard methods of treatment leave much to be desired. Consequently more radical surgery, the alteration of endocrine physiology and endocrine therapy have made new approaches in therapy. The radical surgical procedures attempted include: resection of the chest wall and removal of the internal mammary vessels and nodes, pneumonectomy and hylar node resection, and radical neck resection. Operative mortality rate for such procedures is high and not enough time has elapsed to determine the worth of such radical operations. Although McWhirter's publications imply simple mastectomy and irradiation are superior to radical mastectomy, his plan of treatment has not been accepted in this country. For palliation and retardation of metastatic breast cancer hormonal therapy and deprivation of hormones by surgery is playing a greater role. Androgenic hormones have produced favorable results in about one-fourth of the patients treated. Ovaryectomy and irradiation sterilization have been effective in

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
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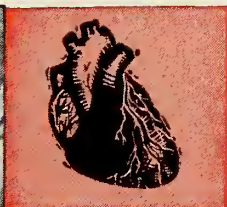
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 J.A.M.A. 166:158, 1958; Welsh, A.L. and Ede, M.
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-  1. Clyman, S. G.: Postgrad. Med. 21:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey 53:37, 1956.
3. Abrams, B. P. and Shaw, C.: Clin. Med. 3:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. 50:837, 1954.
5. Bleiberg, J.: Am. Practitioner 8:1404, 1957.

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premenopausal women. Estrogen therapy may be tried in postmenopausal women with caution when other palliative measures have failed. By the use of estrogen 44 per cent of postmenopausal women receive some benefit for eight months.

Adrenalectomy has been resorted to in patients who have responded to ovariectomy. Since no method is available to determine which tumors are estrogen dependent and which are not, improvement has been observed in only about half of the cases (the factor of estrogen dependency determines the effect of all hormone therapy). Hypophysectomy is the most recent operation of palliation for breast cancer. Reports are, that objective remissions are obtained in patients who were previously benefited by ovariectomy or adrenalectomy.

Medical adrenalectomy has been produced by cortisone with subsequent partial atrophy of the adrenal cortex. Since the adrenals are only an auxiliary source of estrogen, the administration of cortisone would be ineffective without first performing ovariectomy. The usual dose of cortisone is 25 to 75 mg. a day. After age 65, cortisone may be tried without previous ovariectomy. Patients who do not respond to oophorectomy or testosterone will not be benefited by cortisone.

The authors conclude that excisional biopsy and immediate radical mastectomy still is the best procedure in the treatment of breast cancer.

This article is followed by an extensive reference

list which documents the opinions expressed by the authors.

David A. Bickel, M.D., South Bend.

EVALUATION OF TRIPLE BIOPSIES FOR BREAST CARCINOMA

Sanger, B.: Rocky Mountain Medical Journal 54: 1008-1010, 1957.

The experience of breast service of Dr. C. D. Haagensen at Francis Delafield Hospital of New York is reviewed. In all cases considered for radical mastectomy "triple biopsy" was performed. The pattern of procedure was biopsy of lesion (frozen section); (2) supraclavicular node biopsy (until 1954, when apex of axilla was substituted as a better site for determining operability); (3) exploration first, second and third interspaces. The tissue removed from interspaces was studied by paraffin sections, and if surgery was performed, it was several days later. If apes of the axilla and/or tissue from interspaces were positive, treatment was by two million volt radiotherapy. The procedure of "triple biopsy" eliminated 25 per cent of cases considered for radical mastectomy.

William Oren, M.D., South Bend.

PARENTERAL IRON THERAPY

McCurdy, P. R., Rath, C. E., Meerkrebs, G. E.: New England J. Med., Vol. 257:1147-1153, 1957.

The authors treated sixty patients who had iron-deficiency anemia by injection of an iron-dextran complex called "Imferon." The diagnostic procedures usually included the red cell indices and examination of peripheral blood and bone marrow smears. Bone marrow iron was evaluated in all patients. The indications for electing parenteral treatment were intolerance to oral iron, or suspected poor absorption of iron, or the presence of a chronically bleeding lesion. It was used in the latter instance to build up iron stores in the body, which is difficult to accomplish with oral treatment.

The total amount of iron injected was limited to the calculated iron deficit by formula, using the patient's hematocrit. To avoid reaction the test dose of 50 to 100 mg. was given and treatment is interrupted after 500 mg. has been given to see if there had been any response, as judged by a reticulocytosis of at least 5% within 5 to 10 days or a rise of 6 to 8 units in the hematocrit within a month. If this evidence of response occurred, the remainder of the total calculated dose was given rapidly at at least weekly intervals.

The principal disadvantage is local pain which is somewhat more severe than after most injections. The results of treatment were uniformly good in all uncomplicated cases of iron deficiency and satisfactory even in the presence of infection, cancer, and liver disease at times. The reticulocyte response is greater and more immediate from injection, but the ultimate hematocrit response is the same as with oral iron.

Stephen L. Johnson, M.D., Evansville.

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Deaths . . .

Oliver Morton Deardorff, M.D., 80, retired Muncie physician, died December 27 in his home in Fort Lauderdale, Florida. He had lived in Florida since his retirement 10 years ago.

A native of Hagerstown where he taught school before entering medical school, Dr. Deardorff returned to that community to practice medicine following his graduation from Indiana University School of Medicine in 1909. In 1922 he moved to Muncie where he was in practice for 25 years. During that time he served several years as Delaware county coroner and during World War II devoted much time to the Selective Service board.

Dr. Deardorff was a senior member of Delaware-Blackford County Medical Society and the Indiana State Medical Association. He was also an honorary member of the staff of Ball Memorial Hospital, and a 50 year member of Muncie Masonic Lodge.

Burial was in Muncie.

William M. Wilhelmus, M.D., 76, who had practiced in the St. Wendel area for 47 years, died February 13 in Deaconess Hospital, Evansville. He had been in retirement for three years because of ill health.

A native of Spencer county, Dr. Wilhelmus received his degree in medicine from the Louisville and Hospital Medical College in 1908. He practiced for three years in Wyoming, Montana and in Tennyson, Indiana before settling in the St. Wendel community where he served a large rural area in Posey and Vanderburgh counties for almost half a century. He served on the staffs of St. Mary's, Deaconess and Welborn Baptist hospitals in Evansville, and was a senior member of Vanderburgh County Medical Society and the Indiana State Medical Association.

Matthew Winters, M.D., retired Indianapolis pediatrician and former chairman of the department of pediatrics at Indiana University

School of Medicine, died February 14 while en route from Bloomington to an Indianapolis hospital. He suffered a cerebral hemorrhage while lecturing a physiology class at Indiana University. Dr. Winters was 67.

Following his retirement from his pediatrics practice in Indianapolis in 1955, Dr. Winters had moved to Bloomington where he served as a consultant at the I. U. Student Health Center, and lecturer on physiology. In addition he had continued to conduct a children's clinic for medical seniors at James Whitcomb Riley Hospital for Children.

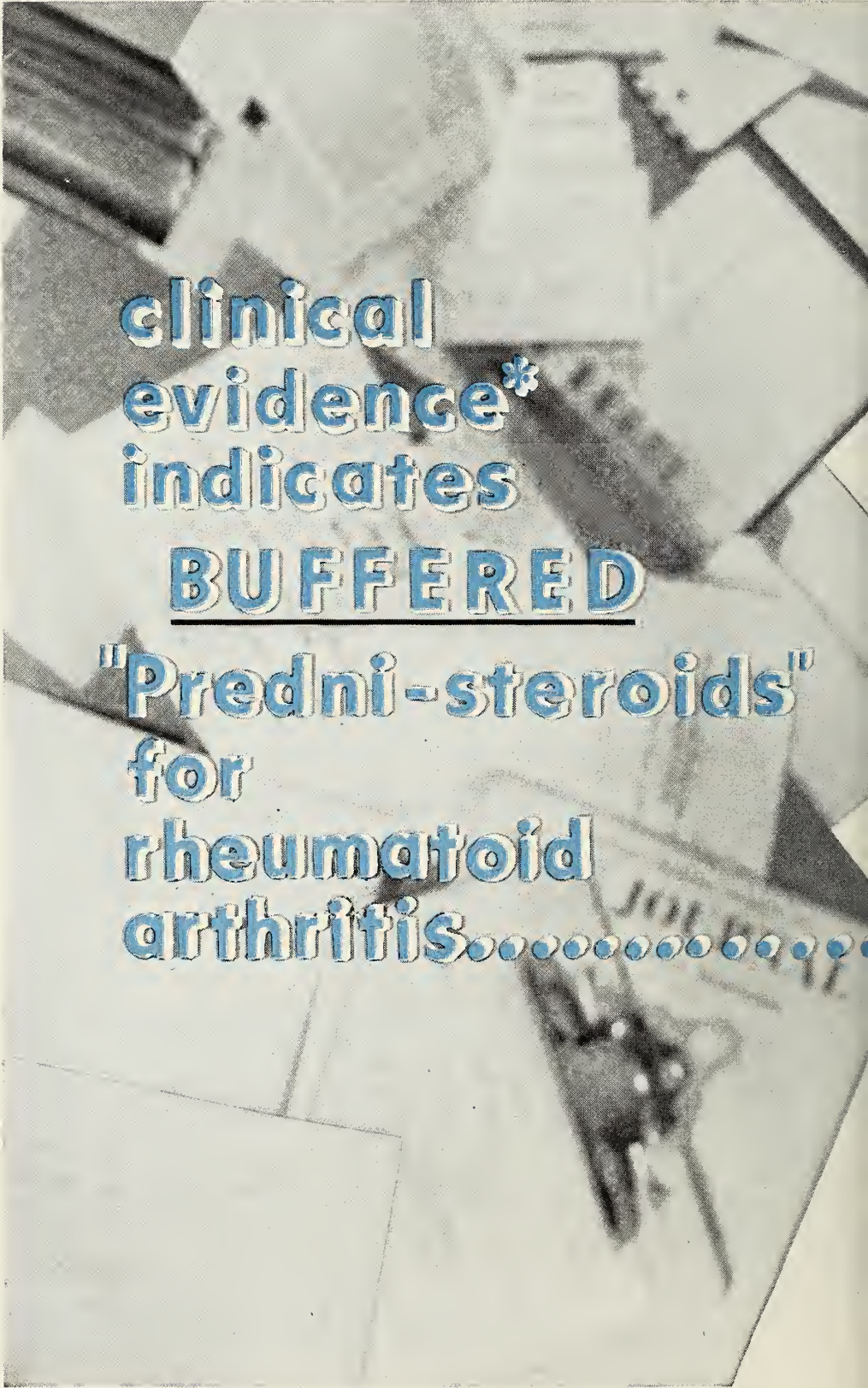
Born in Posey County, Dr. Winters taught school in Mt. Vernon, took his pre-medical work at Indiana University and in 1922 received his degree in medicine from Rush Medical College, Chicago. He then established his practice in Indianapolis and for 33 years was a leader in his profession. In addition to his post at the School of Medicine, he was director of pediatric services at Riley Hospital for 20 years and conducted the children's clinic there for 25 years. He had helped train between 2,000 and 3,000 medical students during that time.

Dr. Winters was a member of Owen-Monroe County Medical Society, the Indiana State Medical Association, the American Medical Association, and the American Academy of Pediatrics.

David W. Robertson, M.D., who received his degree in medicine in 1887 from the Medical College of Indiana at Indianapolis, was thought to be the oldest practicing physician in Indiana at the time of his death on February 14, in King's Daughters Hospital at Madison. Dr. Robertson, 96, had been admitted to the hospital three weeks earlier for treatment of a kidney condition.

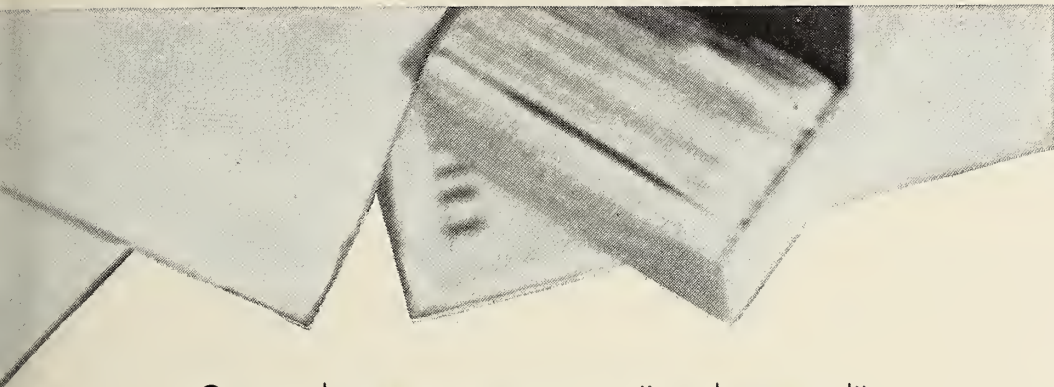
A native of Deputy, Dr. Robertson had returned to that community following graduation from medical school and practiced there continuously for approximately 70 years, caring for

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*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: *J. Kentucky State M. A.* 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: *J. A. M. A.* 153:459 (June 11) 1955.

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Deaths

Continued

several generations of families. In addition to his devotion to the practice of medicine, Dr. Robertson was an active member of his church. He taught a men's Bible class until recently. Dr. Robertson was a senior member of the Jefferson-Switzerland County Medical Society, a Fifty Year Club member of Indiana State Medical Association, and held membership in the American Medical Association.

Jesse R. Logan, M.D., 57, Evansville physician and surgeon for 29 years, died February 16 in his home. He had been ill for a year, following surgery for a brain tumor.

Born in Algiers in Pike county, he was the son of Austin R. Logan, M.D., now of Petersburg. Dr. Logan attended Purdue University for two years before entering Indiana University to study medicine. He received his medical degree from I.U. School of Medicine in 1927. He served his internship at Indiana University Medical Center and a residency in surgery at Mayo Clinic. He practiced in association with his uncle, Dr. W. P. Woods, in Evansville for six years before establishing his private practice. During World War II Dr. Logan was chief surgeon in the Alaskan theater, receiving his discharge in 1946.

An ardent sportsman, Dr. Logan held membership in several sports organizations, medical and social fraternities, and was also an active church member.

He was a member of Vanderburgh County Medical Society, the Indiana State and American Medical Associations, and served on the surgical staffs of Deaconess and St. Mary's Hospitals, Evansville.

Alfred S. Giordano, M.D., director-emeritus of the South Bend Medical Foundation and clinical pathologist and serologist of international reputation, died of a heart ailment February 15 at his winter home in Sarasota, Florida, where he had lived for six months each year since his retirement in 1952. He was 65.

Dr. Giordano made many contributions in

the field of medical science. His original work with Dr. R. L. Sensenich in the diagnosis of brucellosis, and his work in the serology of syphilis brought him international acclaim. In South Bend he was credited with being the individual who contributed most to the transformation of a one-room basement laboratory into the present South Bend Medical Foundation, Inc., an extensive operation with a staff of seven physicians and 75 technicians. Dr. Giordano served as director from 1923 until 1952.

Born in Avellino, Italy, he was brought to the United States when he was four and received his education in Syracuse, New York. He was graduated from the State University of New York College of Medicine at Syracuse in 1920, then held a fellowship at the Mayo Clinic before going to South Bend in 1923.

Active in professional and community organizations during his career, Dr. Giordano had served as secretary of the American Society of Pathologists for 17 years, was instrumental in formation of the American Board of Pathology on which he served many years, was a member and past president of the St. Joseph County Medical Society, and a member and delegate of both the Indiana State Medical Association and the American Medical Association.

Survivors include his widow, Dr. Alice Gracy Giordano, two sons, Dr. Robert Giordano, New York City, and Lt. David Giordano, a medical officer in the Navy, and two daughters.

Albert A. Kramer, M.D., 78, one of the last three surviving members of the first graduating class of Indiana University School of Medicine, died February 20 while shoveling snow at his South Bend home. He had suffered two previous heart attacks.

Dr. Kramer had been in the general practice of medicine in South Bend for many years.

He was a senior member of St. Joseph County Medical Society, was a Fifty Year Club and senior member of the Indiana State Medical Association, and held membership for many years in the American Medical Association.

Oliver O. Alexander, M.D., 70, died suddenly February 23 in his home in Terre Haute.

He had been a practicing physician and surgeon there since 1909.

Dr. Alexander spent his youth and received his early education in Deadwood, South Dakota. He received his medical degree from the University of Michigan Medical School in 1909 and went to Terre Haute immediately for his internship at Union Hospital. He became a member of the hospital staff in 1911 and had served continuously since.

Dr. Alexander was the first Terre Haute doctor to volunteer during World War I and served for two years.

He had served as secretary, vice-president and president of Vigo County Medical Society, was president of the Terre Haute Academy of Medicine, Fifth District councilor from 1929 to 1942 and chairman of the Indiana State Medical Association Council for eight years. He also held membership in the American Medical Association, the Aesculapian Society of the Wabash Valley, the American College of Surgeons, and Western Surgical Association.

Dr. Alexander had a wide range of interests

in addition to his profession. He was interested in farming, photography, and read extensively on subjects pertaining to entomology, the Civil War and crime.

In addition to his professional affiliations, Dr. Alexander was a church member, belonged to fraternal and lodge groups and a veterans' organization.

Marion Francis Arnold, M.D., 40, died February 27 in Hancock Memorial Hospital, Greenfield, from a cerebral hemorrhage suffered earlier in the day. He had been in impaired health from hypertension for several years.

Born in New Palestine, Dr. Arnold received his degree in medicine from Indiana University School of Medicine in 1944. He was a veteran of World War II. For 12 years he served as assistant medical director of Inland Steel Company at East Chicago. He suffered a stroke while in that post and after improvement in his health, went to New Palestine where he entered

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Deaths

Continued

the private practice of medicine more than two years ago.

Dr. Arnold was a church and service club member, had both medical and social fraternal affiliations and had been a member of the Hancock County Medical Society and the Indiana State Medical Association.

Robert D. Turner, M.D., 54, died February 28 in a Muncie nursing home following a long illness.

Dr. Turner was a native of Muncie and attended Ball State College. He received his degree in medicine from Indiana University School of Medicine in 1936 and had practiced in Muncie until he became ill.

He was a member of Delaware-Blackford County Medical Society, the Indiana State Medical Association, and the American Medical Association. He also held church membership.

Robert W. Wilkins, M.D., 56, Fort Wayne obstetrician and gynecologist, died in Lutheran Hospital, Fort Wayne, March 8, a few hours after being stricken at his home.

Dr. Wilkins was born in Battle Creek, Michigan, and received his degree in medicine from the University of Michigan Medical School in 1927. Since 1931 he had been associated with the Duemling Clinic at Fort Wayne. He served as a major during World War II.

Dr. Wilkins had been an active member of Fort Wayne Medical Society for more than 25 years and also held memberships in the Indiana State Medical Association and the American Medical Association, the American College of Surgeons, the American College of Obstetrics and Gynecology, and the Fort Wayne Academy of Medicine. He was on the active staff at Lutheran hospital. He was also a member of civic and social clubs in Fort Wayne and held church membership.

Floyd Addison Loop, M.D., Lafayette physician and surgeon for 45 years, died in St. Elizabeth's Hospital March 10. He had been hospitalized for four months. He was 82.

Born near Bradford, Pennsylvania, Dr. Loop received his degree in medicine from George Washington University School of Medicine at Washington, D.C. in 1910. He had previously taught school in Pennsylvania for several years. Dr. Loop established his practice in Lafayette in 1910.

He was a senior member of the Tippecanoe County Medical Society and the Indiana State Medical Association. Dr. Loop also was a member of the George Washington Medical Society, the American College of Physicians and the American Medical Association.

Dr. Frederick A. Loop, Lafayette, is a son.

Charles Titus, M.D., 88, who had practiced medicine for more than 60 years, died March 11 at his home in Wilkinson after a long illness.

A native of Madison county, Dr. Wilkinson received his degree in medicine from Bellevue Hospital Medical College, New York, in 1894. He began practice that same year with Dr. R. D. Hanna in Warrington. He moved to Wilkinson in 1914.

Dr. Titus was a senior member of Hancock County Medical Society and the Indiana State Medical Association, and also held membership in the Fifty Year Club of I.S.M.A. He was a member of the American Medical Association and of several Masonic bodies.

Clifford H. Jinks, M.D., 61, Indianapolis physician, died in his home March 14. He had been in the general practice of medicine since 1924.

Born in Laurel, he received his degree from Indiana University School of Medicine and served his internship at Methodist Hospital. During World War I he served with the infantry overseas.

Dr. Jinks was on the staffs of St. Vincent's and Methodist Hospitals. He held membership in the Indianapolis (Marion County) Medical Society, the Indiana State and American Medical Associations, and the Academy of General Practice. He had served as delegate to the I.S.M.A. House of Delegates.

In addition to his professional affiliations he held membership in lodge, fraternal and veterans' organizations.

NEWS NOTES—from State and Nation

Internal Medicine Society Elects 1958 Officers

Dr. Stephen L. Johnson, Evansville, was named the first president of the permanent organization of the Indiana Society of Internal Medicine at an organizational meeting in the Marott Hotel, Indianapolis, on March 9.

Dr. Sherman L. Egan, South Bend, was elected president-elect for 1959; Dr. William D. Province, Franklin, vice-president; Dr. E. P. Tischer, Indianapolis, secretary-treasurer; and Drs. Arthur B. Richter, Indianapolis, John F. Ling, Richmond, Robert Sanderson, South Bend, and George W. Willison, Evansville, councilors. Dr. Sanderson was chosen delegate to the national convention of the American Society of Internal Medicine of which the Indiana Society is a chapter. Alternate delegates are Dr. Johnson and Dr. Richard N. Kent, Fort Wayne.

Membership in the new society will be confined to Indiana physicians who are certified as specialists in internal medicine. At the March

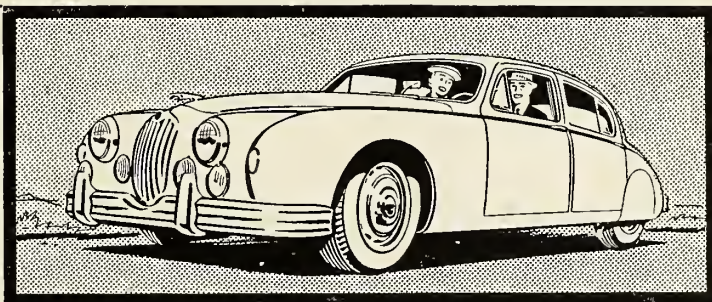
9 meeting 62 new members were added to bring the total membership to 98.

Dr. James U. Guthrie has opened an office for the practice of general surgery in Rochester. Until recently he was associated with a Lafayette clinic. Dr. Guthrie, a native of Logansport, is a 1950 graduate of Indiana University School of Medicine. He served a three year residency in surgery at I.U. Medical Center and an additional year at St. Elizabeth Hospital, Lafayette. He served as chief of surgery at Nellis Air Force Base, Nevada, while in service. Dr. and Mrs. Guthrie have two children.

The 36th annual scientific and clinical session of the **American Congress of Physical Medicine and Rehabilitation** will be held August 24-29 inclusive in the Bellevue-Stratford

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Top speed over 120 m.p.h. with acceleration from zero to 60 m.p.h. in 10 seconds. Overdrive and 4 forward gears. Smooth, efficient world-famous X K motor, with gasoline economy of over 20 miles per gallon. Luxurious interior, the ultimate in overall design. Holds five passengers.



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After hundreds of grueling road tests, American and European automotive experts agree . . . the new Jaguar 3.4 litre sports sedan is the finest car in the world, regardless of price. But you have to see and test-drive it yourself to realize such unexcelled mechanical perfection.

Also see Jaguar's complete line, from the luxurious Mark VIII sedan to the new X K 150 convertibles and coupes. Jaguar prices start as low as \$3,495 delivered. We trade for any make foreign or American car, and offer low bank rate financing.

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Hotel, Philadelphia. All sessions will be open to members of the medical profession in good standing with the American Medical Association. Full information may be obtained by writing to Dorothea C. Augustin, Executive Secretary, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

Dr. Chester A. Marsh, who has been in practice in Hagerstown for 27 years, and Mrs. Marsh have sold their home and plan to leave for Los Angeles, California, in May for future residence. Dr. Marsh, now a senior member of Indiana State Medical Association, is a 1916 graduate of Indiana University School of Medicine. He served in France during World War I with an ambulance company. Immediately following the war he spent four years on the staff of the New Castle State Hospital before entering private practice in Hagerstown. Between 1928 and 1936 he was superintendent of the State Colony for Epileptics at Selinsgrove, Pennsylvania. For the last 22 years he has practiced continuously in Hagerstown.

Dr. Marsh is leaving Hagerstown because of ill health.

Dr. Jack W. Hannah, who has been in practice in Wakarusa for 11 years, closed his office there March 1 and has joined the staff of Elkhart General Hospital as an anesthetist. Dr. Hannah and his family moved to Elkhart several months ago.

Dr. Richard LaSalle, who is associated in practice with his father, Dr. Robert LaSalle in Wabash, opened a temporary office in Roann March 18. He will spend just one afternoon a week there until his brother, Dr. Robert LaSalle, Jr., returns from service. The two young physicians then plan to have office hours each afternoon in Roann. The town has been without a physician since Dr. James G. Kidd left in August, 1956, retiring from private practice after many years service. Dr. LaSalle will have offices in the Roann Public Library. His services were obtained through the efforts of the Roann Booster club which is also sponsoring a drive to provide adequate permanent facilities for the physicians.

Nu Sigma Nu Confers Honors on Two Members

Nu Sigma Nu medical fraternity at the Indiana University School of Medicine announces the conferring of special honors upon two of its members, Dr. Louis H. Segar, an alumnus and prominent Indianapolis pediatrician, and Roderick Turner, Bloomington, senior student and chapter president.

Dr. Segar, now professor emeritus of pediatrics, received the chapter's Distinguished Alumnus award in recognition of his more than 40 years of service on the medical school faculty, his many contributions to the medical profession and his continuing interest in the fraternity. The award was announced by Roderick Turner, chapter president, and accepted for Dr. Segar by his son, Dr. William E. Segar. Dr. Louis Segar received an A.B. degree from Indiana University in 1910 and the M.D. degree in 1912. He became a member of the pediatrics faculty in 1916 and held the rank of clinical professor from 1931 until given emeritus status in 1954. From 1938 to 1946 Dr. Segar also aided in the Department of Medical Economics and Postgraduate Education.

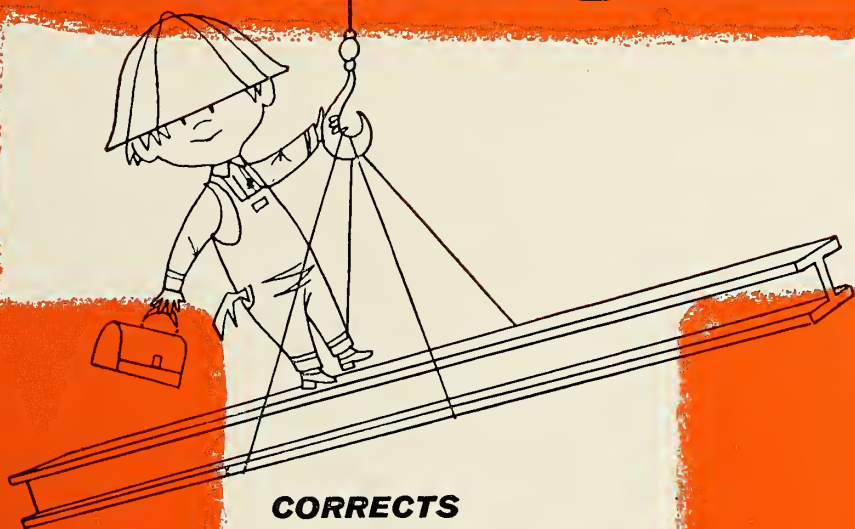
The chapter's Frank Forry Award to the outstanding senior student in the fraternity was presented to the chapter president, Roderick Turner of Bloomington. His selection was based on scholarship, character and contributions to the school and fraternity. In addition to heading the chapter and maintaining a high scholastic record, Turner is an authority on electron microscopy and its place in medical research. An article written on his experience with the electron microscope was published in a recent issue of The Quarterly Bulletin of the I.U. Medical Center. He is the son of Robert C. Turner, professor of business administration, School of Business, at Bloomington.

The ninth annual publication of "**Reviews of Medical Motion Pictures**" is now available on request from the Film Library of the A.M.A. This publication is prepared by the Council on Scientific Assembly, Motion Pictures and Medical Television, and contains reprints of all film reviews published in The *Journal* A.M.A. during 1957.

Continued

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FORMULA: Each teaspoonful (5 cc.) contains:		
L-Lysine HCl	300 mg.	
Ferric Pyrophosphate (Soluble)	250 mg.	
Iron (as Ferric Pyrophosphate)	30 mg.	
Vitamin B ₁₂ Crystalline	25 mcgm.	
Thiamine Mononitrate (B ₁)	10 mg.	
Pyridoxine HCl (B ₆)	5 mg.	
Alcohol	0.75%	

Average dosage is 1 teaspoonful daily.
Available in bottles of 4 fl. oz.

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Hawaiian Invitation Coincides With ISMA's Planned Air Tour

The recent announcement and invitation to Mainland doctors by the Hawaii Medical Association to attend the Hawaii Summer Medical Conference in Honolulu July 1-3, 1958, has caused a great deal of interest.

The Conference is under the auspices of the Hawaii Medical Association, constituent society of the A.M.A., and Dr. Samuel L. Yee, President of the Hawaii Medical Association, has extended an open invitation to members of the medical profession to attend the Conference.

Included in the program are breakfast panels and a special afternoon clinic at a local hospital. Such outstanding speakers as Dr. Frederick C. Robbins of Cleveland, Dr. Ernest Jawetz of San Francisco and others of equal stature, will present papers of particular note.

As announced in the News Flash, the Indiana State Medical Association is organizing a post-AMA Convention air tour to Honolulu. The party will fly from San Francisco on June 26 and return by air from Honolulu on July 5.

Indiana University Foundation received two of the 50 contract renewals recently awarded by the U. S. Atomic Energy Commission for continuation of research now in progress. Fifty-one new contracts in the fields of medicine, biology, environmental sciences, radiation instrumentation, and special training were also announced by AEC.

An additional \$20,720 was granted to T. M. Sonneborn for his study "Cellular Heredity in Paramecium"; and \$8,000 was granted to Roy Repaske to continue his investigation in "Energy Transport in Bacterial Cell-Free Extracts."

The next scheduled examinations (Part II), oral and clinical for all eligible candidates, will be conducted by the entire Board of the **American Board of Obstetrics and Gynecology** at the Edgewater Beach Hotel, Chicago, from May 7 through 17. Formal notice will be sent each candidate. Candidates who participated in Part I examinations will be notified of their eligibility. Current bulletins may be obtained from Robert L. Faulkner, M.D.,



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Vitamin E.....	1 I.U.	Inositol.....	20 mg.
Cal. Pantothenate.....	3 mg.		

Write for Latest Technical Bulletins.

*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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Secretary-Treasurer, American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

Stephen J. Rudolph, M.D., former Indianapolis physician, who has served for the last 18 months at a United States Air Force Hospital in Chateauroux, France, has been reassigned as commander of the hospital at Izmin, Turkey.

Major Rudolph writes, "Please send our regards to any of our old friends 'back home' and if any visit Turkey have them look us up. We have enjoyed our tour of duty here and have managed to see a great deal of Europe. Of course there is a great deal to see and some we are certainly sorry not to be able to include.

"Our new address is: Stephen J. Rudolph, Jr., M.D., 7266th USAF Hospital, TUSLOG, Detachment #34, APO 224, New York, New York."

American Goiter Association Meeting in San Francisco

The 1958 meeting of the American Goiter Association will be held in the St. Francis Hotel, San Francisco, on June 17, 18 and 19.

The program for the three day meeting will consist of papers and discussions dealing with the physiology and diseases of the thyroid gland. Further details may be obtained from Dr. John C. McClintock, Secretary, 149½ Washington Avenue, Albany 10, New York.

Hotel reservations must be secured by writing to Goiter Housing Bureau, Room 300, 61 Grove Street, San Francisco, California, and requests must be accompanied by a deposit of \$10 per room.

Denver's only physician, **Dr. Lloyd Hill**, plans to move into his new 8-room office building in April. Built to his specifications, the modern structure contains a waiting room, three examination rooms, a pediatric room, a nurse's room, an EENT room, and consultation room. Dr. Hill emphasized that it was not a clinic, merely enlarged quarters to permit him to give better care to patients in the Miami County town. He returned to practice in 1957 after serving two years in service.

Regional Rehabilitation Conference Set for May 5-7

Indiana will be host to the Region V conference of the National Rehabilitation Association on May 5, 6 and 7 in Rice Auditorium, Indiana State Board of Health, and the Student-Union Building, Indiana University Medical Center, Indianapolis. Region V includes Illinois, Indiana, Michigan, Ohio and Wisconsin. General arrangements for the three-day conference are being made by the Vocational Rehabilitation Division, Department of Public Instruction, State of Indiana, in cooperation with private and official agencies.

Registration will open at 8 a.m. Monday, May 5, in the lobbies at Rice Auditorium and the Student-Union Building. Official greetings will be extended by conference, city and state dignitaries at 9 o'clock and the official program on the theme "Rehabilitation, a Cooperative Program," will follow.

Monday's luncheon, sponsored by the Indiana State Medical Association and the Indianapolis Medical Society, will be followed by a discussion on "The Role of the Physician in the Rehabilitation Program" with Dr. Harry Pandolfo, president of the Indianapolis Medical Society, presiding, and the address given by Dr. Ralph E. DeForest, executive secretary, Committee on Rehabilitation, American Medical Association, Chicago.

At the Tuesday evening Conference banquet, the Honorable Harold W. Handley, Governor of Indiana, will be the speaker. At this time awards will be presented to persons who have given meritorious service to the welfare of the handicapped.

Many nationally known speakers will appear on the program. Tours of Eli Lilly and Company, General Hospital, Goodwill Industries, and Crossroads Rehabilitation Center have been arranged for Wednesday afternoon, May 7.

On Monday evening Allison Division of General Motors has planned a dinner and educational exhibit, Powerama, for those registered for the conference.

Registrations must be received by May 2 by Mr. Floyd Hammond, Division of Vocational Rehabilitation, 145 West Washington Street, Indianapolis, Indiana. Registration is \$1, the

Continued

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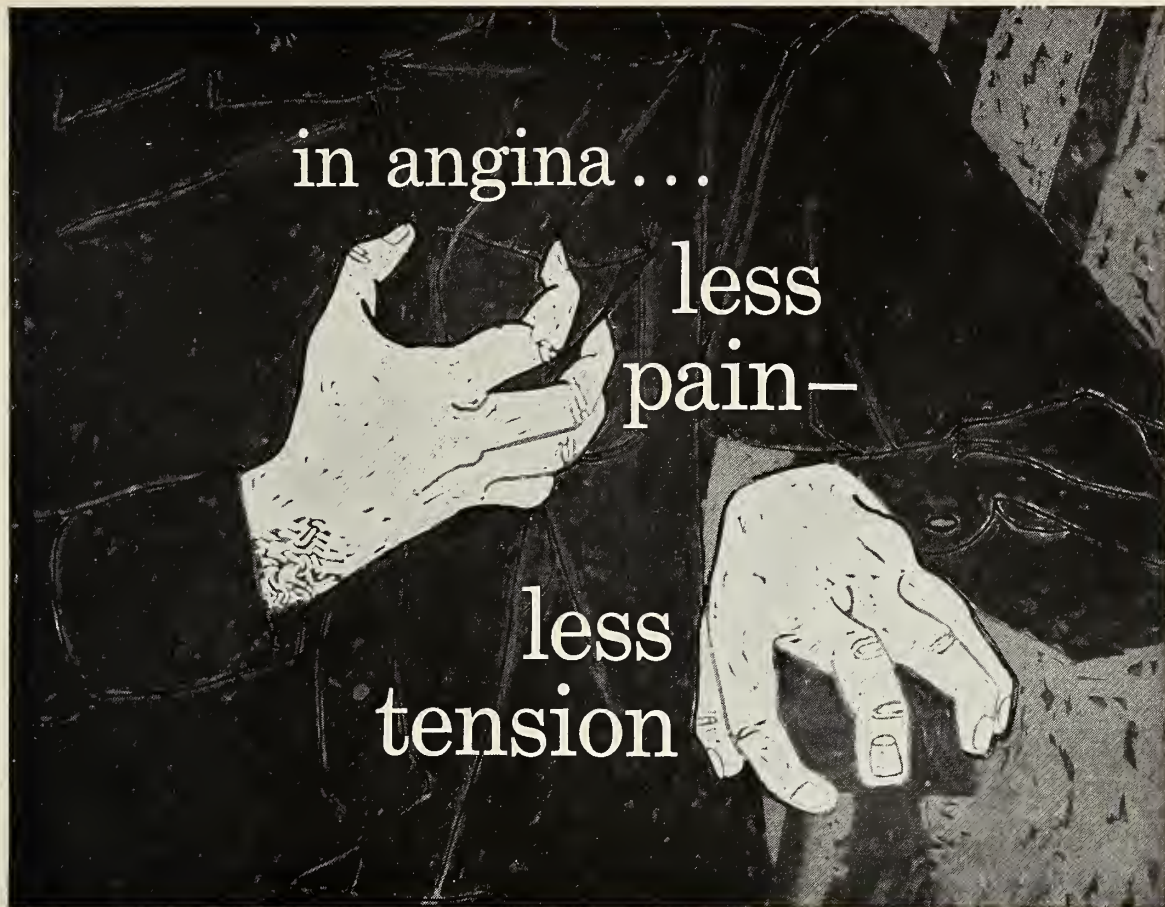
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1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supply: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

Monday and Wednesday luncheons are \$2, and the banquet on Tuesday evening is \$4.00.

Workshop on Cardiovascular Nursing Planned for June

The first workshop on cardiovascular nursing will be co-sponsored by the Indiana Heart Foundation and the Division of Nursing Education of Indiana University. Purpose of the workshop is to assist nurses to improve their service to patients with cardiovascular conditions.

The classes will be conducted June 23 through 27 on the Bloomington campus and will be under the direction of Jean E. Schweer, assistant professor of nursing education.

Faculty members of the schools of nursing, supervisors and head nurses in hospitals, supervisors of public health nursing agencies, and other interested nurses are invited to attend.

Information on the course is available from the Director of Nursing Education, Indiana University, Bloomington, Indiana.

Dr. Harrison M. Langrall, formerly of the Mayo Clinic in Rochester, Minnesota, has joined the staff of the Davis Clinic in Marion as a

medical specialist. He is a native of Maryland and received his medical degree from the University of Maryland in 1953. He spent several years in service including duty with General Patton's forces from the invasion of Normandy to contact with the Russians in Czechoslovakia. After serving a rotating internship at Winchester Memorial Hospital, Winchester, West Virginia, Dr. Langrall was in private practice in Annapolis before going to the Mayo Clinic three years ago. Dr. and Mrs. Langrall and their two daughters live in Hickory Hills.

Summer Camp for Diabetic Children Opens August 3

The Indianapolis Diabetes Association will sponsor the James Whitcomb Riley camp for diabetic children for the fourth consecutive year. The camp session will open August 3 and conclude August 22. The highly developed facilities of the Riley Memorial Association and Indiana University will be used. The camp is in the Bradford Woods Outdoor Education area located six miles north of Martinsville near State Highway 67.

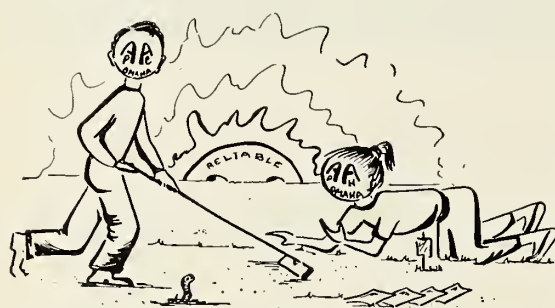
Diabetic children from 8 through 16 years of age are eligible. The program will be conducted on a non-sectarian basis without restrictions as to race or creed. Children will gain camping experience as well as greater self-reliance in the handling of their diabetes.

Campers will be under constant medical and nursing care; qualified dietitians will supervise meals; and a well equipped laboratory will be operated for all necessary tests incident to the control of diabetes. Cliff Weishart, New Castle, who was associated with the camp in 1955 and 1956, will direct camping activities assisted by a competent staff of counselors.

Applications will be received only for the full session. Sponsors believe a child would not obtain maximum benefit from a shorter period. The fee for the three weeks is \$150, which includes all diabetic supplies and necessary laboratory procedures. Funds are available for financial assistance to children whose families are unable to pay the full amount.

Applications and information may be obtained from the Indianapolis Diabetes Association, Inc., 821 Hume Mansur Building, Indianapolis 4, Indiana.

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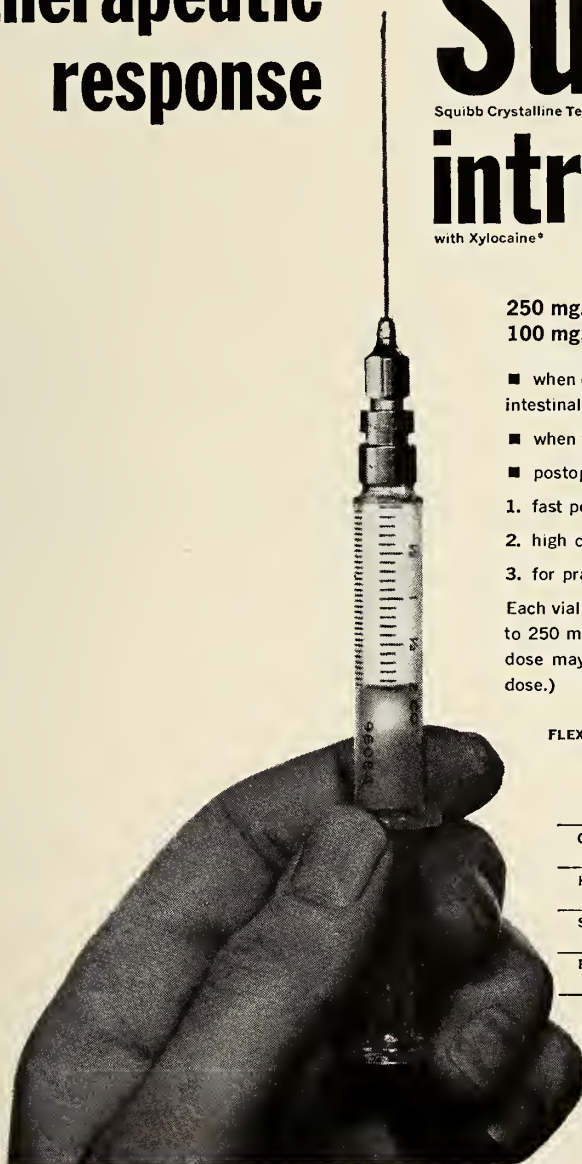
	Tetracycline phosphate complex equiv. tetracycline HCl (mg.)	Packaging
Capsules (per capsule)	250	Bottles of 16 and 100
Half Strength Capsules (per capsule)	125	Bottles of 16 and 100
Suspension (per 5 cc. teaspoonful)	125	60 cc. bottles
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Dr. William R. Kirtley, of the Clinical Research Division of Eli Lilly and Company, was the guest speaker at the October 7 meeting of Maui County Medical Society in Hawaii. He spoke on "Diabetes Mellitus." The meeting was held in Central Maui Memorial Hospital, according to a report in the January-February issue of *Hawaii Medical Journal*.

Dr. Ben King Harned, Jr., who has been resident in cancer surgery at Roswell Park Memorial Institute, Buffalo, New York, is now associated with the Welborn Clinic, Evansville, where he is practicing general surgery. Dr. Harned is a native of Memphis, Tennessee. He received his degree in medicine from Cornell University Medical College, and served his internship and a four year residency at Roosevelt Hospital, New York City. Dr. Harned is the son of Dr. Ben King Harned, vice president in charge of research at Mead Johnson and Company, Evansville. Dr. and Mrs. Harned and their two children are living on Erskine Lane in McCutchanville.

Dr. J. A. Rohr has established an office for the private practice of internal medicine at 801½

Washington Street, Michigan City. Dr. Rohr has been on the staff of Indiana State Prison since January 1, 1955, and plans to retain his position there, operating his private practice on an appointment basis.

Dr. Richard L. Shoemaker, a 1954 graduate of Indiana University School of Medicine, has opened an office in Gas City where he is practicing general medicine. He served his internship at Indianapolis General Hospital. Dr. and Mrs. Shoemaker have two children.

Dr. William J. Dieter, who has been on the staff of the Norman Beatty Hospital at Westville, has joined the staff at the Fort Wayne State School as a neuropsychiatrist. A graduate of Indiana University School of Medicine, Dr. Dieter has served for 20 years at several state institutions.

Dr. William P. Winter, who has been associated in practice with Dr. Leon Gray since August 1957, has opened an office for the private practice of general medicine at 60½ East Morgan Street, Martinsville.

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Physicians Speak to Civic, Medical Organizations

Press reports disclose many Indiana physicians have been headline speakers at numerous community and medical meetings in recent weeks.

At Evansville, Dr. C. Basil Fausset, Indianapolis neurosurgeon, shared the platform with Dr. Francis J. Gerty, head of the psychiatry department at the University of Illinois School of Medicine, at the First District postgraduate training session of the Indiana Academy of General Practice.

In Indianapolis, Dr. Don E. Wood, was principal speaker at the capping ceremonies for 34 pre-clinical students of the General Hospital School of Nursing. Dr. Wood is president of the General Hospital Staff society.

In Columbus, Dr. Richard E. Walters was guest speaker at a recent Rotary club meeting. He stressed the importance of the newly revised Red Cross blood collection program in Bartholomew county.

Fort Wayne pharmacists heard Dr. Robert P. Lloyd, Fort Wayne surgeon, speak on "The Evolution of Heart Surgery," and at the same meeting Dr. J. H. Oyer, president of the Allen County Heart Association, was a special guest and spoke briefly.

Dr. Nila Kirkpatrick Covalt, former Muncie resident and now a member of the Florida state commission on care of the chronically ill and the aged, addressed members of Muncie Rotary club on the progress being made in caring for elderly persons and providing useful work beyond the so-called retirement age.

Milroy Kiwanians heard Dr. Robert P. Acher, Greensburg, discuss cancer and its danger signals at a recent meeting attended by Milroy and Greensburg members of Kiwanis.

At Richmond, Dr. Richard M. Nay, Indianapolis, addressed 60 committee members and

volunteer workers for the Heart Foundation, outlining the reasons for a separate campaign for funds for the Heart Association. Films on blood pressure and strokes were also shown.

Vincennes Kiwanians heard a panel of physicians discuss the problems of alcoholism. Dr. Charles Hendrix, Dr. Bart Corsentino, Dr. Frank Stewart and Dr. R. O. Smith presented the discussion.

At Bedford, Sgt. Don Smiley of the Indiana State Police Post at Jasper, spoke to members of Bedford and Bloomington Lions clubs on traffic accidents and traffic safety. He showed the film "On Impact" made with the cooperation of Indiana State Medical Association and outlining the auto crash injury research program. Sgt. Smiley demonstrated new safety devices.

In Marion, Dr. Walter E. Judson, Maurice Early career investigator for clinical cardiovascular research at Indiana University Medical Center, spoke to a group of volunteer workers on "Research, the Heart of the Problem" and at an evening session spoke on "Diagnosis and Treatment of Arterial Hypertension."

Dr. Palmer Eicher, formerly with the Indianapolis Clinic, has opened offices at 3400 North Meridian where he will be in the private practice of orthopedic surgery. **Dr. Frank B. Throop**, Cornell graduate who served his residency at I.U. Medical Center, will be associated with Dr. Eicher.

Dr. Donald E. Bailey, who has been in practice in Marion for three and one-half years, left February 21 for residence in Ontario, California. Dr. Bailey was in practice in Marion with his twin brother, Dr. Douglas Bailey, who plans to remain there. His office is at 107 East 31st Street, Marion.

SOCIAL SECURITY SAYS: "A woman who becomes entitled to benefits based on her own earnings and also the wife's benefits on the earnings of her husband would receive no more than the larger of the two amounts. A child who becomes entitled to child's benefits based on earnings of both his father and mother would not receive both payments."

In Other Words: Double social security taxes paid by one family do not produce benefits for each member paying the taxes. A part of the taxes go to "charity."



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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

February 26, 1958

Roll call showed the following present: E. H. Clauser, M.D., chairman; M. C. Topping, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump and Robert Hollowell, attorneys; Wayne Worick, field secretary; J. A. Waggener, executive secretary.

Minutes of the meeting held January 18, 1958, were approved by consent.

Membership Report

Number of members, January 31, 1958__2,488*

Number of members, January 31, 1957__2,513

Loss over last year_____ 25

Number of members, December 31, 1957_4,146

*Includes 50 in military service (gratis)

89—\$10 members (residents and interns)

226—senior members

28—members, dues remitted by Council

Number who have paid AMA dues:

January, 1958 _____2,586**

January, 1957 _____2,553

Gain _____ 33

**Includes 565 exempt members (gratis)—

394 prior to January 1, 1958;

171 so far this year

Headquarters Office

The secretary explained the new plans for the field service to work with the county society committees, and this was approved by consent.

The secretary supplied the information requested by the committee concerning the car rental plan. He stated that arrangements can be made to rent cars on the basis of \$90.00 per month, this to include all car expenses and insurance with the exception of the cost of gasoline and the first \$50.00 of a \$50.00 deductible collision insurance policy. On motion of Drs. Owsley and Topping it was recommended that the Association rent a car for each of the field secretaries on the basis outlined and that this be done on a one-year trial basis.

The secretary reported that the check protector had become defective and the repair company had submitted an estimate of \$45.00 for repairs. Upon motion of Drs. Topping and Owsley the secretary was instructed to purchase one of the newer types of check protectors.

Treasurer's Office

Report of the treasurer was accepted by consent.

Organization Matters

The president and secretary reported on the activities of the various Commissions and Committees of the Association.

Request of the Indianapolis Press Club for the Association to take an advertisement in their Twenty-fifth Anniversary book was discussed, and upon motion of Drs. Owsley and Topping the secretary was instructed to procure a quarter page ad at a cost of \$75.00.

Letter from Porter B. Williamson was referred to the committee and discussed, and the secretary was instructed to inform Mr. Williamson that the Association had no such research, and that a copy of the letter and reply be sent to Dr. Olson.

Letter from the Decatur County Medical Society requesting the issuance of a Fifty-Year Club certificate to Dr. E. A. Porter for presentation before one of the county's local service clubs the first part of May was reviewed. On motion of Drs. Owsley and Sicks the secretary was instructed to write Dr. James C. Miller, the secretary, explaining that in instances where a recipient is not expected to live until the time of the annual convention, when these presentations are normally made, the Association has issued these certificates in advance, and that unless such a situation might be true in this instance, the Association would prefer to make the award at the meeting in October.

Letters from the Indianapolis Medical Society and the Elkhart County Medical Society requesting waiver of dues of some of their members were referred to the Council upon motion of Drs. Topping and Sicks.

Upon motion of Drs. Topping and Sicks the secretary was instructed to contact the Commission on Constitution and Bylaws requesting that they review the section concerning waiver of dues and that the conditions for waiver be tightened.

The secretary reported from the minutes of the meeting of the Board of Directors of the North Central District Blood Bank Clearing House.

Payment of \$25.00 to the Joint Committee on Improvement of Patient Care in Indiana was approved on motion of Drs. Topping and Owsley.

Payment of \$10.00 dues to the Indiana State Conference on Social Work was approved on motion of Drs. Owsley and Topping.

Future Meetings

The invitation extended to the executive secretary to participate in the conference of the President's Committee for Traffic Safety, to be held in Chicago on April 1 and 2, was discussed and the secretary instructed to accept the invitation.

Invitations to the Ohio and Illinois State Medical Society meetings were reviewed and the president

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and secretary were authorized to attend these meetings.

These actions were taken on motion of Drs. Sicks and Owsley.

Medicare

The secretary reported on the arrangements for renegotiating the Medicare contract in Washington on March 6 and 7. The attorney presented and discussed a review of the contract provisions and his suggestions and recommendations were accepted by the committee.

The secretary presented an addendum to the contract which served to close out the period from December 7, 1956, to June 30, 1957, as far as costs of administering the program were concerned, and by consent the president was authorized to sign these documents.

There being no further business, the committee adjourned to meet again at 3:00 p.m. on Wednesday, March 12, 1958.

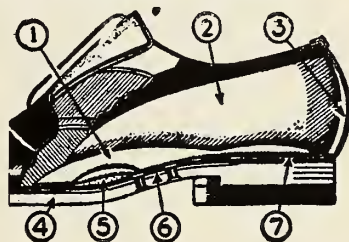
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SEARLE

News from the County Societies

Adams County Medical Society members met February 11 for a dinner meeting in the Decatur Community Center.

Dr. Robert B. Miller, Fort Wayne otolaryngologist, was the guest speaker. He discussed "Common Ear Problems."

Fifteen members of the society attended the meeting.

The medical staff of St. Joseph's Hospital, Fort Wayne, presented the scientific program for the March 4 meeting of the **Fort Wayne (Allen County) Medical Society** in the Shrine Club.

Moderator for the panel discussion on "Pancreatic Disease" was Dr. F. L. Schoen, and other participants were Drs. C. William Goebel, J. W. McAllister, and J. W. Salon.

Eighty-seven members were present for the dinner and 11 additional physicians registered for the scientific program after dinner.

Speaker for the April 1 meeting in the Shrine Club was to be Dr. Robert Salassa of the Mayo Clinic, Rochester, Minnesota.

(Correction: The report of the February 4 meeting was correct except for the date which was erroneously given as January 7.)

Dr. George S. Porter, Indiana University Medical Center, Indianapolis, presented a paper on "Treatment of Toxemia and Eclampsia" at the March 4 meeting of **Boone County Medical Society** in Witham Memorial Hospital, Lebanon. Eleven members of the society were present.

Carroll County Medical Society met February 19 in the Roth Park Hotel with 13 members present for the dinner meeting.

Kenneth Pierce, Fort Wayne, pharmaceutical firm representative, spoke on "Human Fertility and Control."

Members of **Cass County Medical Society** met March 3 in the Ben Hur restaurant,

Logansport, for dinner and heard a discussion on "Diseases of the Chest" by a Dr. Habick, Chicago.

At a business meeting members formulated plans for the establishment of a cancer detection clinic.

Twenty-five members and guests attended.

The annual social gathering of the society and auxiliary was held February 12 in the homes of Dr. E. L. Hedde and Dr. Charles Viney where dinner was served.

Clark County Medical Society members met in Paint Inn, Cementville, on February 25 for a dinner meeting with 16 physicians and guests attending.

A discussion on "Wydase in the Treatment of Fractures" was heard.

The next meeting of the society was to be called by the president.

Blue Shield-Blue Cross programs were discussed by L. E. Converse at the February 13 meeting of the **Dubois County Medical Society** in the Dubois County Country Club at Jasper.

Eighteen members attended the dinner meeting.

Approximately 80 members of the **Elkhart County Medical Society** and the Elkhart County Bar Association attended the yearly joint meeting of the two professional groups in the Hotel Elkhart, Elkhart, on March 13.

Following dinner, Albert Stump, Indianapolis counsel for the Indiana State Medical Association, was the speaker. His subject was "Res Ipsa Loquitur."

At the same time the Auxiliary meeting was held in the Empire Room of the Hotel Elkhart, where members and guests heard a discussion on "Individual Survival" by a representative from the Civil Defense headquarters in Indianapolis.

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County Society Reports

Continued

Dr. William Bond, assistant professor of medicine at Indiana University School of Medicine, was the guest speaker for the **Fayette-Franklin County Medical Society** meeting on January 14 in the Connorsville Country Club. He spoke on "Leukemias and Lymphomas."

At a routine business meeting following dinner the 17 members present planned to ask the hospital board to supply an additional oxygen tent.

At the February 11 meeting of the society in the Connorsville Country Club, Dr. Frank B. Adney, Richmond, spoke on "Urinary Infections" to 15 members who later heard Dr. Harry P. Ross, Sixth District councilor, discuss the proposed I.S.M.A. office building.

Following a discussion of several subjects of importance to members of the medical profession, the **Fountain-Warren County Medical Society** requested their secretary to express disapproval of proposed bills HR 9834, HR 9835 and HR 9467 to Indiana members of Congress. Dr. K. O. Neumann, district councilor, and Howard Grindstaff, I.S.M.A. field secretary, were present to discuss the legislation and other matters with members.

The meeting was attended by nine members and was held in the Attica Hotel, Attica.

On March 13 members met in the home of Dr. Peter Petrich to hear Dr. W. R. Van Den Bosch, Lafayette, outline the work of the Tippecanoe County Mental Health and Achievement Center, Inc. The society voted to approve a plan for the Mental Health Association to raise funds for county participation in the Tippecanoe County Center.

Dr. Ralph F. Carlson, Evansville, was the guest speaker at the February 12 meeting of the **Gibson County Medical Society** in the Emerson Hotel, Princeton. His subject was "Early Signs and Symptoms of Lung Cancer."

Ten members attended the meeting and planned to meet on March 12 in the Emerson Hotel.

A routine business meeting of **Harrison-Crawford County Medical Society** was held

following dinner in the Harrison County Hospital, Corydon, on January 14. Eight members were present.

Dr. Cecil G. McEachern, Fort Wayne, presented the scientific program for members of **Huntington County Medical Society** on February 4. He discussed "Carcinoma of the Lung."

Authorization was given for payment of district dues from county societies' funds, and a report was made by the committee on selection of a meeting place.

Twenty members of the society attended the meeting in the LaFontaine Hotel, Huntington, and scheduled their next meeting for the same location on March 4.

Lawrence County Medical Society members met for luncheon in Dunn Memorial Hospital on February 5 with 20 members attending.

"Safety and Highway Accidents" was the subject of a talk given by Sergeant Bishop of the Indiana State Police.

Eight physicians became members of the **Indianapolis Medical Society** and nine applications for membership were received at the February 25 meeting held in the Empire Life auditorium.

New members are Drs. John R. Brayton, Jr., F. Robert Brueckmann, Jacqueline M. Coates, John D. Franz, Jack D. Summerlin, Joseph F. Thompson, Ralph B. Ullom and Marlin Weaver.

Resolutions memorializing Drs. Hubert Judy and William F. Molt were read and copies sent to families of the two physicians.

During the business meeting Dr. Hunter F. Kennedy, chairman, presented a report of the Council meeting held February 4.

Dr. Harry Pandolfo, president, presented Dr. Andrew C. Offutt, state health commissioner, and Robert Yoho, director, Bureau of Health and Physical Education, Records and Statistics, Indiana State Board of Health, who discussed "The Marion County Rehabilitation Survey."

At an evening meeting of **Montgomery County Medical Society** on February 20, Dr. J. Theodore Luros, Indianapolis, presented a discussion on "Head Injuries."

Twenty-seven members attended the meeting in Culver Union Hospital, Crawfordsville.

Thirty-one members of **Owen-Monroe County Medical Society** attended a meeting February 27 in the Bloomington Country Club where they heard Dr. Robert Heimburger, Department of Neurosurgery, Indiana University Medical Center, speak on "Head Injuries."

During the business session the society passed a resolution on the death of Dr. Matthew Winters, who had been a member of the society since his retirement from active practice in Indianapolis.

It read, in part:

"... Matt not only taught pediatrics to most of us here, but also to a whole generation of Indiana doctors. His influence as a teacher, as a consultant, and as a humanitarian was an inspiration to both the medical profession and his patients. Beyond this, he taught us all the true meaning of our Hippocratic oath. These things he never ceased to teach by his humble Christian adherence to the principles of the Golden Rule."

Members of **Shelby County Medical Society** held their regular monthly business meeting on March 5 with Dr. John Alden, president of the society, presiding.

Robert J. Amick, field representative of Indiana State Medical Association, discussed briefly several items relative to I.S.M.A. service and legislation.

Dr. Alden reported that the Emergency Civil Defense hospital has been received and is stored at the No. 1 Shelbyville fire station in readiness for use in the event of catastrophe of any type.

A report on the status of hospital expansion was made by Dr. W. R. Tindall.

Members voted to send an invitation to prospective general practitioners through the Physicians Placement Bureau, to interest them in locating in Shelbyville and Waldron.

A brief talk on the surgical approach to hypertension of renal etiology was presented by Dr. Lowell King.

Dr. Richard H. Young, dean of Northwestern University School of Medicine, spoke on "The Education of a Physician" to 81 members and guests of **St. Joseph County Medical**

Society in Morris Inn, South Bend, on January 28.

Several members of the Notre Dame University faculty were guests of the medical society at the dinner meeting and approximately 30 pre-medical students from the University of Notre Dame were present for the speaker's discussion.

The February 25 meeting of the society was to be a joint meeting with the St. Joseph County Bar Association in the Bronzewood Room of the Hotel LaSalle.

Vanderburgh County Medical Society members joined members of the First District, Indiana Academy of General Practice, for a postgraduate training session in the Hotel McCurdy, Evansville, February 13. Speakers were Drs. C. Basil Fausset, Indianapolis, and Dr. Francis J. Gerty, Chicago. Both afternoon and evening sessions were held. The meeting replaced the regular February meeting of the Vanderburgh society.

Wayne-Union County Medical Society members heard a discussion of Blue Shield insurance, a non-profit organization of doctors, at a meeting February 11 in Reid Memorial Hospital, Richmond. Speakers were Albert Stump, legal advisor for Indiana State Medical Association, and L. E. Converse, of the Indiana Blue Shield office. Mr. Stump emphasized that Blue Shield was operated by directors selected by physicians in each of the 13 medical districts in the state, and six members elected by the council of I.S.M.A. Mr. Converse outlined the high dollar returns paid by Blue Shield in Indiana—93 cents out of each dollar paid back to participating members in benefits. Blue Cross, he said, returned 91 cents on each dollar and the two were the highest returns of all insurance companies, he said.

Reports were made by several committees and the secretary, Dr. Charles Loomis, announced approval of inoculation clinics during March, April and May for those who cannot afford to pay for polio vaccine; reported the adult tuberculosis clinic is in operation each Thursday; and that a pediatrics clinic was set up for February 21 with cases accepted only as referred by their family physicians.

Dr. Glen Ward Lee, Richmond, president, was in charge of the dinner meeting.

Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., *Director*

MONTHLY REPORT - FEBRUARY 1958

Disease	Feb. 1958	Jan. 1958	Dec. 1957	Feb. 1957	Feb. 1956
Animal Bites	56	98	76	118	132
Chickenpox	395	602	308	817	626
Conjunctivitis	26	17	26	54	108
Diphtheria	2	0	2	0	18
Dysentery, Other, Unspecified	39	102	5	1	22
Impetigo	23	25	29	38	34
Infectious Hepatitis	33	37	15	39	62
Infectious Mononucleosis	2	3	1	5	13
Influenza	1222	665	1024	178	396
Measles (Rubeola-Rubella)	2064	654	188	1137	812
Meningitis, Meningococcal	8	1	7	2	7
Meningitis, Other	16	8	10	2	13
Mumps	458	415	128	251	323
Pertussis (Whooping Cough)	36	27	30	39	60
Pneumonia	146	167	112	133	125
Poliomyelitis*	0	0	9	2	3
Streptococcal Infections	555	355	217	617	438
Tinea Capitis	31	32	17	35	19
Vincent's Infection	0	6	2	1	7

* Please remove poliomyelitis case reported to you on January 1958 Report.

Stress Placed on Need for Polio Inoculations for Children Under Five

A special effort to have children under 5 vaccinated against polio has been announced in the wake of new evidence that this is the age group with the highest attack rate for paralytic polio.

Surgeon General Leroy E. Burney of the Public Health Service said he had called this information to the attention of the American Academy of Pediatrics and the American Academy of General Practice and that both will encourage vaccination of children under 5. The letter has been released for publication. It and the supporting data from the Communicable Disease Center are reproduced here.

DEPARTMENT OF
HEALTH,
EDUCATION, AND WELFARE
Public Health Service
Washington 25, D. C.

Dear Doctor:

I am inviting your attention to a recent report from the Communicable Disease Center of the Public Health Service concerning age—specific poliomyelitis attack rates in the United States during 1957.

The report presents preliminary figures for 1957 through October. Estimated attack rates

for paralytic poliomyelitis by age indicate that during 1957, children up through age 4 experienced substantially higher attack rates than the balance of the population, just as was the case in 1956. We have all been aware of the need for special effort in providing vaccinations for pre-school children. However, these preliminary data for 1957 indicate that, in my opinion, even greater emphasis should be concentrated in vaccination programs for the younger children. It is my thought that you in turn may wish to communicate these new data to your membership.

In the attached summary of the Communicable Disease Center's recent polio surveillance report you will note that the highest attack rate of all, 5.7 per 100,000, was experienced by children aged one year, with the next highest rate of 5.5 in children aged 2. For all children through age 4 the attack rate averaged 4.4 per 100,000, whereas much lower attack rates were apparent in older age groups. Thus, the estimated rate for age 5-19 was 1.4 and for age 20-39, 0.8.

Further preliminary information summarized in this brief report indicates that the large majority of paralytic cases are occurring in nonvaccinated persons.

The Public Health Service, in cooperation

with the American Medical Association, National Foundation for Infantile Paralysis, and other groups, is planning an intensification of its efforts to promote vaccination of all persons up through the age of 40 during the spring months. It is my thought that physicians caring for younger children may wish to stress the importance of immunization of parents also. It is my further thought that your society may wish to consider a special campaign based on the data included in the Communicable Disease Center report.

In order that this important information may be brought to the attention of the other physicians concerned, I am addressing a similar letter to the presidents of the other professional societies most immediately concerned with children in this age group.

Let me assure you that the Public Health Service stands ready to assist in any special campaign which your organization may wish to undertake in promoting the use of poliomyelitis vaccine as an important health measure.

Sincerely yours,
/s/ LEROY E. BURNEY
Surgeon General

Continued

A table showing age-specific attack rates is published on the following page. It was compiled by the U.S. Communicable Disease Center at Atlanta, Georgia.

AGE-SPECIFIC ATTACK RATES IN THE UNITED STATES

January-October, 1957*

Age Group	Population (1000's)**	Cases		Rate/100,000	
		Paralytic	Nonparalytic	Paralytic	Nonparalytic
1	3455	117	35	3.4	1.0
1	3455	198	54	5.7	1.6
2	3415	188	72	5.5	2.1
3	3349	124	83	3.7	2.5
4	3269	111	118	3.4	3.6
5	3186	89	116	2.8	3.6
6	3126	69	136	2.2	4.4
7	3011	53	149	1.8	4.9
8	3030	55	118	1.8	3.9
9	3026	30	97	1.0	3.2
10	3259	28	100	.9	3.1
11	2362	28	74	1.2	3.1
12	2341	28	73	1.2	3.1
13	2354	26	71	1.1	3.0
14	2495	25	54	1.0	2.2
15-19	9861	99	247	1.0	2.5
20-24	8767	98	200	1.1	2.3
25-29	9717	106	215	1.1	2.2
30-34	10503	69	108	.7	1.0
35-39	10175	37	59	.4	.6
40+	51984	43	44	.1—	.1—
TOTAL	146140	1621	2223	1.1	1.5

* January-September data from 43 states and the District of Columbia. October data from 33 states.

** Preliminary crude total population estimates for 43 states; age-specific estimates for years 1-14 arbitrarily obtained by moving 1956 estimates forward one year and age-group estimates obtained by increasing 1956 estimates proportionate to the 1955-1956 increase. For under one year, the 1956 estimate was used.

Polio-myelitis Surveillance Report
Communicable Disease Center
Atlanta, Georgia

IN VITRO SENSITIVITY OF FOUR COMMON PATHOGENS TO CHLOROMYCETIN FROM 1952 TO 1956*

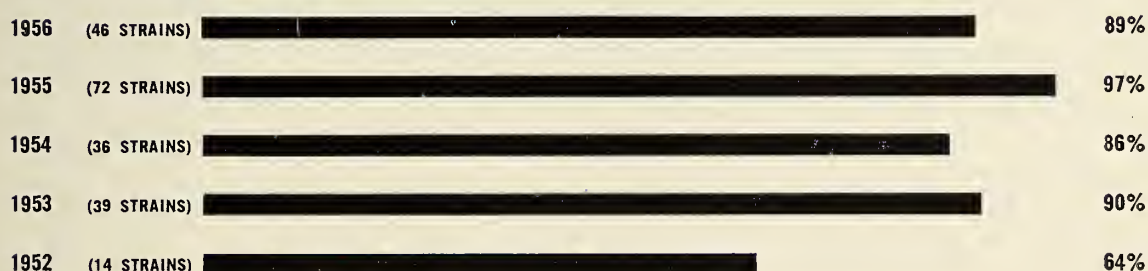
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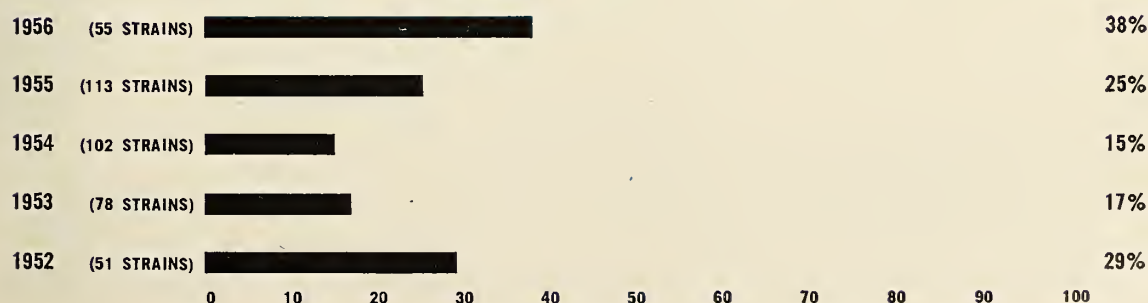
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*Adapted from Roy and others.¹

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All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

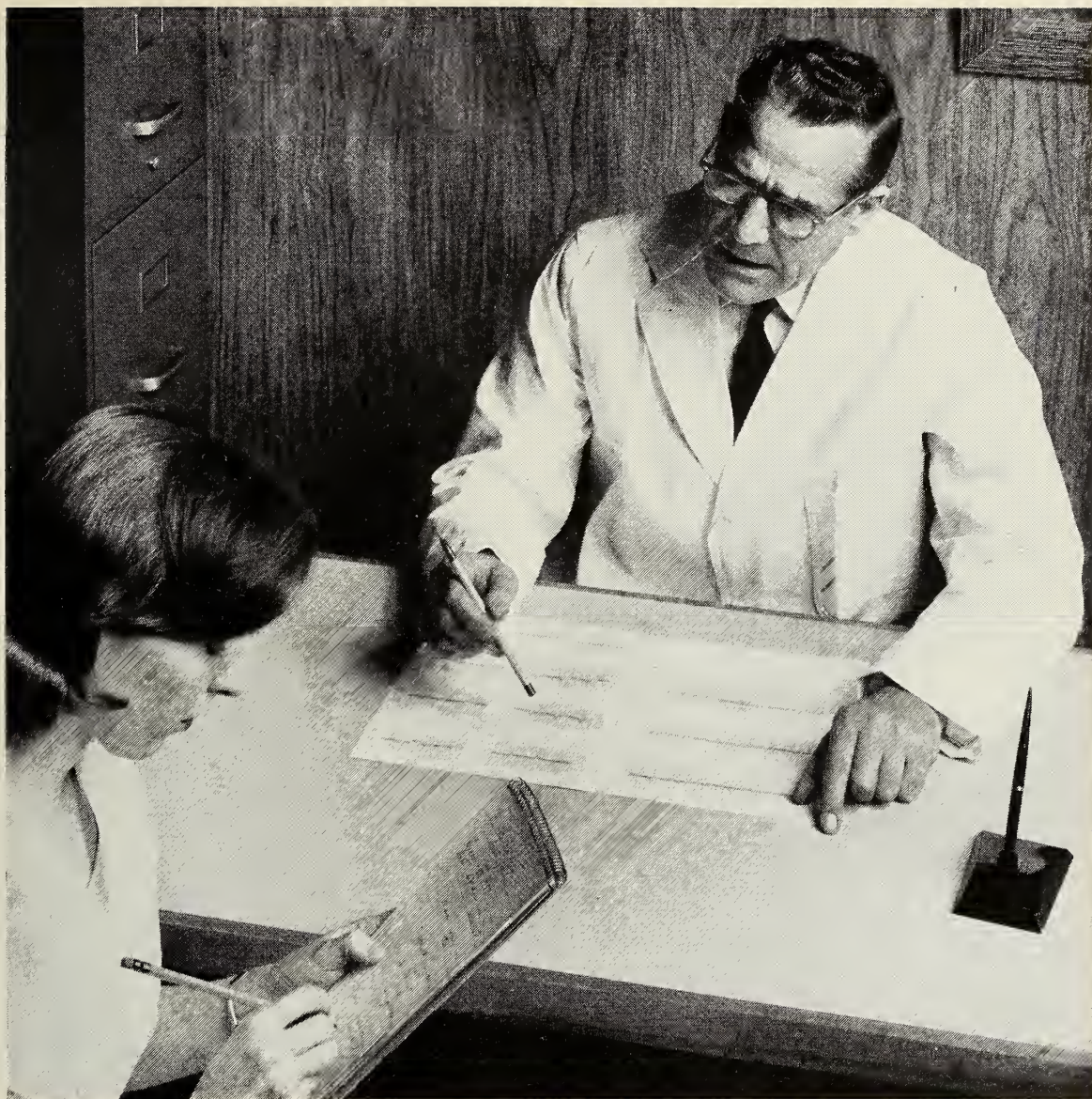
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Annual Convention—October 13, 14 and 15, 1958, Indianapolis

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Legal Counselor—Mr. Robert Hollowell, 2939 N. Meridian, Indianapolis.

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2—	J. H. Crowder, Sullivan.....	Dec. 31, 1960
3—	Keith Hammond, Paoli.....	Dec. 31, 1958
4—	Joseph E. Dudding, Hope.....	Dec. 31, 1959
5—	Robert K. Webster, Brazil.....	Dec. 31, 1960
6—	Harry P. Ross, Richmond.....	Dec. 31, 1958
7—	Ralph V. Everly, Indianapolis.....	Dec. 31, 1959
8—	Guy Owsley, (Chairman), Hartford City.....	Dec. 31, 1960
9—	K. O. Neumann, Lafayette.....	Dec. 31, 1958
10—	J. P. Vye, Gary.....	Dec. 31, 1959
11—	Max R. Adams, Flora.....	Dec. 31, 1960
12—	Maurice E. Glock, Fort Wayne.....	Dec. 31, 1958
13—	G. O. Larson, LaPorte.....	Dec. 31, 1959

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Terms expire December 31, 1958:

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E. S. Jones, M.D., Hammond	William C. Wright, M.D., Fort Wayne

Terms expire December 31, 1959:

Delegates	Alternates
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Wendell C. Stover, M.D., Boonville	John M. Paris, M.D., New Albany

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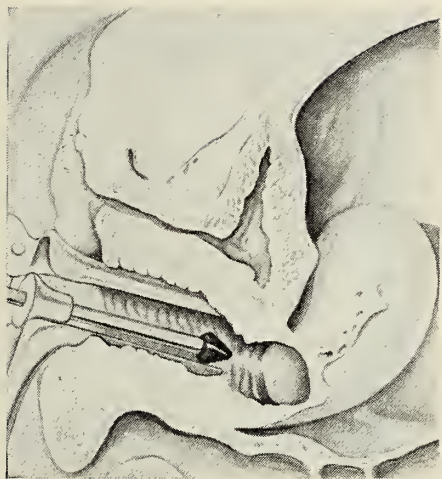
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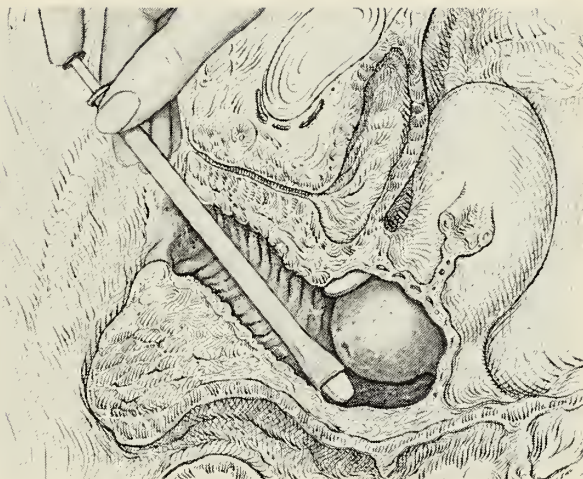
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1.	William C. Fisher, M.D., Evansville.....	Noel L. Neifert, M.D., Tell City.....	Evansville, September, 1958
2.	Sam I. Rotman, M.D., Jasonville.....	J. S. Brown, M.D., Carlisle.....	Bloomington, June, 1958
3.	Wm. H. Robinson, M.D., Mitchell.....	Joseph C. Dusard, M.D., Bedford.....	New Albany, May 14, 1958
4.	William A. Johnson, M.D., North Vernon.....	Benet W. Thayer, M.D., North Vernon.....	North Vernon, May 7, 1958
5.	Jack R. Glosson, M.D., Clay City.....	John C. Shattuck, M.D., Brazil.....	Brazil, May 21, 1958
6.	H. N. Smith, M.D., Brookville.....	Kenneth G. Hill, M.D., New Castle.....	Greenfield, May 8, 1958
7.	Malcolm O. Scamahorn, M.D., Pittsboro.....	Arthur W. Records, M.D., Franklin.....	Indianapolis, May 20, 1958
8.	B. D. Wagoner, M.D., Union City.....	Howard W. Koch, M.D., Winchester.....	Muncie, June 11, 1958
9.	R. K. Kincaid, M.D., Tipton.....	A. E. Stouder, M.D., Kempton.....	Tipton, May 22, 1958
10.	George N. Lewis, M.D., Gary.....	George A. Carberry, M.D., Gary.....	Crown Point, May 7, 1958
11.	Robert M. Brown, M.D., Marion.....	Charles L. Wise, M.D., Camden.....	Peru, 1958
12.	Milton F. Popp, M.D., Fort Wayne.....	Harold F. Zwick, M.D., Decatur.....	Fort Wayne, May 21, 1958
13.	R. L. Bender, M.D., Elkhart.....	James M. Wilson, M.D., South Bend.....	Michigan City, Nov. 12, 1958

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*Williamson, P.: Trichomonad Infestation, M. Times 84:929 (Sept.) 1956.

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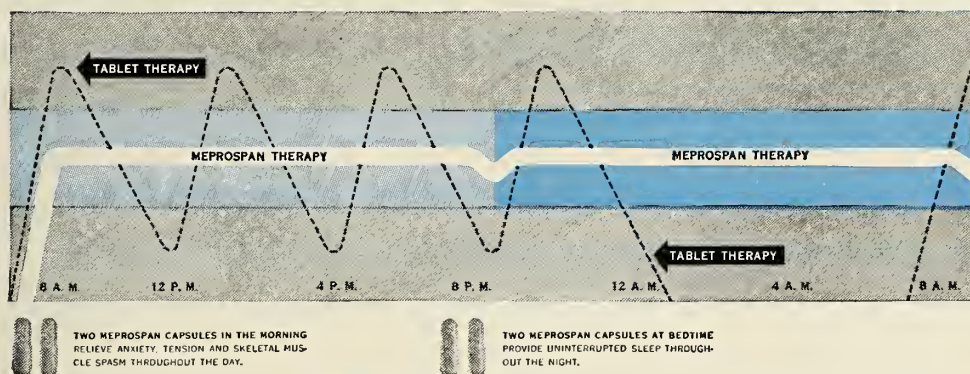
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—The recession continues to influence the course of much legislation, as Congress points toward the windup of its session. Even in the health fields, bills that promise in one way or another to alleviate unemployment appear to have priority. At the same time, federal departments are favoring construction grants to projects that can be started without much delay.

In legislation, here are some of the developments:

1. Liberalizations in unemployment compensation and in social security are receiving constant attention on Capitol Hill. At this writing, the bill to extend the period for unemployment compensation payments is making progress. There is the possibility also that it will make participation mandatory for all employers.

Prominent among proposed changes in the social security program itself is the Forand bill for free hospitalization and in-hospital medical care and surgery for persons entitled to social security benefits. It is being pushed by the AFL-CIO and by some liberal Democrats, and opposed by the American Medical Association and a growing group of other organizations. The opposition is convinced that the Forand bill is unnecessary, that it would be far more costly than anticipated, and that it would point the way to a broad national medical care plan for all persons covered by social security.

2. A controversial bill to vastly increase money available for grants for community facili-

ties — waste plants, hospitals, state medical schools included — is active in Congress. One proposal is to vote a billion dollars, to be lent out (at about $3\frac{1}{2}\%$ interest for 50 years) to communities. The objective here, as in many other measures, is to put people to work on construction projects.

Federal agencies have evolved a number of schemes to get U. S. dollars into circulation faster, and are attempting to work out others. In each case described below, no additional appropriation is involved; money is shifted from a project that is getting a slow start to one that is about ready to begin construction. Also, all totals given represent amounts to be spent by the sponsors as well as the federal government. Here are arrangements already made:

1. In January, the Hill-Burton hospital construction program called for U. S. grants to start buildings valued at \$381 million; this figure has been stepped up to \$405 million by July 1.

2. Between January and July 1, the original plan was to allocate enough money to start \$120 million in construction for health research plants. This has been increased to \$182 million.

3. Before the recession became so prominent an issue, the plan was to grant enough U. S. money to start construction of \$170 million in sewage plants. Under pressure, the total has been increased to \$215 million.

In most cases, when a project is delayed and thus loses its allocation, the grant is re-scheduled for next fiscal year.

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RESEARCH IN GERIATRICS

American Medical Association is one of the four sponsors of a new Joint Council to Improve the Health Care of the Aged. The others are American Dental Association, American Hospital Association and American Nursing Homes Association.

The council already has authorized research in a number of directions to (a) analyze the health needs of the aged, (b) appraise available health resources for them, and (c) develop the best possible health care for them, regardless of their economic status.

Effects of this united front action should be felt when Congress takes up the Forand bill and other legislation pointed toward relief for the aged.

NOTES

American Medical Association is asking Congress to strengthen the Civil Aeronautics Administration's medical department so it can properly supervise fliers' physical examinations and advise on other aviation medical matters. AMA also is recommending that an office of civil

air surgeon and a medical research laboratory be established within CAA.

Congress has under consideration several plans for reorganizing the Defense Department, two of which would result in elimination of the office of Assistant Secretary for Health and Medical matters.

Progress on appropriations bills indicates more money for research at the Institutes of Health, and at least \$121.2 million (the same as this year) for Hill-Burton hospital construction.

Andrew Biemiller, top legislative man for the AFL-CIO, told a recent delegation just returned from visiting Capitol Hill: "Congressmen are falling all over themselves in wanting to do something in the recession. I think we can cash in on this."

Testifying before a House appropriations subcommittee, Secretary Folsom said coverage under major medical insurance has gone up almost 20-fold in the last five years.

Medicare is working up a new claim form that will have a check-list of common errors on the back; this is intended to eliminate much correspondence now necessary when the physician makes an error on the form.

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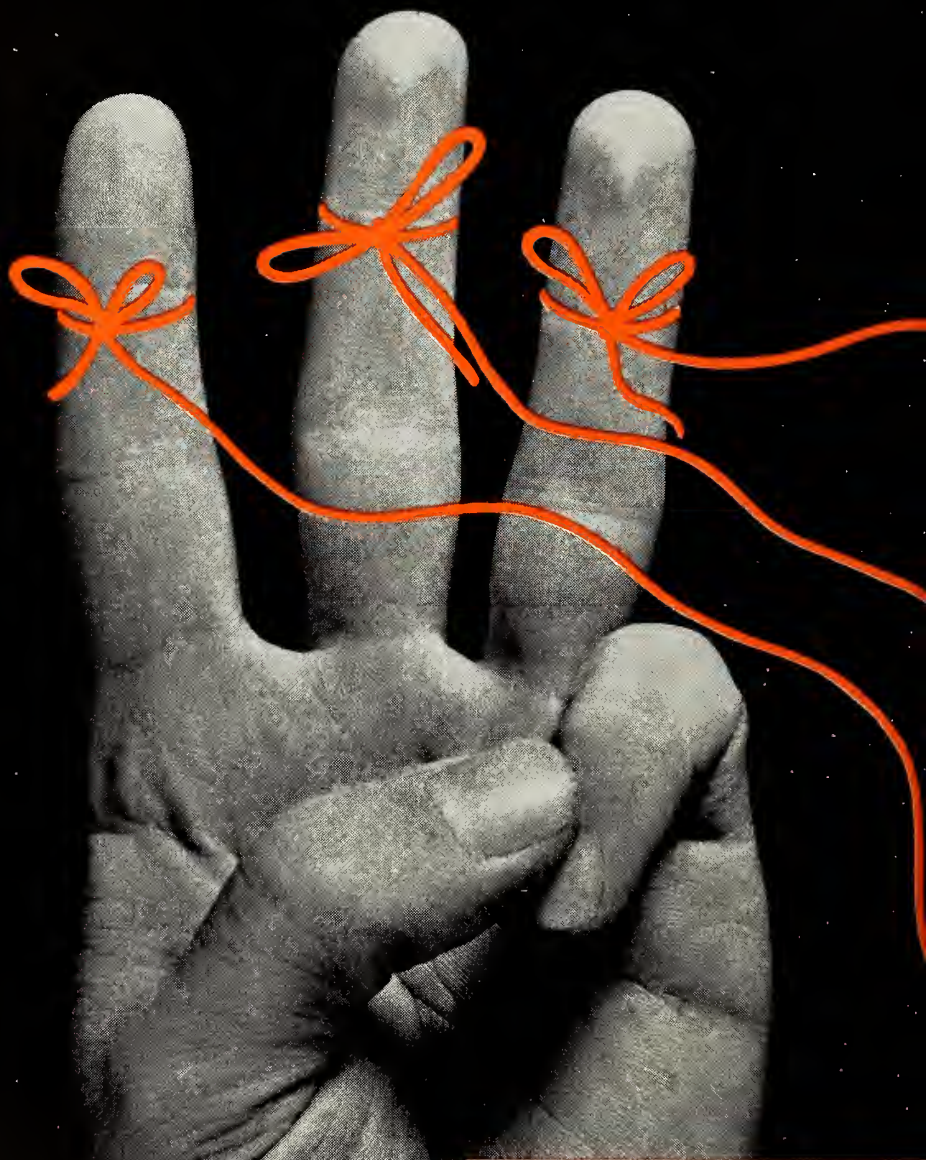
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References: 1. Council on Drugs, A.M.A.: J.A.M.A. 166:52, 1958. 2. Pulaski, E. J.: Practitioner 179:465, 1957. 3. Cronk, G. A., and Naumann, D. E.: Ant. Med. & Clin. Ther. 4:166, 1957. 4. Kaplan, M. A., Dickison, H. L., Hubel, K. A., and Buckwalter, F. H.: Ibid. 4:99, 1957. 5. Prigot, A., Shidlovsky, B. A., and Felix, A. J.: Ibid. 4:287, 1957. 6. Pulaski, E. J., and Isokane, R. K.: Ibid. 4:408, 1957. 7. Putnam, L. E.: Ibid. 4:470, 1957. 8. Rein, C. R., and Fleischmajer, R.: Ibid. 4:422, 1957. 9. Welch, H., Lewis, C. N., Staffa, A. W., and Wright, W. W.: Ibid. 4:215, 1957. 10. Cronk, G. A., Naumann, D. E., and Casson, K.: Antibiotics Annual, 1957-8, ed. by H. Welch and F. Marti-Ibanez, Medical Encyclopedia, New York, p. 397. 11. Dube, A. H.: Ibid. p. 409. 12. Hubel, K. A., Palmieri, B., and Bunn, P. A.: Ibid. p. 443. 13. Kaplan, M. A., Albright, H., and Buckwalter, F. H.: Ibid. p. 415. 14. Portney, B., Draper, T., and Wehrle, P. F.: Ibid. p. 386. 15. Shidlovsky, B. A., Prigot, A., Maynard, A. de L., Felix, A. J., and Hjelt-Harvey, I.: Ibid. p. 459.

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A. W. Cavins, M. D.

Terre Haute

THE SECRET OF GERIATRICS

The id? The ego? Don't worry about them. The personality has been reduced to the "I" and with felicitous results by a medical writer whose lines have appeared fairly often in this "column." A common-sense principle of psychology is brought to bear on the problem of treating so-called oldsters, — and who, except the pediatrician, does not have oldsters in his practice? The following extracts appeared in an editorial in *The Bulletin of the Jackson County (Missouri) Medical Society*, March 8, 1958:

"How can it really be that I was once the little girl and that one day I will be the old woman? . . . How can it happen, when, after all, I always remain the same?" So muses the Marschallin in Strauss' *Der Rosenkavalier*.

So true. No matter how the body changes . . . first vertical, then horizontal, then shrinking with atrophy here and there, the "I", the person, remains the same. . . .

We in the field of medicine treat all ages. When we enter our profession we are young adults and our childhood is behind us. But not forgotten. The successful pediatrician is the man or woman who remembers childhood vividly and with pleasure and who can place the adult "I" in the child's place on the receiving end of treatment and understand the child's reactions. This is rather easy since the physician has lived that experience

and is the same "I" who went to a pediatrician just a few short years ago.

Today we are finding an increasing number of oldsters in our practice and we will have more and more of these elder citizens sitting in our reception rooms in the years to come. Who can place his "I" into their positions and into their reactions?

Does the same premise hold true? Can only those who have lived through that period place their "I" properly into the reactions of the elder citizen? Naturally, if that were true, there would be no successful geriatricians.

. . . it is so difficult for the middle-aged physician to have true and complete empathy for the older patient, because he has never experienced old age.

The words of the Marschallin could provide the key if we would always remember that the man and woman of 70 are the same man or woman they were at 40, as far as he or she is concerned. The same basic loves and fears remain. The same knowledge and intelligence are present. The same family and friends are part of the environment. The same reactions toward a patronizing attitude will produce the same resentment toward the physician who approaches them in this way.

They consider themselves to be our equals and expect to be treated as such. If we remember that the age of the person does not change the "I"—which always remains the same—then we, the physicians, can always meet our patients as equals, regardless of age.

G. Wilse Robinson, Jr.

I should like to meet Dr. Robinson.



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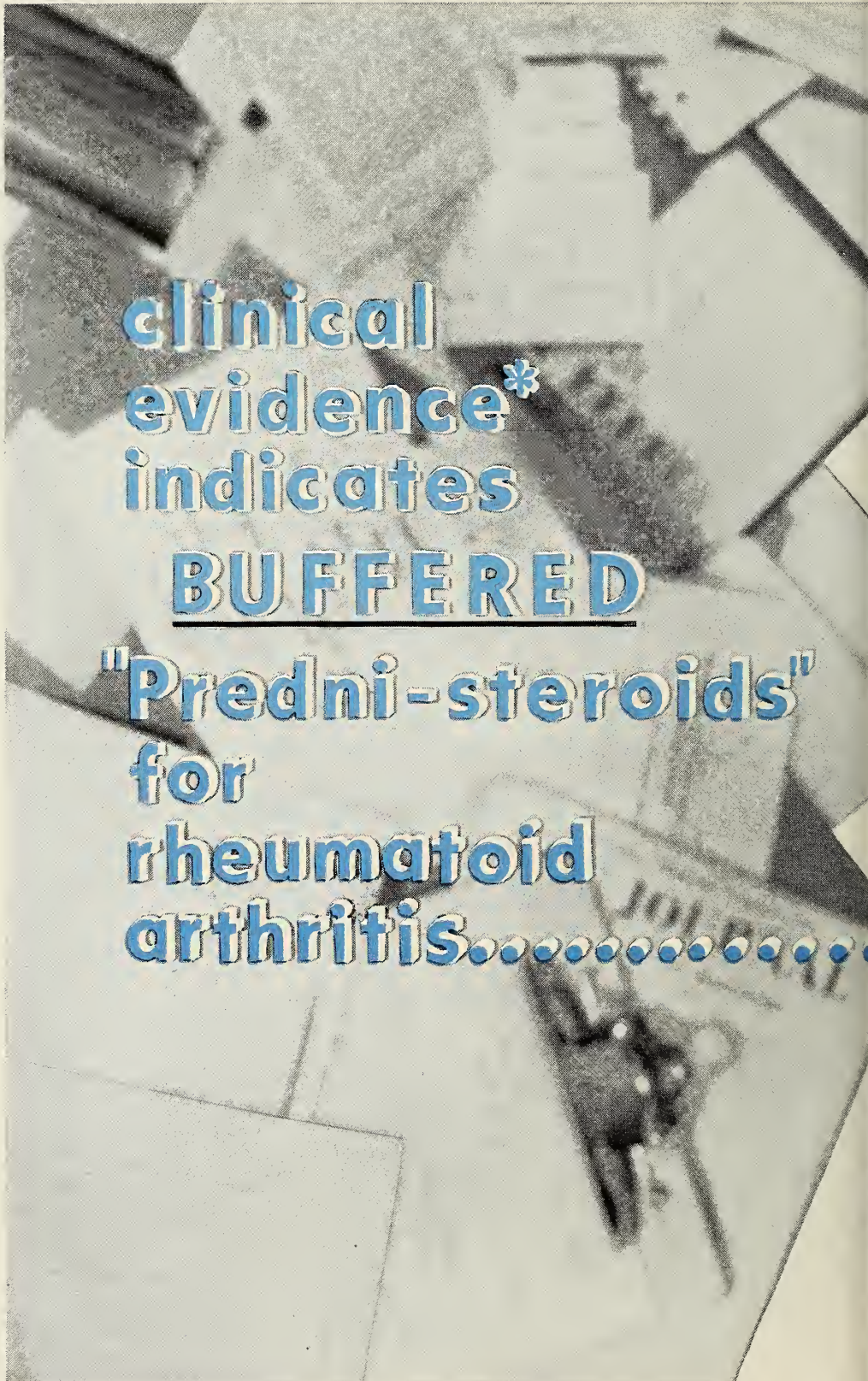
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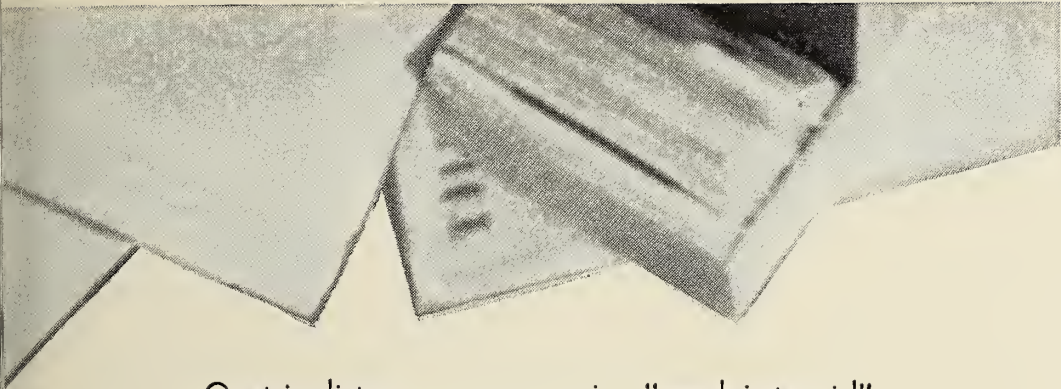
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*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: *J. Kentucky State M. A.* 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: *J. A. M. A.* 158:459 (June 11) 1955.

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The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

DOCTORS OUT TO SHOW FEES HAVEN'T HIKED MEDICAL COSTS

By ARTHUR STRATTON

The family doctor and the surgeon have set out to establish that their fees are not the principal reason why costs of medical care have soared beyond most all other service items.

In doing so, they maintain their fees have not increased as much as the dentist's, the barber's, the shoe repairman's, or the charges of the movie house, the public transportation system, the laundry or the auto repair shop.

They seek to correct the popular impression that "doctor bills" are moving up faster than the price of groceries or housing and that only one person is to blame—the doctor.

They admit that the increase in total costs of medical care has invariably been great, often

greater than the increase in any other item listed by the U.S. Labor Department's bureau of labor statistics. But this professional group has had little success in getting across the point that most of the increase, at least in the last ten years, can be attributed to the rising cost of hospital care, not physicians' fees.

Now the physician and surgeon have brought about an analysis of the trends of medical care costs in the last 20 years, and they maintain the conclusion is that doctors contribute little to the rising cost of living. This analysis by a labor department specialist shows:

That the cost of hospital room rates has gone up 264.8 per cent.

That the general practitioners' fees have gone up only 72.8 per cent.

That surgeon's fees have gone up only 59.5 per cent.

FEES COMPARED

The aforementioned percentages deal with the costs of medical care in the inclusive sense of the term. They are cited in support of the contention that it's the cost of hospital care, not professional fees, that has driven up medical care costs to a very substantial degree.

Comparing doctors' fees with other important service items, the analysis showed:

That men's haircuts went up 220.9 per cent.

That shoe repairs went up 135 per cent.

That movie admissions went up 113.9 per cent.

That public transportation went up 112.9 per cent.

That dentists' fees went up 82.1 per cent.

That laundry services went up 107 per cent.

That auto repairs went up 84.2 per cent.

But it is stressed that despite the steep rise of hospital costs, the total increase for medical care over 20 years has been less than that for food, clothing, or personal services.

The study explains that the rise in hospital costs was made necessary by a number of factors, including:

1. Hospital overhead and current operating costs, such as salaries have risen.

2. With the change in medical technology, the average stay in general hospitals has been shortened, resulting in a heavier concentration of services per patient day because more service is usually required the first few days.

3. Ancillary services, such as radiologic and laboratory tests, have been increasing in importance in the last 15 years and now account for a larger share of charges to patients.

4. Hospitals are more widely used as a result of the rapid spread of hospital insurance.

5. Much of the cost of new hospital construction

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and purchase of new equipment must be paid for out of patient charges.

EDUCATE PUBLIC

The survey also set forth the conclusion that the average workman's family, while spending more dollars each year for medical care, is spending a smaller percentage of its income for such care. This would indicate more and more families are having their medical needs met each year.

However, despite all this, doctors and hospital administrators are warned by an official of the American Medical Association that there is no margin for feelings of complacency.

Dr. Julian P. Price, a trustee of the American Medical Association, and chairman of the joint commission on accreditation of hospitals, has said the profession must:

Do more to educate the general public on the rules of healthy living.

Encourage people to take out health insurance, and encourage insurance companies and groups to offer protection against long-term illness "at a price the average citizen can afford to pay."

Reappraise the entire system of medical education so that we "will not price ourselves out of the market" and so that medical schools will not lose promising students because they can't afford to pay for their own education.

At the same time, Dr. Price, through the medical publication, *Modern Medicine*, and at an American Hospital Association convention, warned that the price of hospitalization must be reduced as much as possible.

—*Boston (Mass.) Sunday Herald*.

'UNKNOWN, UNLOVED, UNSERVED'

Time was when most people feared they would die too soon. Now the greater fear for many is they will live too long.

Today, according to the government's National Health Survey, there are 1.8 million men and women past age 65 in the U. S. who are "completely limited in their activities because of chronic conditions."

This doesn't mean all are bedfast. It does mean they are handicapped by chronic ailments—heart disease, cancer, arthritis, diabetes and so on—to such an extent they need to be tended to by others.

Some require around-the-clock attention. Many need skilled medical or nursing care part of the time. Yet most can't get the care they should have because it's not available or it's too expensive.

So, as Surgeon Gen. Leroy E. Burney, Hoosier head of the U. S. Public Health Service, puts it: "Many without families are eking out a lonely, marginal existence—unknown, unloved, unserved."

Dr. Burney says "a considerable proportion of those lost men and women would benefit greatly from care in a high-quality nursing home or home

for the aged for at least some part of their remaining years."

But high-quality homes of this sort are scarce and generally beyond the means of most of these oldsters—whose savings and pensions shrink with each round of inflation.

As a result, many of our ailing aged are channeled into second-rate nursing homes where the oldsters remain as "unloved and unserved" as those left to struggle on the outside. Or they are relegated to public "poorhouses"—whose poor facilities, poor staffs and poor quarters long have bordered on national disgrace.

The Public Health Service—which recently sponsored the first "National Conference on Nursing Homes and Homes for the Aged"—is seeking remedies for this mounting problem.

With more people living longer than ever, we have a new problem in providing "our chronically ill and aged" what Dr. David E. Price, of the U. S. Bureau of State Services, described as:

"The kind of care that each of us would hope to have when it comes our time to enter into that final stage of life."

—*Indianapolis Times*.

GOOD GOVERNMENT PAYS

More people died of tuberculosis in Chicago last year than were killed by automobiles. The score was 405 victims of tuberculosis against 318 deaths in motor accidents. Deaths from both causes are preventable, but it is probably no exaggeration to say that a hundred times as much effort is devoted to warning the public against traffic dangers as is directed against the disease.

Nevertheless, the decline in the number of deaths from TB has been continuous in the last decade and the rate of decline has been more rapid than in automobile deaths. The recently published annual report of Chicago's Municipal Tuberculosis sanitarium shows that only 10 years ago, in 1948, there were no less than 1,335 deaths from the disease in Chicago, a death rate of 37.5 per 100,000 residents of the city. Last year's 405 deaths were at the rate of 10.6 per 100,000.

This great improvement is attributable in large part to progress in medical science, but that isn't the whole story. There is considerable evidence to show that Chicago is doing a better job in the early detection and treatment of the disease and the prevention of its spread than is being done in almost any comparable city in the country.

The report notes that in recent years the number of tuberculosis deaths in Chicago has dropped about 10 per cent a year. In contrast, the number of deaths in 1956 rose by 15 per cent in Cincinnati, by 13 per cent in Milwaukee, by 20 per cent in St. Louis, and by 9 per cent in Kansas City.

A comparison of death rates in the largest cities showed that Los Angeles, with a decline of 19 per cent, had the best record, but Chicago's rate fell by

13 per cent, considerably better than New York's 10 per cent and Philadelphia's 11 per cent decline.

Ten years ago Mayor Kennelly appointed Dr. Ernest E. Irons, one of Chicago's most respected physicians, to head a new board, and from that moment the improvement of the sanitarium and its services began. Except for the new spirit that animated the institution it is quite certain that prompt advantage would not have been taken of the better methods of diagnosis and treatment that were just coming along. It is to Mayor Daley's credit that he has maintained the high standards set by his predecessor.

As Dr. Irons reports on behalf of his board:

"In addition to the contribution of the MTS organization to public health . . . the board believes that there has resulted an improvement in the attitude of employes and the public toward all departments of the city. Avoidance of waste, conservation of taxpayers' money, maintenance of discipline with justice tempered by kindness, and respect for law all contribute to good government. 'A tightly administered ship is a happy ship.' Most people want to do right and will if given an opportunity."

In other words, there are now many thousands of present and former patients, many thousands of their friends and relatives, many hundreds of sanitarium employes and suppliers who have acquired a new respect for the government of their city.

Good government pays enormous dividends. There were 930 fewer deaths from tuberculosis in Chicago

in 1957 than in 1948 even though the city meanwhile has received several hundred thousand southern migrants, both white and Negro, who are peculiarly susceptible to the disease.

—*Chicago Tribune.*

A CHILD'S QUESTION

Not long ago a man writing a letter to the editor reported a chat with his 4-year-old son on the subject of the figure "120" on the car speedometer.

First the lad asked why his father didn't go up to 120. Told that he'd be jailed if he did, the boy wanted to know if that was the fate of all who hit 120. Since the answer was yes, his next question, following rigid child logic, was why have such a number on the dial at all.

Father couldn't answer. But the motormakers have a standard reply: Those fantastic figures represent reserve power every driver needs for passing and for maneuvering in countless other touchy, difficult spots.

This may well be so. Let the reserve power be there as a safety factor, but couldn't the manufacturers remove the super-figures from the speedometer face? They're an open invitation to thrill-seekers. They can even beckon to conservative drivers who might respond to the surge of that usually untapped power.

The excitement isn't nearly so great when you don't know exactly how daring you're being. It's a thought for Detroit.

—*Kokomo Tribune.*

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* J.A.M.A. 166:158, 1958; Welsh, A.L. and Ede, M.
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- * 1. Clyman, S. G.: Postgrad. Med. 21:309, 1957.
2. Bleiberg, J.: J. M. Soc. New Jersey 58:37, 1956.
3. Abrams, B. P. and Shaw, C.: Clin. Med. 3:839, 1956.
4. Welsh, A. L., and Ede, M.: Ohio State M. J. 50:837, 1954.
5. Bleiberg, J.: Am. Practitioner 8:1404, 1957.

Books: Reviewed

THE ROCHESTER REGIONAL HOSPITAL COUNCIL, by Leonard S. Rosenfeld, M.D., M.P.H., Director of the Medical Care Evaluation Studies of the United Community Services of Metropolitan Boston, and Henry B. Makover, M.D., Medical Director of the Central Manhattan Medical Group, and Professor of Preventive and Environmental Medicine at the Albert Einstein College of Medicine, Yeshiva University, New York. Cloth \$3.50. Pp. 204. Published for The Commonwealth Fund by Harvard University Press, Cambridge, Massachusetts, 1956.

The Rochester Regional Hospital Council was formed in 1946 with the financial assistance of the Commonwealth Fund in an effort to determine what benefits would accrue to the public from concerted voluntary action by hospitals through a representative regional organization. The program included the joint planning of hospital building and expansion programs; the joint operation of institutional services which could be performed more efficiently by the group than by individual institutions; and the pooling of clinical, administrative, and technical skills.

This report includes a description of the eleven county areas in upper New York State; a detailed account of the organization and activities of the council; a discussion of its educational activities; and a report of assistance rendered by the council to its members in solving the many problems of health improvement that were brought before it. The authors concluded their report with suggestions for improvement in the program.

The book is an unbiased report, of value to regional health planners.

WALTER G. EBERT, Administrator,
Ball Memorial Hospital, Muncie.

SLEEP. By Marie Stopes, Doctor of Science, London; Doctor of Philosophy, Munich; Fellow of the Royal Society of Literature. Pp. 154. \$3.00. Philosophical Library, Inc., New York.

This is a book full of highly interesting facts and stimulating ideas, by Doctor Marie Stopes, an author well known for her many works on sexology, her poems and plays. Each chapter is prefaced by an apt and carefully chosen poem, all on the general subject of sleep.

Doctor Stopes deals with all aspects of sleep-giving suggestions to the restless and the wakeful, and to young and old.

There is an interesting and fascinating chapter on sleep in animals, and the book is rounded out by a philosophical chapter—"Feeling versus Thought".

There is a good index, but there are no bibliographic references.

This is a delightful book and one that might well find an appropriate place on a bedside table.

RAMEN K. DAS, M.D.,
Research Fellow in Pathology,
Ball Memorial Hospital, Muncie.

FEAR: CONTAGION AND CONQUEST. By James Clark Moloney, M.D. Pp. 140. \$3.75. Philosophical Library, Inc., New York.

In his concise, thought provoking book Dr. James Clark Moloney demonstrates that the mental health of the world depends on the deep emotional security of the child from birth to the fifth year. This security may be provided by an emotionally mature mother, or by a well supervised nursery as in the Israeli Kibbutz.

Doctor Moloney provides facts which give great insight in the behavior of the people of China, Japan, Ball, and Okinawa, as well as Europeans and Ameri-

cans. He explains the prevalent neuroses of each nation, how these develop due to each generation's desire to conform to the national pattern and the effect of migration.

The book contains a useful glossary of terms, a list of references, and an index.

RAMEN K. DAS, M.D.,
Research Fellow in Pathology,
Ball Memorial Hospital, Muncie.

LIVER, BILIARY TRACT AND PANCREAS, prepared by Frank H. Netter, M.D. and edited by Ernst Oppenheimer, M.D., 165 pp. with 133 full-color plates with descriptive text; Cross-referenced index of over 2000 items. New feature—bibliography of over 300 general and specific references. Published by Ciba Pharmaceutical Products, Inc., Summit, New Jersey. 1957. \$10.50.

This magnificent big book is the third in the series of Dr. Frank Netter's beautiful collections of medical illustrations. These had their beginning more than ten years ago as loose-leaf portfolios containing full-color illustrations of normal and pathologic anatomy, and were distributed to physicians and medical students by Ciba Pharmaceutical Company. As a result of the enthusiasm aroused by these publications Ciba commissioned Doctor Netter to embark on the long-time undertaking of preparing monographs dealing with the major anatomy and pathology of the various systems of the human organism. The present volume is Part III of Volume 3 of this series. Volume 3 will be devoted to the Digestive System and will be published in three parts. Parts I and II will deal with the Upper and Lower Digestive Tracts respectively. Part III has been published first because of the current special interest in the liver and biliary system.

In conformity with the previous volumes in this series the contents is tabulated in sequence with the earlier volumes and is divided into five parts dealing respectively with the normal anatomy of the liver, biliary tract and pancreas, including hepatic and pancreatic tests, diseases of the liver, diseases of the gallbladder and bile ducts, and diseases of the pancreas.

There is a comprehensive index of bibliographic references and a fine index.

Those who have the previous two volumes in this series will need no encouragement to obtain this fine addition to the series, and those who purchase this volume will almost certainly want to have the first two volumes as well.

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Indiana State Dental Association to Observe 100th Anniversary May 18-21

DR. MAYNARD K. HINE, president of the Indiana State Dental Association, has announced that the 100th anniversary of the organization's founding will be observed at the 1958 annual meeting, May 18-21 in Indianapolis. Dr. Charles H. Howell of Indianapolis, chairman of the Centennial committee, and Dr. Joseph E. Morris, Decatur, program director, have arranged for an outstanding group of essayists and clinicians for this memorable meeting. One of the features of the scientific program is an all-afternoon symposium devoted to discussions and demonstrations of all high-speed and super-speed equipment available.

Among the many honored guests participating in the Centennial ceremonies will be Dr. William R. Alstadt, president of the American Dental Association, Dr. Harold Hillenbrand, secretary of the American Dental Association, and Dr. Leroy E. Burney, Surgeon General of the United

States Public Health Service. Invitations to take part in this occasion have also been extended to all American Dental Association trustees and State Dental Association presidents.

Fifteen dentists from various towns in Indiana met in the Indianapolis office of Dr. John F. Johnston on December 28, 1858 to organize the dental association. They became the charter members of the first permanent organization of dentists in Indiana.

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Sightless Veteran Repairs Newspaper's Typesetting Machines

GEORGE DOUGLAS WEST cannot see the complex type-setting machinery he repairs at the Lafayette *Journal-Courier*. Six years ago he lost his sight at Heartbreak Ridge in Korea.

Yet this 29-year-old veteran—first sightless repairman ever to receive a journeyman's card from the International Typographical Union—has learned to trouble-shoot his newspaper's 11 Intertype machines entirely by sensitive touch and keen hearing.

West began to train for his trade as an apprentice at the *Journal-Courier* in 1949. Two years later, in January, 1951, he joined the Armed Forces, and in August of that year he was sent to Korea with the Second Division. At Heartbreak Ridge a mortar shell burst in his face, blinding him.

Back in the United States, he entered the Veterans Administration hospital in Hines, Illi-

nois, for special rehabilitation for the blind. Here he learned how to get about with a cane, to use Braille, to lead an independent life. Here, too, he gained the confidence that in spite of his blindness he could work again.

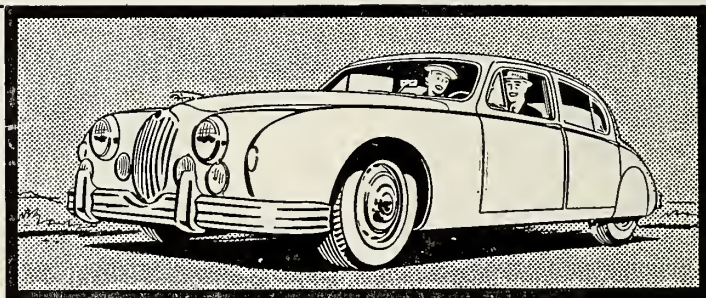
He returned to the *Journal-Courier* where with the tutoring of a fellow machinist and the help of his wife he studied and mastered the Intertype machine—a machine of some 6,000 parts!

Today he holds a key position at the newspaper. When a machine breaks down, West simply asks the operator how it was acting when it stopped operating.

"If you know that, it's easy to figure out what's wrong with it," he said. "I may not be able to see the machines, but that doesn't matter. The important thing is that I can keep them running."

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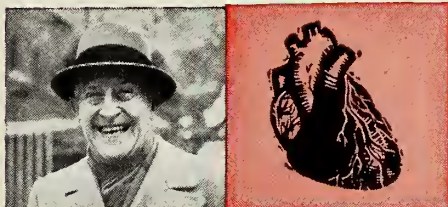
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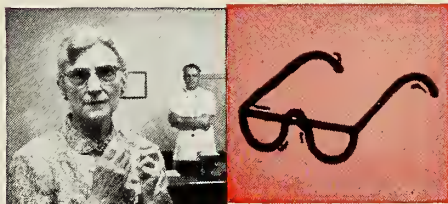
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The program will be offered under the supervision of the Hospital's Surgical Staff. It will include illustrated lectures, motion pictures, anatomy demonstrations, operative clinics and practice surgery by the participants on anesthetized dogs. Consideration will be given not only to surgical technic, surgical complications and management of the surgical patient, but also to an intensive review of the basic sciences in relation to clinical surgery. In addition to twenty hours of surgical anatomy on the cadaver, the program will include lectures and demonstrations on various aspects of general surgery.

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Abstract:

OSTEOPOROSIS

Henderson, Edward: Journal of the Medical Society of New Jersey, 54:555-560, 1957.

In his brief review of current thinking on this subject the author calls osteoporosis the commonest bone disease of old age, and, in keeping with Albright's concept, defines it as a defect in the formation of the protein matrix of the bone rather than in the mineral metabolism. Diagnosis may require a high level of suspicion in the absence of suggestive pain since calcium and phosphorus reports are usually normal and x-ray is of no help until loss of bone is fairly advanced. X-ray changes are likely to occur first in the spine, ribs, and pelvis, and pain is usually the result of damage to vertebrae.

Effective treatment involves three factors. Activity must be maintained, and immobilization avoided insofar as possible. Diet should have a liberal protein content and possibly should be low in fat. The author feels that vitamin C is of importance. Stimulation of new bone formation is most effective with combined androgen-estrogen therapy. Under this program the patient has a good chance of being made more comfortable even though x-ray evidence of improvement is lacking.

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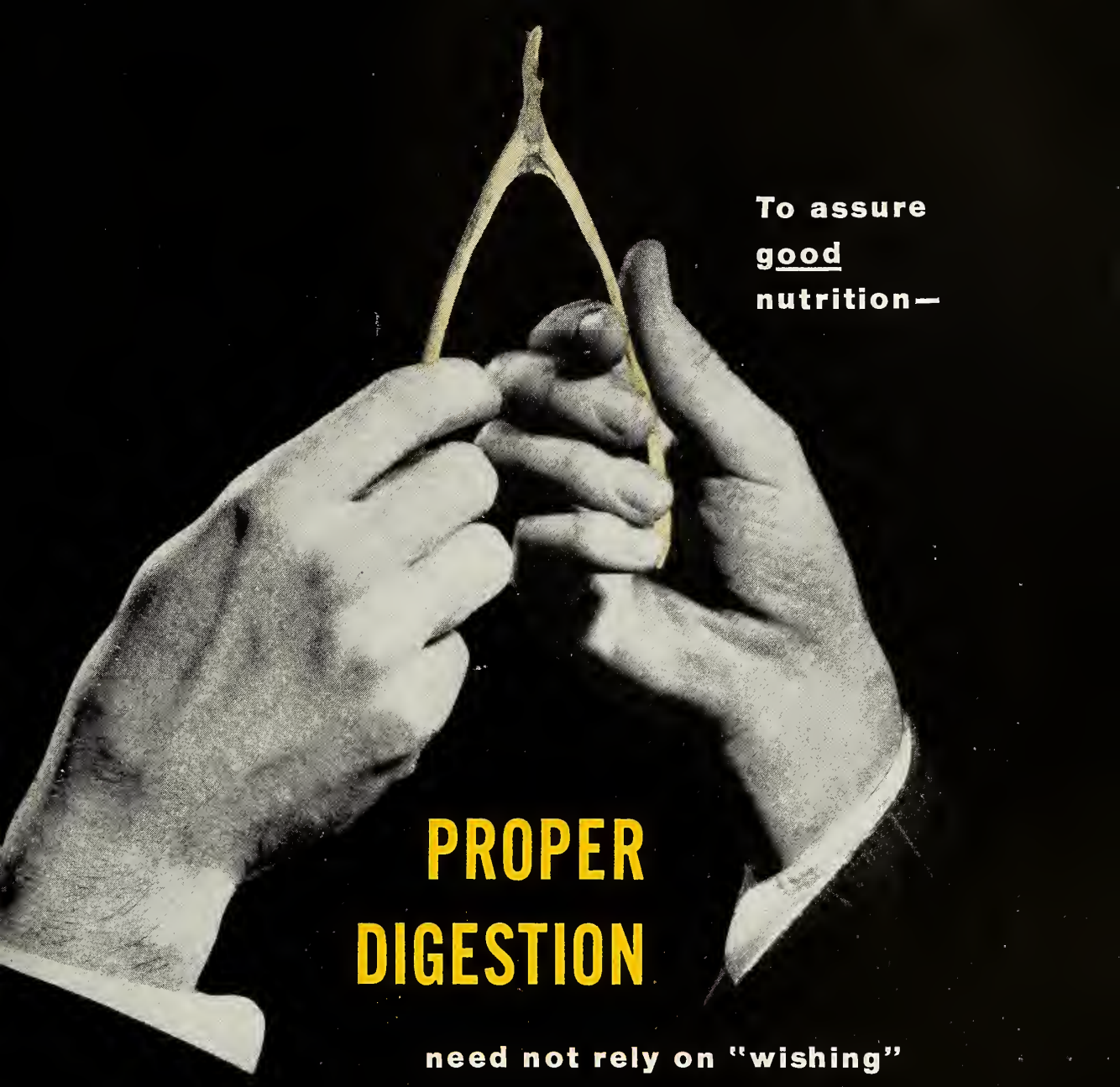
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Epi-Hab began in 1950 as an experiment of

Dr. Frank Risch, chief of the epilepsy rehabilitation service of the Veterans Administration center in Los Angeles. He found that 75 percent of veterans with epilepsy were unemployed and he wanted to see whether something could be done about it.

Originally, Dr. Risch recalled, Epi-Hab was an "experimental workshop" for epileptic veterans, "to determine what effect steady, gainful employment would have on control of seizures." In addition, he said, "we wanted to rehabilitate the epileptic economically—to prove to him and to the community that the affliction is not a 'taint'."

The experiment worked. Two years ago Epi-Hab came of age as an independent industrial firm, employing both veterans and non-veterans, and vying for business the same as any other private enterprise.

However, to help get started, it did receive grants from the U. S. Office of Vocational Rehabilitation and from private individuals.

Dr. Risch, who continues to donate his time as the firm's project director, noted some employers "excuse themselves from giving work to epileptics on the grounds that insurance rates are higher for them, and that their seizures make them accident prone."

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Seizures are dealt with casually at Epi-Hab. A worker is placed on a cot right in the shop, and is encouraged to go back to work as soon as the seizure is over. Time lost from work averages 32 minutes per seizure.

Other statistics compiled by the firm reveal the average income of employees before they started to work was \$300 a year. At present, it is more than \$3,000 a year. During the past two years, Epi-Hab employees have paid a total of \$40,000 in income taxes.

"The ultimate goal is to get these people into private industry," Dr. Risch said. "We have a waiting list of about 300 who want to go to work here."

As a result of its success, Epi-Hab is opening similar industrial plants in Long Island, New York, and Phoenix, Arizona.

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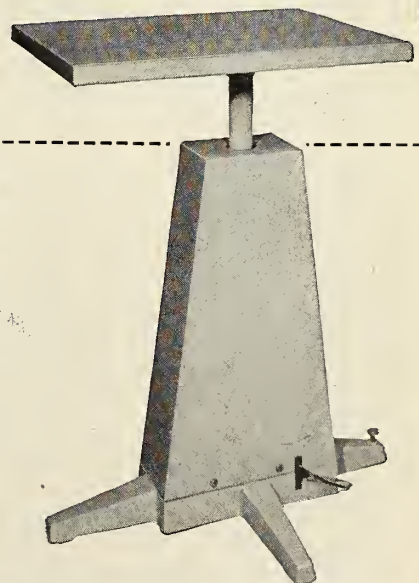
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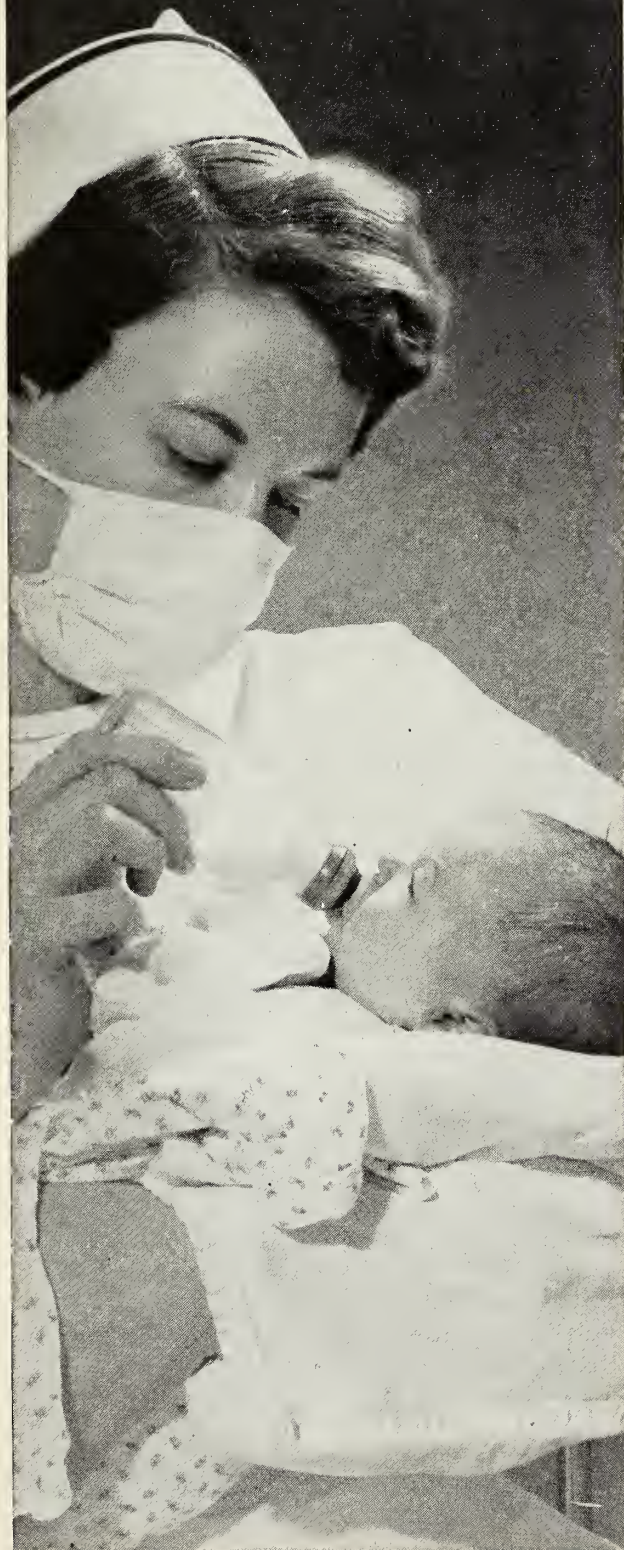
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Newborns are fed at 3 to 4 hour intervals throughout the 24-hour period—the 2 or 3 A.M. feeding is discontinued after the neonatal period. In the third or fourth month the 10 or 12 P.M. feeding is discontinued, once the infant fails to awaken for the bottle. Standard but individualized formulas which constitute the hospital infant feeding regimen are shown here.

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Birth	10	10	2	3	6	320
1	12	13	2½	4	6	390
2	15	13	3	4½	6	480
3	17	9	3	5	5	520
4	20	11	3½	6	5	610
5	23	11	4	6½	5	700
6	26	10	4	7	5	760

EVAPORATED MILK FORMULAS

Age Months	Evap. Milk Fluid Oz.	Water Oz.	KARO Tbsp.	Each Feeding Oz.	Feedings in 24 Hrs.	Total Calories
Birth	6	12	2	3	6	380
1	8	16	3	4	5	532
2	9	14	3	4½	5	576
3	10	15	3½	5	5	650
4	12	18	4	6	5	768
5	12	21	4	6½	5	768
6	13	22	4	7	5	768

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The *Journal*

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Supervised by THE COUNCIL

Volume 51 — May 1958 — Number 5

Criteria for Tracheotomy In the Unconscious Patient

CHARLES E. KIME, M.D.

Richmond

THE UTILIZATION OF TRACHEOTOMY in different illnesses and diseases has been proposed and accepted for many years. The recent usage and indications in head injuries, chest injuries, diabetic and toxic comas have been proposed and accepted as medically and surgically sound. There are many institutions throughout the nation that consider the tracheotomy as a standard procedure in these clinical conditions. It is not the purpose of this paper to describe the operation, nor to consider the many diseases in which tracheotomy is indicated. However, it is the purpose of this report to try to establish a *fundamental concept or basis* by which the physician in charge of a patient, having the criteria presented to him (i.e. symptoms, physical findings), will be able to utilize his own judgment and decide if tracheotomy is necessary.

This paper was presented at the 40th annual meeting of the Indiana Academy of Ophthalmology and Otolaryngology at Culver Inn, Lake Maxinkuckee, Culver, Indiana, May 1-2, 1957.

Historically, tracheotomy has been done for upper respiratory obstructions, but recently has been expanded to include the diseases of polio and head injuries.^{1, 2, 3}

The lower lobe syndrome of fluid accumulation in the lungs, due to the patient being unable to express it by a cough reflex, has been seen by all of us. It is not necessary to stand by an unconscious patient and listen to this fluid in the chest and hear such remarks as, "There is nothing to be done"—"He has had it"—"He is going to die anyway." It is my belief that no patient should be given this prognosis. Furthermore, it is conceivable that no patient should die of a head injury, at least he should not suffer a respiratory death due to alterations in his respiratory physiology.

A thorough analysis of the patient must be done. Many times the history is scanty, "auto accident—brought in unconscious, etc." With no person nor relative available to describe the circumstances requiring medical attention, the well

trained observer can, in his physical examination, bring out much which will guide his decision.

In examining the unconscious patient the following factors must be considered: color of skin, pale, etc.; odors, if any (such as the acetone odor in diabetes); any gross fractures of the face, body or limbs; the presence or absence of sweat, pulse pressure and pulse rate to indicate the possibility of shock; the respiration, not only as to the rate of breathing but also the depth and efforts of the patient to get such a breath. One must distinguish the muscle tone, whether it is even, or if there are spastic areas in the body, face or limbs. One must discern his ability to swallow and his capability of handling fluids by mouth, also the general appearance of the rib cage. Is there any injury which might interfere with his ability to breathe? Check his abdominal tone and examine his bowel sounds. It is important because of the possibility of blood vessel damage in the liver, spleen, or other organ. Is there any evidence of gross blood loss, not only internal but external, also a rough estimate of the degree of loss? Are any cuts or lacerations present? What is the size of the pupils and are the ocular movements normal? All of these will quickly establish the level of coma and physical status of the patient. We should not overlook the possibility of diabetes, barbiturates, and other toxic factors as contributing elements.

Having considered these factors, the important physiological functions of the body must be satisfied, namely:

1. Respiration
2. Cardio-vascular
3. Fluid balance (input—output)

A basic understanding of the physiology of *respiration* must be known.

The cough reflex-pathways are:

Afferent (sensory)—vagus nerve
Central nuclei-tractus solitarius
Efferent (motor)—phrenic nerve,
intercostal, abdominal

Interference of any of these pathways will depress respiratory function and cough.

The vicious circles of asphyxia, depressed respiratory centers and a decreased respiratory effort will exist when a head injury is present. The effects of increased carbon dioxide may cause a temporary stimulation of respiration but

ultimately there will be a suppression of the respiratory centers by this same carbon dioxide (acidosis).

The control of the *cardiovascular* and *fluid balance* levels is not in the scope of this paper but its importance cannot be underestimated. If these are maintained, the body will be kept alive for an indefinite period. If not, death will ensue, regardless of what is done. Hence, to control shock, maintain airway, stop bleeding areas, splint gross fractures are matters of immediate concern.

Rarely is it necessary to probe the brain except for obvious displaced fractures of the skull and a presence of clots of large enough magnitude to create localizing symptoms, such as in extradural hematoma.

THE CRITERIA USED IN INDICATIONS FOR TRACHEOTOMY

For demonstration and teaching purposes the ideal way to describe these criteria is to refer to the stages as described by Guedel,⁴ in inhalation anesthesia.

Discussion of Diagram 1 is as follows:

- I. *Induction Stage*—such as encountered in the early phase of anesthesia. There is respiratory excitement and increased air volume. Pharyngeal muscles and swallowing ability is intact. Muscle tone normal, pupils normal, all reflexes normal.
- II. *Excitement Stage*—There is vomiting, semiconsciousness, ability to swallow and increased salivation. Laryngeal function is present. Muscle reflexes are increased and there may be spasms of muscle groups including the larynx.
- III. *Anesthesia Stage*—This is considered to be the surgical stage and also the stage of "coma". This is the stage in which many head injuries are present. The patient loses his ability to cough, and he loses the ability to swallow. Respiration is normal with rate and volume decreasing as phases 3 and 4 are reached. In phase 3 there is muscle relaxation and there is a definite relaxation of the

DIAGRAM 1.
COMPARATIVE LEVELS OF PHYSICAL FINDINGS DURING
ANESTHESIA AND IN COMATOSE PATIENT*

STAGES			PHASES				IV.
I.	II.	III.	(1 - 4)				
			1.	2.	3.	4.	
Respiration	N	I	N	N	D	D	R E S P I R A T O R Y P A R A L Y S I S
Volume	N	V	I	N	D	D	
Rate	I	V	N	D	D	D	
CO ₂	N	V	V	N I	I	I	
Emotional Excitement	I	V	A	A	A	A	
Laryngeal Function	P	P	P A	A	A	A	
Muscle Tone	N	V I	N	D	D A	D V	
Pain Sensitivity	P	A	A	A	A	A	
Eye Ball Movement	N	V	N	A	A	A	
Reflex Swallowing	P	P	P A	A	A	A	
Tongue Relaxation	N	N I	D	A	A	A	
Vomiting	P	P	A	A	A	A	
Pupils	N	V	N	I	I	I	
Skin	N	D	A	A	A	A	
Pharyngeal Reflex	N	N	N A	A	A	A	
Muscle Reflex	N	I	A	A	A	A	

CODE:
D — DECREASED
P — PRESENT
I — INCREASED

A — ABSENT
N — NORMAL
V — VARIABLE
H — HYPERNEA

*Modified from Guedel⁴ by Charles E. Kime, M.D.

tongue. Muscle reflexes are absent. Pupils gradually enlarge from phases 1 to 4. There is a gradual increase of carbon dioxide in lower phases. Cheyne-Stokes respiration may occur in the deeper stages.

IV. *Respiratory Arrest*—There is no breathing but the heart may still be

beating although rapidly, and will ultimately stop.

Utilizing these same criteria, an unconscious patient may be compared with a patient under anesthesia. If we compare the unconscious patient with the above classification, then the indications for tracheotomy can quickly be decided upon. In my experience, I have found that in

stages I and II, tracheotomy is rarely if ever indicated. In stage III (and of course IV) it is *almost always* indicated, except where it can be seen that the unconscious patient is in the process of returning to the second stage. If the patient is in the third stage after 24 hours, I have found that it is rare to expect an immediate return to the second or excitement stage, and unless tracheotomy is done, the patient will die within seven to ten days. There will be gradually increased respiratory rate, then apnea, dyspnea, Cheyne-Stokes respirations, extremely high fever and then death. The autopsy always shows "pneumonia" as a contributing cause of death. If the tracheotomy is performed, the patient usually is kept alive for an indefinite period. I have seen a few who were unconscious six months, one year, and 18 months before some recovery was noted. One patient had not recovered consciousness after two years (present status unknown).

I have been very fortunate in having over 75 consecutive tracheotomies without death from head injuries. One exception should be noted. While in the army I had a patient under my care for four months and he was then sent to a General Army Hospital, where he died two months later of "pneumonia" while still unconscious. One might wonder if proper care of tracheotomy and lung toilet was done.

The patient must have supportive care with intravenous fluids, tube feeding and very careful nursing care including tracheal aspirations. If tube feedings by gavage is done, care must be taken to avoid regurgitation into pharynx and

into the trachea. Anchored catheters may be required if the patient is incontinent.

It is obvious that if a tracheotomy is indicated for upper respiratory obstruction, such as fractures of face, mandible, larynx and in acute edema and swelling of larynx or pharynx causing a blocked airway, such a procedure would be performed for these causes regardless of the other criteria which might exist.

CONCLUSION

If a careful physical examination and analysis of the level of unconsciousness in a patient is done and compared to the four stages of anesthesia, an easy guide can then be established to determine the level of unconsciousness and if there is a likelihood or need for a tracheotomy. A tracheotomy is indicated in stages III and IV. It is rarely needed in stages I and II.

It is my firm conviction that no patient should die as the result of head injuries due to respiratory failure or dysfunction of the respiratory apparatus.

REFERENCES

1. Von Leden, Hans: Indications in Tracheotomy. Tr. Am. Acad. Ophth., Feb. 1952, pp. 52-65.
2. Galloway, Thomas C.: Tracheotomy in Bulbar Polio, J.A.M.A. 123:1096-7, Dec. 25, 1953.
3. Galloway, Thomas C.: Danger of Anoxia in Laryngology. Ann. Otol., Rhin. & Laryn., 55:508-518, Sept. 1946.
4. Guedel, Arthur F.: Inhalation Anesthesia, ed. 2, pp. 10-52.

Epidemiological Studies of the 1957 Asian Influenza Outbreak in Indiana

A. C. OFFUTT, M.D.*

L. W. SPOLYAR, M.D.†

J. A. GOOGINS, M.D.‡

Indianapolis

A NEW SET of influenza virus A, now designated as Asian, was isolated by our government's study of an epidemic of influenza in the Orient.¹ The chief member of this new set of A viruses is A/Japan/305. The U. S. Public Health Service predicted that this new virus strain would be introduced into the United States and that epidemics of influenza would occur during the fall and winter months. This prediction proved to be valid, for outbreaks began to occur by mid-summer and by fall the disease took on epidemic proportions throughout the country.

Laboratory confirmation that the A/Japan/305 strain of influenza virus was present in the United States occurred early in the summer during a major outbreak involving participants of a Youth Conference at Grinnell, Iowa.

Indiana's first proved individual case of A/Japan/305 influenza occurred in June, 1957, when one of the Grinnell Conference participants had to interrupt his travel home in order to be hospitalized for what was later confirmed as Asian influenza. Probably the first Indiana group outbreak of A/Japan/305 influenza occurred in August and involved a group of Mexican migrant laborers as they were traveling through the state. Laboratory confirmation was not obtained due to their rapid travel in Indiana and subsequent states. The clinical findings, plus records of simultaneous reports of influenza outbreaks in similar migrant labor groups in the United States as well as in Mexico, lead us to the opinion that

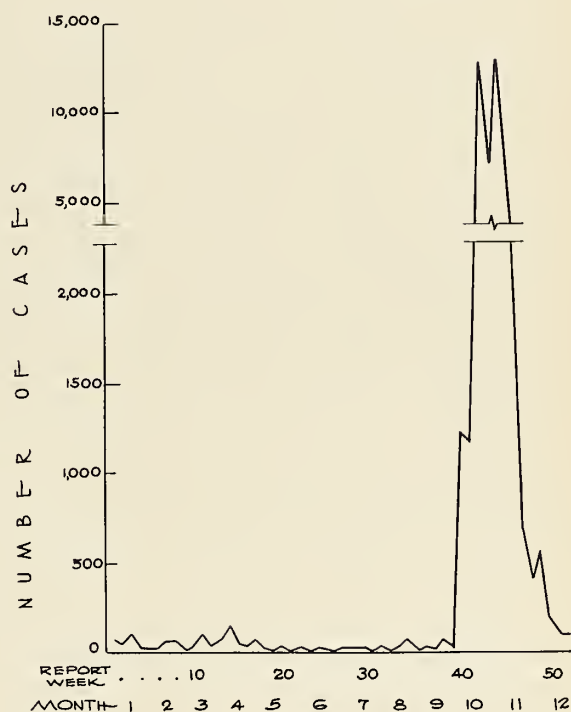


Figure 1. Number of cases of influenza by week of report. Indiana 1957.

this group outbreak was due to A/Japan/305 influenza virus.

The first Indiana laboratory confirmed group outbreak of A/Japan/305 influenza involved a group of college students in Anderson.

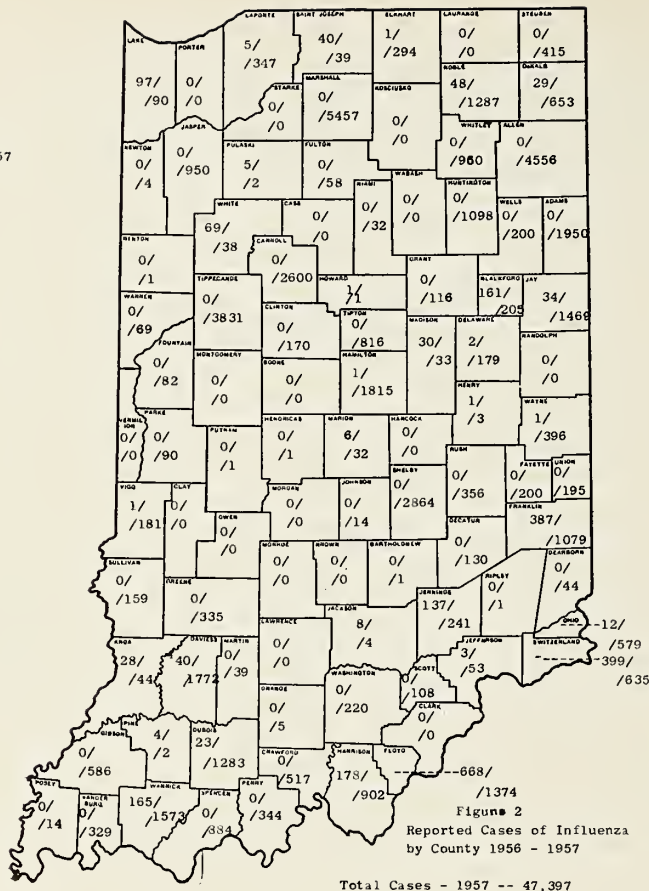
During the ensuing months the frequency of reported group outbreaks increased. Figure 1 depicts the extreme epidemiological explosiveness of the disease during October and November. High incidence prevailed for some ten weeks and was followed by a rapid decline. The outbreaks did not follow any pattern that would

*State Health Commissioner.

†Director, Bureau Preventive Medicine, Indiana State Board of Health.

‡Epidemiologist, Indiana State Board of Health.

key:
1956/
/1957



lead one to believe that the disease was being spread by extension from one area to another. The outbreaks followed an unpredictable pattern in that widely separated sections of the state were involved, creating a criss-cross design if outbreaks were followed by date of onset.

These widely scattered outbreaks did have one thing in common in that for some three weeks the bulk of the cases occurred in the junior high and high school age groups. The outbreaks later involved pupils of grade schools. In the school groups the absentee rates were high. Subsequently, adult groups were affected. The adults experienced a lower absentee rate, since very few industries reported unusual absentee rates. Total number of cases of influenza reported for 1957 was 47,397.

Table 1. Color, Sex, and Age of Deaths Reported as Associated with Influenza During Period 9-15-57 to 11-30-57 in Indiana

Age	White		Colored		Total	Deaths per 100,000 pop.*
	Male	Female	Male	Female		
—1	3	2		1	6	5.6
1	2	1			3	1.4
2					0	
3		1	1		2	
4	1				1	
5-9	1				1	0.22
10-14	2	2			4	1.15
15-19	2	1			3	1.03
20-29	2	4			6	1.04
30-39	5	1			6	.98
40-49	7	3	1		11	2.07
50-59	8	8	1	1	18	4.24
60-69	15	11	2	2	30	9.24
70-79	25	19	1	2	47	25.0
80-89	16	13		1	30	58.1
90+	2	4		1	7	
Totals	91	70	6	8	175	4.06

*Based on 1955 Estimated Population for Each Age Group.

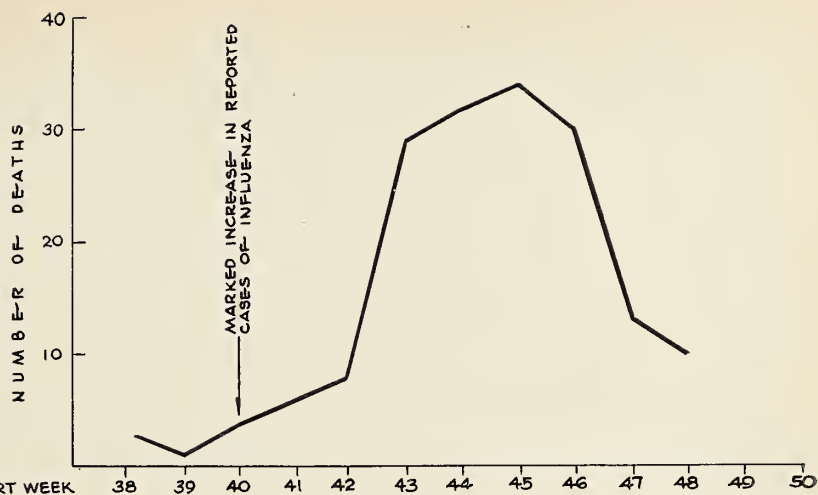


Figure 3. Deaths associated with influenza by week death occurred. Indiana 1957.

A study of figure 2 documents the fact that no geographic distribution by county was evident. This summary gives a comparison of reported cases of influenza in 1956 and 1957. It is interesting to note that 18 counties reported no influenza either in 1956 or 1957. This probably is of no epidemiological import, as laboratory studies of residents in six of these counties indicate a significant rise in titre to the A/Japan/305 virus—indicating that the virus was present in these communities. In our opinion this represents a breakdown in communications rather than a real absence of exposure or cases. Six counties re-

Table 2. Immediate Cause of Death (Line A) Stated on Death Certificates of Deaths Associated with Influenza During Period 9-15-57 to 11-30-57 in Indiana.

Cardio-Vascular:	
Myocardial Failure	18
Coronary Occlusion & Thrombosis	16
Myocarditis	7
Arteriosclerotic Heart Disease	5
Cardio-Vascular Renal Disease	3
Cerebral Hemorrhage	3
Uremia	1
Respiratory:	
Influenza	33
Pneumonia (All Types)	73
Tracheobronchitis	1
Pulmonary Edema	5
Edema of Larynx	1
Asthma	2
Pulmonary Hemorrhage	1
Other:	
Meningitis	2
Encephalitis	3
Congenital Anomaly	1
Prematurity	1
Ileocolitis	1
G. I. Hemorrhage	1

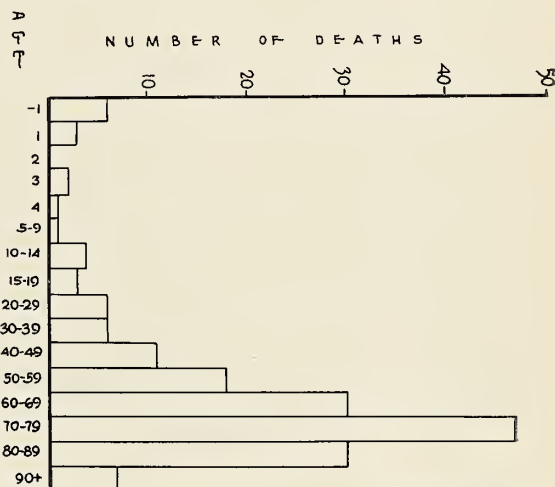


Figure 4. Number of influenza-related deaths for Indiana by age during period 9-15-1957 to 11-30-1957.

ported more cases in 1956 than in 1957. Here again there is laboratory evidence that the virus was present in three of these counties. For all practical purposes it must be assumed that the virus was present in all Indiana counties.

VACCINE

Vaccine first became available in Indiana on September 5 when 26,736 cc.'s were received. By December 27, 1957, a total of 830,645 cc.'s of vaccine was made available in Indiana. Thus, it is apparent that vaccine became available in very limited quantities prior to the October increase and became more plentiful for the remainder of the year.

MORTALITY

There was a rise in the number of influenza-related deaths during the last quarter of the year

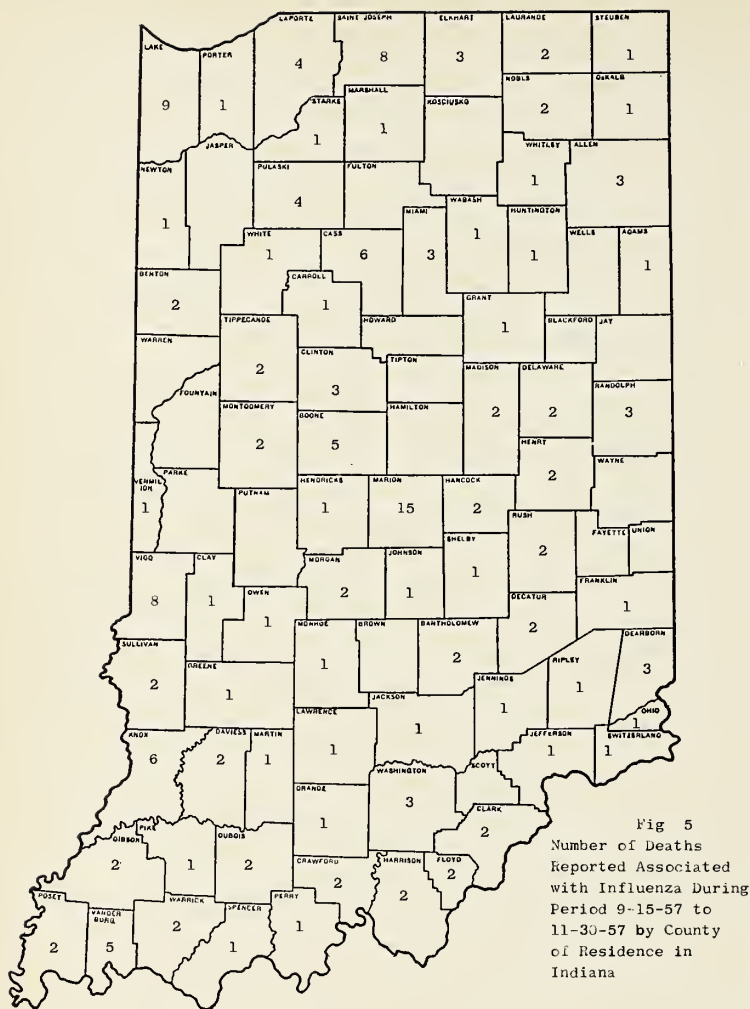


Fig 5
Number of Deaths
Reported Associated
with Influenza During
Period 9-15-57 to
11-30-57 by County
of Residence in
Indiana

as confirmed by an analysis of death certificates. Referring to figure 3, it is apparent that the number of influenza-related deaths followed closely the marked rise in the reported number of cases as shown in figure 1. The increased number of cases and deaths began with the 40th reporting week and declined by the 50th reporting week. Figure 4 and table 1 indicate the age, color and sex of all influenza-related deaths for the periods September 15, 1957 to November 30, 1957. Influenza-associated death rates increased for the very young, under one year; and for the aged, those over 60. Vaccination of these two age groups is imperative. There was no pattern of geographic distribution of influenza-related deaths. This is evident by a review of figure 5.

Table 2 summarizes the diseases stated as the immediate cause of death of 175 patients having influenza. It is apparent that pneumonia constituted the major immediate cause of death. Similar findings were reported by Herrmann.²

Table 3. *Interval Between Onset of Influenza and Death Obtained From Death Certificates Listing Influenza as Associated Cause of Deaths in Indiana 9-15-57 to 11-30-57.

Days	No. of Deaths
—1	0
1	4
2	8
3	23
4	13
5	11
6	5
7	22
8	0
9	0
10	11
14	15
21	3

*All death certificates did not indicate duration of influenza.

SUMMARY

An epidemic of A/Japan/305 influenza occurred in Indiana during the period of September 28, 1957 and December 14, 1957. Infection first occurred among teen-aged school groups and then spread to grade schools and finally adults. Influenza associated mortality was high in the age group under one year and in the age group over 60. Most frequent cause of death was pneumonia. Pre-epidemic levels of reported influenza were reached by the end of 1957.

REFERENCES

1. Jensen, Keith E.: New Set of Type A Influenza Virus. J.A.M.A. 164:2025, 1957.
2. Herrmann, R. E., Ogura, G. I., Johnson, F. S., Toll, A. S., White, W. C.: Respiratory Deaths Associated with Asian Influenza Epidemic. J.A.M.A. 166:467, 1958.

The Use of Penicillin V in Private Pediatric Practice

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THE WINTER of 1956 and 1957 was marked by a large number of severe, acute infections of the throat clinically designated acute streptococcal pharyngitis. This availability of clinical material made it possible to determine the exact etiology of each infection and establish whether oral phenoxymethyl penicillin (penicillin V)* is an effective therapeutic agent. The acid stability of penicillin V and its high therapeutic serum concentrations, which have been reported,¹⁻⁵ suggest this form of penicillin to be suited for pediatric patients.

The purpose of this paper is to report the results of a clinical trial using a pediatric form of penicillin V in a practicing pediatrician's office.

METHODS

Patients were selected who fulfilled the criteria of acute streptococcal sore throat clinically: sudden onset, headache, nausea or vomiting, fever, sore red throat, tonsillar enlargement with or without follicles, and enlarged cervical lymph nodes. Throat cultures were obtained prior to starting medication in all cases. Follow-up cultures and clinical evaluation were made in 24 hours. If the 24-hour culture was positive or clinical improvement had not occurred, this was repeated in 72 hours. Blood agar was used for isolating and identifying the throat cultures. A total of 155 cultures were taken during the study of 74 patients.

The dosage of penicillin V was based on body weight.⁶ Approximately 60,000 units (37.5 mg.) per kilogram of body weight per 24 hours was administered orally in divided dosage at 4 to 8-hour intervals. The minimum duration of therapy was 5 days.

*Penicillin V (V-Cillin® Pediatric) was supplied by Eli Lilly and Company.

RESULTS

A total of 74 patients were seen from January 1, 1957 to April 30, 1957. This period is usually associated with what appears, clinically, to be acute streptococcal infection. A relatively high incidence of acute glomerulonephritis was also observed during this past winter. This is believed to be directly related to the streptococcal infections, since these were encountered in a higher frequency during this period than during past winters.

The patients' ages ranged from 9 months to 12 years (Table I); the duration of the illness prior to being seen, 1 to 72 hours; and the temperatures were between 99.8 and 104 degrees. However, a word of caution should be injected at this point. Temperature is an untrustworthy criterion for judging the severity of infection. Routinely, mothers have administered "aspirin" with or without the advice of the physician. As a result, temperature data were not considered to be significant in this study in estimating severity of infection. The incidence of the other findings is presented in Table II. A severe red throat and definitely enlarged nodes were the most consistent findings.

The following co-existing conditions were encountered in this study: one case with otitis

Table I
AGE DISTRIBUTION

Years	
Under 1	1
1 - 3	14
3 - 5	23
6 - 10	32
10 - 12	4
Total	74

Table II
SYMPTOMS AND FINDINGS
ON FIRST VISIT

Red throat -----	74
Follicular tonsils -----	38
Enlarged cervical nodes -----	71
Nausea and vomiting -----	32
Headache -----	46
Stomach ache -----	34

media, one with measles, and one case of bronchitis.

Of the 74 patients who, on clinical impression, were thought to have acute streptococcal pharyngitis, only 28 (38%) had beta hemolytic streptococcal organisms isolated on the first culture. Of these, 18 were in association with another pathogen. Thirty-five (47%) had hemolytic *Staphylococcus aureus* alone or in conjunction with another pathogen, and 19 (26%) initial cultures grew out pneumococci (Table III). All of the pure beta hemolytic streptococcal cultures were negative in 24 hours. In those instances where the beta hemolytic streptococci or pneumococci

were associated with a hemolytic staphylococcus, clearing was less rapid. Eight of 21 initial cultures with a mixed flora of this type were still positive in 24 hours, and 3 were still positive in 72 hours. One patient had a pneumococcus associated with a hemolytic staphylococcus organism on four serial cultures. There was no evidence of clinical improvement. A different antibiotic was started after the staphylococcus was found to be resistant to penicillin, and a negative culture was obtained along with clinical improvement. Possibly this penicillin-resistant staphylococcus was producing penicillinase, preventing the usual effectiveness of penicillin.⁴

DISCUSSION

We were impressed with the efficacy of the oral pediatric penicillin V in eliminating infection from these children. Clinical improvement was marked within 24 hours and with only 4 exceptions, all patients were afebrile at that time. The pharynx, though still red, was much improved. No increase in adenopathy was noted. The patients old enough to talk, stated that they

Table III
RESULTS OF THROAT CULTURES FOR PATHOGENS

Pathogens	Positive Cultures		
	Initial	24 hrs.	72 hours.
Beta hemolytic strep.	10	1 (H. inf.)	1 (H. inf.)
Pneumococci	5	1 (Pneumo.)	—
Hemolytic staph.	11	3 (H. staph.)	—
Beta strep. and H. staph.	13	6 (4 H. staph.) (2 beta strep. and H. staph.)	2 (H. staph.)
Pneumo. & H. staph.	9	2 (1 pneumo, 1 H. staph.)	1 (Pneumo & H. staph.)
Beta strep. & Pneumo.	2	1	—
Beta strep. & pneumo. & H. staph.	2	1 (H. staph.)	—
Beta strep. & H. inf.	1	—	1 (H. inf.)
Pneumo. & H. inf.	1	—	—
Non-pathogens*	20	—	—
Total	74	15	5

*20 of the 74 subjects had non-pathogenic bacteria in their initial throat cultures. These consisted of mixtures of *Neisseria catarrhalis*, *Staphylococcus albus* and occasionally *Streptococcus viridans*. Only 2 of these 20 had gram-negative bacilli (*Pseudomonas*) on initial throat culture.

felt well. Mothers also commented about the marked improvement.

There were no cases of sensitivity noted and all tolerated the medication quite well. It seemed to make no difference in the results whether the penicillin was given at 4, 6 or 8-hour intervals. Even though some infections were considered quite severe, injectible penicillin was not required in any case.

In view of the above data, we believe that the vast majority of acute pharyngitis infections seen in daily practice, when suspected to be of bacterial etiology, will respond satisfactorily to oral penicillin without the need of an injection. This has obvious advantages from the point of view of the doctor as well as the child. Other than keeping the visit on very friendly terms, there is the important matter of potential penicillin sensitivity with injectable penicillin.

Our findings are very similar to those of other authors^{5, 6} and substantiate their results.

CONCLUSIONS

A total of 74 children were treated with oral pediatric penicillin V in a general pediatric practice over a 4-month period. An attempt was made to concentrate on those patients suspected of having beta hemolytic streptococcal infections as the cause of their illness. Thirty-eight percent were found to have beta hemolytic streptococci,

40% hemolytic *Staphylococcus aureus* strains and 21% had pneumococci on initial culture. Beta hemolytic streptococci were eliminated from the throat within 24 hours in all but 2 cases. This rapid clearing is considered important in the prevention of rheumatic fever and glomerulonephritis. Clinical response was excellent.

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REFERENCES

1. Symon, W. E.: Penicillin Blood Levels in Patients Receiving Oral Penicillin V, Oral Penicillin G, and Intramuscular Aqueous Procaine (A-P) Penicillin G, *Antibiotics Annual 1955-56*, p. 473.
2. Welch, H.: Phenoxymethyl Penicillin (Penicillin V), Division of Antibiotics, Food and Drug Administration, Department of Health, Education and Welfare, Washington, D.C.
3. Peck, F. B., Jr., and Griffith, R. S.: Comparative Clinical Laboratory Studies of Penicillin V and Penicillin G, *Antibiotics Annual 1955-56*, p. 506.
4. Tunnevall, V.: Penicillinase-producing *Staphylococci* Interfering with Penicillin Treatment in Scarlet Fever, *Acta Path. et Microbiol., Scand. Supp.* 111, p. 127, 1956.
5. Mack, R. M., and Christian, J. R.: A Clinical Evaluation of Penicillin V in Children with Respiratory Infections, *Illinois M. J.*, 8:4, April, 1957.
6. Alvarez-Pagan, M., Rees, D. C., and Conway, G. F.: Observations on the Clinical Use of V-Cillin in Pediatric Practice, *J. Pediat.*, 50:39, January, 1957.

Mumps Mastitis in the Nursing Female, With a Case Report

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ALTHOUGH MUMPS MASTITIS is a recognized complication of epidemic parotitis,³ there are few case reports in the literature. Moreover, a careful search has resulted in our being able to find but one such case reported in a nursing female.¹ The diagnosis in this isolated instance was made on clinical grounds alone, but appears well substantiated.

To review briefly the salient features of this common disease it will be recalled that mumps is an acute communicable disease caused by a virus which manifests itself most commonly by involvement of organs containing serozymogenic glandular epithelium (salivary glands, gonads, breasts, lacrimal glands, and thyroid), and the central nervous system. The incubation period commonly is between 17 and 21 days, and the disease is most frequent between the ages of 5 and 15 although any age group may be affected. Immunity is generally of long duration, and although second and third attacks have been reported, they are very uncommon. No convincing evidence has been presented that persons with unilateral parotitis are more likely to experience a second attack than those who have bilateral manifestation.

* Born in Indiana, Dr. Weaver is a 1954 graduate of Indiana University School of Medicine, served his internship at St. Elizabeth's Hospital, Lafayette, a two-year residency in pathology at Lafayette, and will begin his final year of residency at the Medical College of Georgia on July 1. He has been in Augusta during the present year. Dr. Weaver and Dr. Petry were classmates at I.U.

Dr. Petry served his internship at Indianapolis General Hospital, and has been in general practice in Delphi for the last two years.

One or two days before the appearance of parotid swelling, the patient may experience feverishness, malaise, anorexia and headache, but this prodrome is not observed in mild cases. Swelling of one or both parotid glands is accompanied by variable amounts of pain at the angle of the jaw. The affected glands are tender, and there may be some redness about the orifice of Stensen's duct. The temperature is usually between 100° and 103° F. Bradycardia has been described. By the second or third day, glandular swelling usually reaches its maximum and begins to subside. Common complications include orchitis (1% before puberty and 18-25% after), and meningo-encephalitis (20-23%) and less common complications are deafness, pancreatitis, nephritis, oophoritis, and mastitis.²

Clinical diagnosis in a patient with parotitis who has been exposed to mumps is seldom difficult. However, parotitis of bacterial origin, and salivary calculi must be considered. Diagnosis is more difficult when only the submaxillary or sublingual glands are involved.

When the diagnosis is in doubt, serologic tests may be used. They include complement-fixation,⁵ chicken cell agglutination-inhibition,⁶ the modified human-red-cell agglutination,⁷ and serum amylase.⁹ The latter usually is elevated during the first few days of the illness because the parotid gland, like the pancreas, is a serozymogenic gland and secretes amylase in increased amounts when inflamed. In case of an elevation of serum amylase by parotitis, the serum lipase values are normal unless the complication of mumps pancreatitis is also present. Of the serologic tests, complement-fixation has been most widely em-

ployed for diagnosis. The blood picture is not uniform and of no great value in diagnosis.

CASE REPORT

A white woman, 28 years of age, was seen first on March 11, 1956, complaining of swelling and tenderness of her right jaw for one day. She was the mother of three children, two of whom had manifested mumps two weeks before, and the youngest of whom was a nursing infant of 11 weeks. She returned eight days later because her baby had "choked" while nursing. She said that three days after the previous visit her breasts had become very tender and swollen, but not hot. In a few days lactation decreased, and the physician thought this accounted for the infant's choking. At the second visit her left parotid was swollen, and she was ordered to cease nursing the child. Stilbestrol, 0.1 mg. daily, was started and three days later lactation had ceased with caking of the breasts absent six days later. The infant was followed closely, but manifested no signs or symptoms of the disease.

DISCUSSION

Although mumps mastitis is a recognized complication of epidemic parotitis, it has been reported rarely. We have found records of two case reports,^{1,2} and only one of these in a nursing female. In neither case did the infant manifest clinical mumps.

One may question whether or not our case definitely was mumps mastitis, since no serologic tests were done. However, the clinical diagnosis of parotitis in a patient exposed to the disease is seldom difficult, and in this case typical signs and symptoms were present together with the history of exposure.

It is interesting that neither in our case nor that of Lee did the nursing infant manifest the disease. Although infants have a high degree of immunity up to six or eight months of age, it is generally considered passive immunity from the transfer of maternal antibodies across the placenta. The mothers were not immune in these two instances and presumably the maternal circulation carried no antibodies. Therefore the mechanism of the immunity displayed by the infants is apparently different and at the moment unknown. An alternate possibility is that the infants had subclinical mumps.

In this regard, Bruyn and associate⁸ have observed two instances of mumps infection in the newborn, proved serologically, but with no physi-

cal manifestation of disease. In view of these findings, the infant in our case may well have given positive serological findings had this work been done.

This work poses a moot question as to whether mumps is a clinical or serological disease, both, or either. In the past the standard definition of mumps has been "epidemic parotitis", but in view of these serological findings it would appear that this definition might be amended.

It would also be of interest to know whether or not nursing females so afflicted can nurse subsequent infants. At the moment we cannot answer this since Dr. Lee lost contact with his patient and our patient has not been pregnant again.

SUMMARY

The salient features of mumps and its diagnosis are reviewed. A case history is presented of mumps mastitis in a nursing mother. This is only the second such case reported. Some questions are raised as to infant immunity and the future definition of the disease which we know as mumps. We would suggest that serological tests be done on apparently well infants whose mothers have the disease, and that observations be made and reported as to whether nursing mothers with mumps mastitis can nurse following subsequent pregnancies.

REFERENCES

1. Lee, Claude Marshall: Primary Virus Mastitis From Mumps, Virginia M. Monthly, 73:327, July 1946.
2. Riley, Harris D.: Complications of Mumps, U. S. Armed Forces M. J., 3:1887, Dec. 1952.
3. Cecil, Text Book of Medicine, ed. 6.
4. Bruyn, Henry B.: Serological Studies in Cases of Mothers and Newborn Infants: Together with a Report of the Isolation of Mumps Virus from Breast Milk, (Unpublished paper presented to Western Section of the American Federation for Clinical Research, January 1950).
5. Enders, J. F. and Cohen, S.: Detection of antibody by complement fixation in sera of man and monkey convalescent from mumps. Proc. Soc. Exper. Biol. Med., 50:180-184, 1942.
6. Levens, J. H. and Enders, J. F.: The hemoagglutinative properties of amniotic fluid from embryonated eggs infected with the mumps virus. Science, 102:117-120, 1945.
7. Burnet, F. M.: Modification of human red cells by virus action. III, A sensitive test for mumps antibody in human serum by the agglutination of human red cells coated with a virus antigen. Brit. J. Exper. Path., 27:244-247, 1946.
8. Personal communication.
9. Dunlop, G. A.: Lancet 2:183, 1933.

Effect of Dioctyl Sodium Sulfosuccinate On Bowel Function in Mental Patients

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A RADICAL CHANGE has recently occurred in our concept of therapy in the treatment of chronic functional constipation. In 1955, a report based on an extensive study by Wilson and Dickinson¹ introduced the use of dioctyl sodium sulfosuccinate as an effective medicament in the management of the constipated patient. Since that time other investigators have consistently found this drug to be of therapeutic value in the treatment of constipation of many different types.

The usefulness of dioctyl sodium sulfosuccinate has been studied and established in sedentary, geriatric and immobilized patients;^{2, 3, 4} in postpartum management;⁵ in pediatric constipation^{6, 7} and in the treatment of constipation in proctologic patients.⁸ A very interesting report has appeared in the literature which describes a rather dramatic application of this drug in the treatment of fecaloma.⁹

The fecal softening action of dioctyl sodium sulfosuccinate is effected by a purely physical phenomenon. It reduces the surface tension at the oil-water interface in the heterogeneous fecal material. The lowering of interfacial tension permits a better mixing of the fecal mass and produces a stool which is more homogeneous, softer and easier to evacuate. Therefore, unlike irritant laxatives dioctyl sodium sulfosuccinate does not cause bowel movement but permits normal elimination of the stool by its softening effect. Chronic toxicity determinations¹⁰ and extensive clinical investigations¹⁻⁸ have shown this substance to be essentially non-toxic.

In the management of the mental patient constipation often proves to be an annoying problem. The frequency of constipation in the psychotic,

at least in part, is due to the failure to heed the urge to defecate. The consequent common occurrence of impaction in these patients makes routine use of mineral oil and enemas almost unavoidable. The administration of enemas is not only a nuisance for the nursing staff but soon loses the patient's cooperation. The purgative action of an irritant type of laxative is usually followed by a "rebound constipation" which only aggravates the problem. On the other hand, the use of dioctyl sodium sulfosuccinate is not only simple and convenient but promises the possibility of elimination of "rebound constipation". These considerations led us to investigate the suitability of this drug in our hospitalized mental patients.

MATERIALS AND METHODS

This study included 130 mental patients of ages ranging from 50 to 85 years. The patients were hospitalized in two wards and constituted two groups of 66 and 64 patients, respectively. All of the patients included in this study had a long-standing history of chronic functional constipation. Since their hospitalization they had been receiving mineral oil or other forms of laxatives frequently to induce bowel movement. In many cases the use of enemas became necessary to effect emptying of the bowel.

In Group I the patients were used as their own control. During the first two weeks of treatment each patient in this group received 15 cc. (three teaspoonfuls) of 1% solution of dioctyl sodium sulfosuccinate* in fruit juice be-

*The drug used in this study was supplied as Doxinate 1% solution through the courtesy of Lloyd Brothers, Inc., Cincinnati, Ohio. More recently a 5% solution has become available (Doxinate 5%) which permits smaller dosage and the convenience of once-a-day administration.

*Director, Medical Service, Columbus State Hospital.

fore the breakfast meal. After an initial treatment of two weeks the patients received placebo in the form of plain orange juice during the following two weeks. A comparison was made between the patient responses during these two periods. At the same time that patients in Group I were receiving dioctyl sodium sulfosuccinate, those in Group II were continued on routine cathartics. In this way the two groups were compared for the results obtained with dioctyl sodium sulfosuccinate and with laxation.

At the completion of the four-week "control study" all of the patients in both groups received dioctyl sodium sulfosuccinate for an additional four weeks. During this latter part of treatment the dosage was gradually reduced to 5 cc. (one teaspoonful) once daily.

In this study we recorded number of bowel movements per day, consistency of stool, frequency of enemas required, patient satisfaction and side effects present.

RESULTS AND DISCUSSION

During the first two weeks of treatments 66 patients comprising Group I received 15 cc. (three teaspoonfuls) of Doxinate 1% solution per day. In Group II, 64 patients continued to receive daily doses of mineral oil, milk of magnesia or cascara preparations.

In all of the patients of Group I soft "normal" stools were passed within 48 to 72 hours after starting dioctyl sodium sulfosuccinate therapy. On the other hand, the action of cathartics in patients of Group II usually resulted in "fecal rush" and a purgative effect. It was necessary to teach the patient that the object of Doxinate therapy was to effect a soft "normal" stool and not a violent purgation.

Considering the side effects present in the two groups, 3 patients who were receiving dioctyl sodium sulfosuccinate complained of vomiting. This appeared to be due to the bitter taste of the drug in its solution form. By mixing the drug with an increased amount of orange juice this complaint was removed. No other side effects were present in this group of patients.

Several patients from Group II who were receiving cathartics frequently complained of cramps, straining, watery stool or that several attempts were necessary to effect complete evacuation.

After the first two weeks of therapy patients of Group I and Group II received placebo and

dioctyl sodium sulfosuccinate, respectively. The responses of the two groups were virtually reversed. Patients belonging to Group I who were now receiving placebo gradually started to slow down on their bowel regularity and began to complain again about a hard stool. Patients of Group II who were now receiving dioctyl sodium sulfosuccinate reported a change in the consistency of the stool from hard to soft within two to three days. Also, the previously existing complaints of cramps, straining and watery stool in this group gradually decreased.

This controlled study clearly showed that the effectiveness of dioctyl sodium sulfosuccinate in producing a soft stool was not a mere matter of chance; and that the patient satisfaction was not purely a psychological response. Undoubtedly, dioctyl sodium sulfosuccinate affords a predictable efficacy in the management of bowel function by its fecal softening action. The results of this part of study are summarized in Table I.

During the second part of the study each patient of the two groups received 15 cc. (three teaspoonfuls) of Doxinate 1% solution once daily. The treatment was continued through an additional period of four weeks. After two weeks of treatment the dose of dioctyl sodium sulfosuccinate was reduced to 10 cc. (two teaspoonfuls) and finally to 5 cc. (one teaspoonful). The results of the treatment were uniformly excellent. Most of the patients were found to be regular in their bowel habit without the need of daily administration of the drug. The need for enema or irritant laxatives was almost eliminated. All of the patients felt better as a result of this therapy and showed marked improvement in appetite and general activities. The patient cooperation in accepting the prescribed regime was excellent. Table II summarizes the results of this latter part of our study.

SUMMARY AND CONCLUSIONS

The effectiveness of dioctyl sodium sulfosuccinate solution in treatment of constipation was studied in a series of 130 hospitalized mental patients who had required medication or enemas for periodic bowel evacuation. Patients were used as their own control. Also comparison was made between two groups of patients treated with dioctyl sodium sulfosuccinate and cathartics, respectively.

Fifteen cc. of dioctyl sodium sulfosuccinate 1% solution given in orange juice once daily was

Table I. Results of Treatment of Chronic Constipation in Mental Patients with Doxinate and with Cathartics.

Particulars	1st & 2nd weeks		3rd & 4th weeks	
	Group I Doxinate	Group II Cathartic	Group I Placebo	Group II Doxinate
1. Number of Bowel Movements:		Number of Patients		
2 or more per day	13	34	11	6
Once daily	41	10	32	43
Every other day	12	20	23	15
2. Consistency of Stool:				
Watery	0	38	2	1
Soft	66	4	39	60
Hard	0	22	23	3
3. Side Effects:				
Cramps	0	9	6	0
Straining	0	28	17	0
Vomiting	3	0	0	0
4. Patient Satisfaction:				
Good	55	32	36	59
Fair	7	12	18	4
Poor	4	20	12	1

Table II. Results of Treatment of Chronic Constipation in Mental Patients with Doxinate 1% Solution for Four Weeks.

Particulars	Number of Patients	
	Before Treatment	After Treatment
1. Dose Requirements:		
15 cc. per day	130	27
10 cc. per day	--	23
5 cc. per day	--	80
2. Consistency of Stool:		
Soft	5	128
Watery	15	2
Hard	110	0
3. Enemas Required:	35	4
4. Patient Satisfaction:		
Good	68	121
Fair	17	8
Poor	45	1

effective in obtaining a soft stool in all of our patients. This amount could be reduced to 5 cc. within 6 weeks of treatment. In most cases no medication was necessary beyond eight weeks of treatment. Administration of dioctyl sodium sulfosuccinate resulted in great reduction in the number of enemas required by bedridden patients and improved the efficacy of enemas when these were still necessary. No significant side effects

were present. The patient cooperation was uniformly excellent.

In this study, therefore, dioctyl sodium sulfosuccinate has shown to afford a predictable efficacy in the management of bowel function in mental patients.

REFERENCES

1. Wilson, J. W., and Dickinson, D. G.: Use of dioctyl sodium sulfosuccinate for severe constipation, *J. A. M. A.* 158:261, May, 1955.
2. Cass, Leo J., and Frederik, W. L.: Doxinate in the treatment of constipation, *Gastroenterology*, 26:691, Dec., 1956.
3. Antos, R. J.: A new approach to the treatment of severe constipation, *Southwestern Med.* 37:236, April, 1956.
4. Friedman, M.: Dioctyl sodium sulfosuccinate (Doxinate) in chronic functional constipation, *Am. Pract. & Digest Treat.* 7:10, Oct., 1956.
5. Middleton, Ramona J.: Dioctyl sodium sulfosuccinate in the postpartum management of bowel function, *West. J. Surg.* 65:31, Jan.-Feb., 1957.
6. Tevetoglu, F.: Pediatric use of dioctyl sodium sulfosuccinate, *J. Pediat.* 50:304, March, 1957.
7. Towsley, H. A.: The constipated infant, *J. Michigan M. Soc.* 54:1064, 1955.
8. Spiesman, M. G., and Malow, L.: Doxinate in the treatment of constipation, *Lancet* 76:164, June, 1956.
9. Klein, H. C.: Fecaloma treated with dioctyl sodium sulfosuccinate, *Am. J. Digest. Dis.* 2:37, Jan., 1957.
10. Benagila, A. E., et al.: The chronic toxicity of Aerosol-OT, *Indust. Hyg. & Toxicol.* 25:173, May, 1943.

The *Journal*

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DIABETES MELLITUS

THE FACT that almost everything can be accomplished for diabetes mellitus except its cure, is probably one of the factors which is responsible for a rapidly increasing number of diabetic individuals today.

Two-thirds of a million persons were known to have the disease 20 years ago. Today there are one million known diabetic patients in the United States. This increase is far in excess of the gross population increase for the same period of time.

Lengthening of the human life span is one of the reasons for the increase. Diabetes is an ailment of middle and advanced age. More people today are spared from early death by infectious diseases and therefore survive to the ages at which diabetes is most apt to become manifest.

The hereditary factors in the causation of diabetes has always been considered to be of less significance than overweight. However, since

the introduction of insulin, pregnant diabetic women have been enabled to bear live children. This may be increasing the number of known diabetic individuals today.

Other factors concerned in the increase are better case finding due to diabetes surveys and more routine health examinations, as well as a public alertness to symptoms.

Approximately 65,000 persons are discovered to be diabetic each year. This is a net increase of 15,000. It is estimated that there are almost five million people in the U. S. at the present time, who will at some time in the future become diabetic. Of this large number, there are probably one million citizens who have diabetes now but do not know it.

The mortality rate for diabetes mellitus is now on the decline, but only since 1940. From 1900 until the discovery of insulin in 1922 and from 1922 to 1940 the mortality rate rose at an

almost even rate. Since 1940 it has declined from 26 per 100,000 to 23, an improved figure but still higher than the 13 per 100,000 in 1900.

Deaths from diabetic coma and diabetic gangrene are much less common than formerly; most of the fatalities attributed to the disease now are due to the degenerative diseases of the heart, arteries and kidneys which comprise the important long term complications.

As more and more is known about the disease it has become apparent that it is not a simple matter of lowered insulin production by the pancreas. Since total pancreatectomies have been performed it has been realized that other factors are involved. A patient who is totally diabetic because of removal of the entire pancreas requires only a modest amount of insulin, usually much less than is required by a severe diabetic

individual. Some factor, such as production of anti-insulin by some other organ, must be a part of the disease.

Diabetes is a challenge to the medical profession. The research to be done before it is well understood is tremendous. In the meantime what is known of the disease is priceless. A diabetic person, diagnosed early in the disease and well cared for may live out almost the normal span of life. The discovery of the unknown diabetic person at an early stage of the disease makes management much easier and more effective. Early diagnosis is the element in this picture which will reduce the circulatory complications of later life. As more persons are discovered and placed under control at the onset of the disease, the life span for these people will be lengthened and made more comfortable.

MEDICINE'S FOURTH ESTATE

EVERY ACTIVE PHYSICIAN recognizes the constantly growing importance of his county, state and national medical societies—the three great “estates” of organized medicine in America.

In the past few decades, medical practice has become ever more complex. Doctors today must deal not only with more than a score of fellow medical specialists, but with several score of “paramedical” technicians, many of whom are finding it difficult to adjust themselves to a “table of organization” in which the Doctor of Medicine must, by training and responsibility, be the captain of the team.

Then, too, in the areas of hospital-physician relations, of public health, of medical care prepayment, and of social security, organized medicine is required to think in new terms and to act with decision, if it is to retain the leadership which the people expect of their physicians. The demands of our time call for medical statesmanship of the highest order.

And now, medicine has added a “fourth estate”, The World Medical Association, which, though it was founded only a little more than

ten years ago, has already earned for itself worldwide recognition as “the international voice of organized medicine”.

Our American Medical Association is one of the 53 national medical associations which comprise the membership of The World Medical Association. Within the United States, some 5,500 leading American physicians have formed a supporting committee, known as the United States Committee of The World Medical Association. President of the U. S. Committee is Dr. Austin Smith, Editor of the Journal A.M.A., and its Secretary-Treasurer is Dr. Louis H. Bauer, who has also served as Secretary General of The World Medical Association since its founding in 1947.

The purposes of the U. S. Committee are those of W.M.A. itself: to work for the highest standards of medical care in all parts of the world; to defend and preserve the freedoms that are essential to good medical practice; to provide a forum for the solution of problems common to physicians the world over; and to promote world peace.

You have an opportunity to play your part in this vital cause by becoming a member of the

U. S. Committee of W.M.A. The A.M.A. House of Delegates has urged that every member of A.M.A. join the U. S. Committee. Annual dues are \$10.00, and the Committee's headquarters

are at 10 Columbus Circle, New York 19, New York.

Indiana's chairman for the U. S. Committee is Dr. E. S. Jones, Hammond.

SEARS-ROEBUCK FOUNDATION PROGRAM

THE SEARS-ROEBUCK Foundation has announced a new medical assistance program. The Plan of Financial Assistance to Physicians which originated in 1955 has been suspended because of differences in opinion with the Internal Revenue Service.

The new program will include consultation services and technical assistance for communities in need of medical service. The Foundation will provide professional consultation services on community organizations and fund raising. It will also provide architectural plans for medical

centers to be built by communities and leased to physicians.

One of the reasons why some smaller communities find it difficult to attract physicians is the lack of proper facilities. This lack is what the Sears-Roebuck Foundation is helping to eliminate.

Any community now without a doctor which would like to have a survey to determine the feasibility of erecting a medical facility, may secure an application for Foundation assistance from the state medical association.

ROUTING THE FLU

SPRING IS ALWAYS welcome, and this year Americans can greet the budding season with a special sigh of relief. For with each mild, sunshiny day, it becomes less likely that we need fear another outbreak of the Asian flu which was the most alarming new threat to health in recent history.

In retrospect, The Health News Institute points out, two phases of the Asian flu story are appropriate cause for satisfaction. One was the "crash" program whereby the American pharmaceutical industry achieved quantity production of the immunizing vaccine in record time. The other was the prompt and effective educational campaign which alerted the nation to its danger.

In mid-May, 1957, the U. S. Public Health Service sent prototypes of a virus to six manufacturers as the first step in the development of an immunizing vaccine. Just 82 days later, on August 12, the first lots of vaccine were released. And before Christmas, the HNI re-

ports, total output was in excess of 54 million doses.

"The rapid production and distribution of the vaccine during the fall months unquestionably reduced the impact of the epidemic," Dr. Leroy E. Burney, U. S. Surgeon General, has said. "Many millions of persons, we can be certain, did not contract Asian influenza because of the protection of the vaccine."

The annual report of one of the manufacturers reveals that the company spent \$3,000,000 to make its share of the vaccine without a cent of profit. Yet, in the words of the firm's president, "under similar circumstances we would do the same thing again."

As for the cooperation of the press and other media in informing the people, "probably never before in the history of the nation," according to J. Stewart Hunter, information officer of the Public Health Service, "has the public become so quickly and so well informed on a matter of public health."

—*Kokomo Tribune*

Low
Dosage

KYIN

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Infections

Unusual Antibacterial and Anti-infective Properties. More rapid absorption . . . higher and better sustained plasma concentrations . . . more soluble in acid urine than other sulfonamides . . . freedom from crystal-luria and absence of significant accumulation of drug, even in patients with azotemia.¹

Unprecedented Low Dosage. Less sulfa for the kidney to cope with . . . yet fully effective. A single daily dose of 0.5 to 1.0 Gm. (1 to 2 tablets) maintains higher plasma levels than 4 to 6 Gm. daily of other sulfonamides—a notable asset in prolonged therapy.²

New Control Over Sulfonamide-sensitive Organisms. KYNEX maintains the prolonged, high tissue concentrations of primary importance in treatment of urinary infections . . . a therapeutic asset toward preventing manifest pyelonephritis as a complication of persistent bacteriuria during pregnancy and puerperium. Maintenance of sterile urine in such patients was accomplished with 1 tablet of KYNEX daily.³



Sulfamethoxypyridazine Lederle



Dosage: The recommended adult dose is 1 Gm. (2 tablets) the first day, followed by 0.5 Gm. (1 tablet) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

KYNEX — WHEREVER SULFA THERAPY IS INDICATED

Tablets: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

References: 1. Griebble, H. C. and Jackson, G. G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958. 2. Editorial *New England J. Med.* 258:48-49, 1958. 3. Jones, W. F., Jr. and Finland, M., Sulfamethoxypyridazine and Sulfachloropyridazine. *Ann. New York Acad. Sc.* 60:473-483, 1957.

*Reg. U. S. Pat. Off.



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Pearl River, New York

The President's Page

MERIT AND YOUR GOAL

KNOW HOW TO MAKE a place for yourself through merit and not by push. The road to distinction in Medicine is the product of industry but its travel can only be accomplished by merit. This road through our profession is long and roughly paved. It is lined with misleading signs. There are many turn-offs that lead to naught but dead ends. There are detours that seem to never return. There are occasional wrecks in the ditches on either side. The main road, however, is straight and the traffic is one-way—but no one travelling this road ever reaches its end. And it is well, for the spirit of the man of Medicine should retain his longings—he should reach toward his destination—but should he ever attain it, when all is his, then all would turn to ashes.

Merit then, is the only vehicle that will allow the traveler to approach his destination, and the reward of merit will be only in the travel toward, not the attainment of, the goal.

The mind that attains all knowledge is surfeited of its passion to know. There is nothing left to pique its curiosity and nothing to keep hope alive. The achievement of happiness is mortal, its pursuit is divine. When nothing more is to be desired, everything is to be feared, the most unfortunate of fortunes, for where desire ends, apprehension begins. The traveler then, who sets his goal even far down the road and stops when he achieves it, will arrive without hope, surfeited of his passion to learn, his happiness dead, and apprehensive of his future.

Merit your goal therefore, but continually advance it so that you will always be just short of its achievement. The highway of Medicine is plenty long and no matter how fast it is traveled, no one will reach its end.

W. C. Lippincott M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.



Meeting in the headquarters office of the Indiana State Medical Association, the 1958-59 Program Committee of the Woman's Auxiliary makes final plans for the printed programs.

Seated, left to right, are Mrs. George W. Wagoner, Delphi; Mrs. Earl W. Mericle, Indianapolis, chairman; and Mrs. John W. Hendricks, Indianapolis. Standing, Mrs. Earl W. Bailey, Logansport, president. Mrs. Jerome E. Holman, Jr., Indianapolis, and Mrs. William R. Tindall, Shelbyville, other members of the committee, were not present when the photograph was taken.

April and the House of Delegates meeting is over. Programs for the next year are in the making. The committee, shown above, has worked diligently to make the program for the coming Auxiliary year an interesting one.

Under the chairmanship of Mrs. Earl Mericle, Indianapolis, the following members of the Program Committee for the Woman's Auxiliary have the responsibility of not only planning the year's work but getting the printed programs into the hands of each County Auxiliary:

Mrs. John W. Hendricks, Indianapolis

Mrs. George W. Wagoner, Delphi

Mrs. William R. Tindall, Shelbyville

Mrs. J. E. Holman, Jr., Indianapolis

Mrs. Earl W. Bailey, Logansport, ex officio

Auxiliary activities will be reported on this page during the coming year as we work with you to help carry out Association projects.

Mildred Bailey

Mrs. Earl W. Bailey, President

How to Use Indiana's Child Guidance Clinics

EUGENE E. LEVITT, Ph.D.*

Indianapolis

EARLY DIAGNOSIS NEEDED

ONE OF THE MOST WIDELY accepted and firmly based tenets of the mental hygiene movement is the significance of a disturbed or deviant childhood in the development of psychopathology in the adult. Many cases of mental illness are rooted in the early years, though identifiable clinical symptoms may not be present until maturity. There are also many cases in which the incipient illness can be recognized in the child, and in which adequate treatment may forestall the development of overt illness in later years. In recent years, improvements and innovations in diagnostic methods have also made it possible to identify cases in which mental illness is already full-blown in the child or adolescent.

OUT-PATIENT FACILITIES DEVELOPED

These factors have led to the establishment and development of the multi-disciplinary child guidance clinic, an indigenous American contribution to the child welfare movement. Ideally, the child guidance clinic emphasizes the team approach, in which the specialized contributions of the child psychiatrist, clinical psychologist and psychiatric social worker are integrated into a single, intensive focus on the patient.

REFERRALS FOR SERVICE

Referrals to the child guidance clinic are made by physicians, lay individuals, schools, courts,

* Chief of Psychological Services, Department of Psychiatry, Indiana University School of Medicine.

Editor's Note: This article is sponsored by the Indiana Division of Mental Health, Stewart T. Ginsberg, M.D., Commissioner.

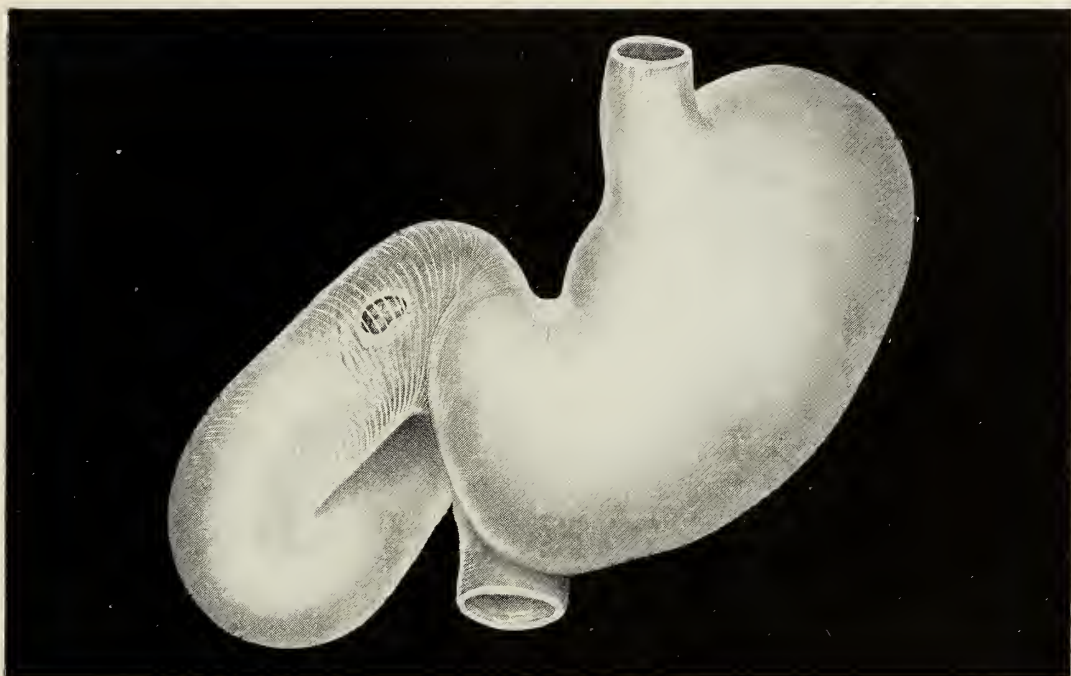
clergymen, and social agencies. A plurality—if not a majority—of cases are referred by physicians because many mentally ill children, like mentally ill adults, are seen first by medical practitioners in the community. It is therefore important for the physician to know what facilities are available for diagnosis and treatment of childhood mental problems in his own community.

BOTH ORGANIC AND FUNCTIONAL DISORDERS SEEN

The child guidance clinic deals with both emotional and intellectual problems. Intellectual problems are usually subsumed under the heading of mental deficiency and mental retardation. Emotional problems include "acting-out" behavior like stealing, truancy, fire-setting, sexual misconduct and destructiveness; withdrawn, passive behavior like excessive shyness and fearfulness; symptomatic behavioral disorders like thumbsucking, enuresis, soiling, and feeding problems; psychosomatic illness, especially allergies; immature interpersonal relations either at home or at school; phobic reactions, especially school phobia; and poor academic progress unassociated with mental defect.

CLINICS MISUSED—OTHER INTELLECTUAL DIAGNOSTIC FACILITIES AVAILABLE

The child guidance clinic customarily sees both emotional and intellectual cases on the diagnostic level. Most types of emotional disorder are considered amenable to therapy, pending a diagnostic evaluation of causal and exacerbating factors in the individual case. However, the clinic rarely, if ever, treats intellectual problems since these are commonly organic in etiology. Intellectual evaluation of the child is



Pro-Banthine® “proved almost invariably effective in the relief of ulcer pain,

*in depressing gastric secretory volume and in inhibiting gastrointestinal motility.”**

“Our findings were documented by an intensive and personal observation of these patients over a 2-year period in private practice, and in two large hospital clinics with close supervision and satisfactory follow-up studies.”*

Among the many clinical indications for Pro-Banthine (brand of propantheline bromide), peptic ulcer is primary. During treatment, Pro-Banthine has been shown repeatedly to be a most valuable agent when used in conjunction with diet, antacids and essential psychotherapy.

Therapeutic utility and effectiveness

of Pro-Banthine in the treatment of peptic ulcer are repeatedly referred to in the recent medical literature.

Pro-Banthine Dosage

The average adult oral dosage of Pro-Banthine is one tablet (15 mg.) with meals and two tablets at bedtime.

G. D. Searle & Co., Chicago 80, Illinois.
Research in the Service of Medicine.

—
*Lichstein, J.; Morehouse, M. G., and Osmon, K. L.: Pro-Banthine in the Treatment of Peptic Ulcer. A Clinical Evaluation with Gastric Secretory, Motility and Gastroscopic Studies. Report of 60 Cases, Am. J. M. Sc. 232:156 (Aug.) 1956.

SEARLE

a service which is not restricted to the child guidance clinic. For example, many school systems maintain such a service, either through a special department, or by means of contract or consultancies. Diagnosis and treatment of emotional disturbances, on the other hand, are unique functions of the child guidance clinic among agencies.

There is a common tendency among physicians to refer cases of mental retardation to the child guidance clinic, often bypassing another type of agency which also deals with such cases. As a result, the clinic's intake tends to become overpopulated with intellectual problems so that the cases of emotional disorder are forced to wait for long periods before being seen and/or must return on several different days to complete the diagnostic study. The clinical psychologist must administer so many routine intelligence tests that he often has insufficient time for psychological appraisal of the emotional problem case.

Even when the motivation of the parents for treatment is initially quite high, long waiting periods and extensive traveling to the clinic may discourage them to the point where the diagnostic study may never be completed, or where the patient fails to begin therapy when it is offered. The net result is waste of time, energy and money by both the clinic and the patient's family.

SUGGESTIONS FOR REFERRAL

For optimal utilization of the state's child guidance facilities, the following general guides for referring physicians are suggested:

1. If the parents wish an intellectual evaluation of the child, and/or if the child is obviously mentally defective, refer the case to the local school system for evaluation.

2. If the school system has no facilities for such evaluation, referral should be made to the *closest* of the following agencies, all of which are approved for psychological services by the Division of Special Education of the state Department of Public Instruction:

Department of Psychology
Indiana University
Bloomington
Department of Psychology
Purdue University
West Lafayette
Special Education Clinic
Indiana State Teachers
College
Terre Haute

Department of Education
Ball State Teachers College
Muncie
Dr. Helen Macey
Anderson College
Anderson
Muscatatuck State School
Butlerville
Fort Wayne State School
Fort Wayne

3. Emotional disorders, or cases where the differential diagnosis of emotional and intellectual disorder cannot be made, should be referred to one of the following county child guidance clinics. These clinics ordinarily restrict intake to county residents, though some will accept cases from neighboring counties which do not maintain such a service.

Elkhart County Adult and Child Guidance Center
224 W. High St.
Elkhart

Fort Wayne Child Guidance Center
1110 W. Washington Blvd.
Fort Wayne

Grant County Mental Health Clinic
412 S. Boots St.
Marion

Hammond Branch—Lake County Mental Health Clinic
5236 Hohman Avenue
Hammond

Howard County Mental Health Clinic
416 W. Sycamore St.
Kokomo

Lake County Mental Hygiene Clinic
400 Broadway
Gary

LaPorte County Mental Health Services
217 West 8th St.
Michigan City

Marion County Child Guidance Clinic
1949 East 11th St.
Indianapolis

St. Joseph County Mental Health Clinic
527 W. Colfax Ave.
South Bend

Tippecanoe County Mental Health Center
1625 Kossuth Street
Lafayette

Vanderburgh County Child Guidance Clinic
810 W. Indiana
Evansville

Continued

THE
KEELEY
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Treating alcoholism and other problems of addiction.
REGISTERED BY THE AMERICAN MEDICAL ASSOCIATION —
MEMBER AMERICAN HOSPITAL ASSOCIATION.

4. If the case is not eligible for one of the county clinics, it should be referred to the Riley Child Guidance Clinic, Indiana University Medical Center, Indianapolis, which accepts cases from anywhere in the state.

INFORMATION FOR PARENTS

The referring physician is faced with the problem of what to tell the parents about the referral. The approach obviously must often vary, depending upon the intellectual and educational level of the parents, and upon an estimate of their motivation for treatment. However, experience has shown that there are certain questions which parents often ask, and certain pieces of information which it is valuable for them to have. Below is a copy of the information sheet routinely sent to applicants at the Riley Child Guidance Clinic. The answers to the questions and the pertinent information are contained within it. Except for the first and last paragraphs, the information is applicable to most child guidance clinics.

INFORMATION ABOUT YOUR CLINIC

The James Whitcomb Riley Child Guidance Clinic is one of the many clinics of the Indiana University Medical Center and provides psychiatric diagnostic and treatment service for children throughout the state. It occupies the third floor of the Rotary Convalescent Home, directly west of Riley Hospital, on the Medical Center campus, 1100 West Michigan Street, Indianapolis.

Like similar facilities throughout the country, our clinic offers help to children who have difficulties in adjusting to their home, school, or community. Parents are rapidly learning that such clinics perform an essential service to large numbers of children who are unhappy or who have problems in their relationships with parents, teachers, or playmates.

The people on our staff are specially trained in three different fields. The child psychiatrist, who is in charge of clinic operations, is a doctor of medicine who has had postgraduate training in the emotional problems of children as well as adults. The clinical psychologist, with specialized training in the appraisal of intellectual and emotional difficulties, uses various scientific tests and techniques to assess the child's personality, sources of difficulty, and mental capacity. The psychiatric social worker is uniquely

qualified by training and experience to work with family, school, and community agencies, thus aiding the clinic in arriving at a full understanding of the problems and their proper management. All these separate professional services may be used in the study and treatment of any particular child.

In our clinic, both of the parents and the child are seen separately by one or more of these staff members. Where it is difficult for both parents to come in together, we prefer that the mother come with the child for the first clinic visit. At that time, we will discuss arrangements for a later interview with the father if it seems indicated. Often enough, several clinic visits are necessary to provide us with sufficient information to be of real help to parents. Our recommendations are based upon the conclusions of a conference between those staff members familiar with the child and his problems.

Your patients might wonder what to tell a child about his first clinic visit. We find children appreciate being told beforehand that they will be talking with people who understand children and who want to help them be happier. It sometimes helps for them to know they will not have painful injections or physical examinations in this clinic; that the examinations usually consist of talking or playing; and that they will return home with their parents after a few hours.

We know parents are often sensitive about their child's problems and fear blame or criticism. Actually, our aim is to understand and help; not to blame or judge either parents or child. We discuss the family situation with them in detail in order to gain an understanding of what the child's world is like. We want parents to feel that they will be seen by friendly people interested in helping them and their child.

Cost of all services on the day of the initial examination is \$10. If further visits are required for more exhaustive study, there is an additional charge of \$15. After the study is completed, we may recommend that parents and child return for a number of visits to settle the problems with our aid. Lower additional fees are charged for this service. If these charges are going to impose a serious financial burden on the family, we suggest that the matter of financial help might be discussed with the local welfare department.

Economic Growth Potential Depends on Millions of Private Decisions

BY 1975, THE AVERAGE INCOME of American families, after payment of all taxes, should be at least \$7,100, as compared with a present average disposable income of \$5,300 per family, the Committee for Economic Development recently predicted.

"Achievement of this high average income is not an imagined utopia, it is a practical goal for practical men," CED's Research and Policy Committee declared in releasing the results of a study by a subcommittee of businessmen and economists headed by Harry Scherman, chairman of the board of the Book-of-the-Month Club, Inc., of New York.

Entitled "Economic Growth in the United States—Its Past and Future," the statement called for "unending vigilance" by both individuals and government to assure that the most is made of the nation's growth-producing potentials. It stressed improvement of public education, continuous investment in enterprise, in-

creased private savings, mobility of both labor and capital, efficient management of business and of government, and rising foreign trade as among the essentials for growth.

"Only if we manage our economic affairs with intelligence can we expect such a 'good life' on the material side, shared among the entire population," the statement asserted. Our growth will depend mainly, it stressed, "on millions of daily private decisions."

"The initiative and wisdom shown in the conduct of every business enterprise, large or small, and in the actions of every individual in pursuit of his welfare, will add up to the grand result and be the principal determinant of the outcome," the report declared.

"... WIDEN THE SKILLS"

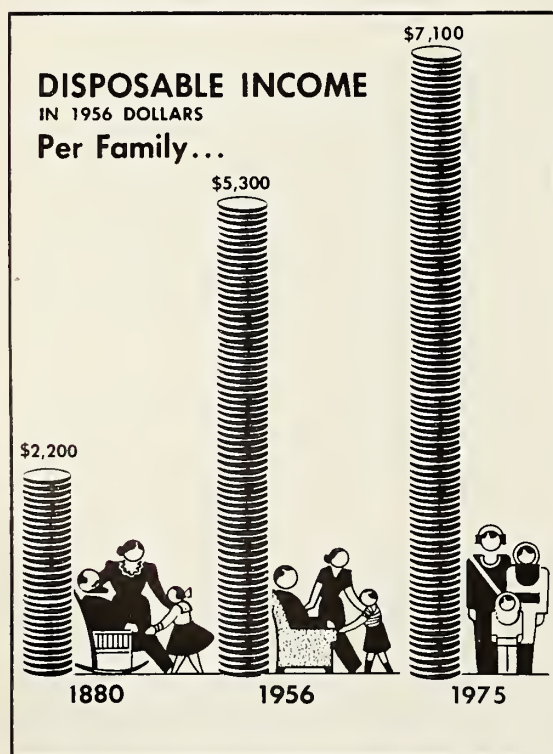
In the private sector of the economy "everything reasonable must be attempted to raise the level of business management; to foster continuous investment in enterprise and sufficient savings on the part of individuals to support it; to improve the education and widen the skills of the whole population; to enhance the mobility of labor and capital."

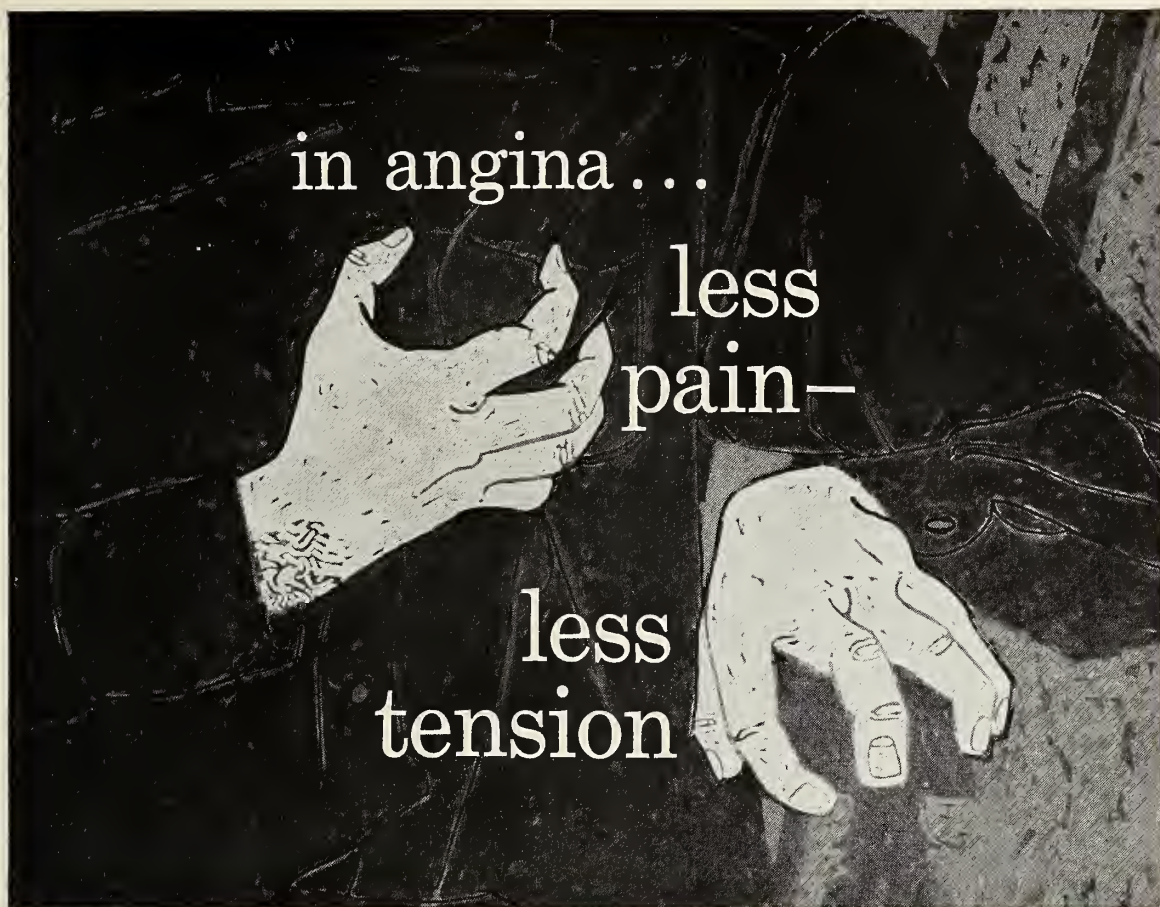
Pointing out that future economic growth also will be affected "to a very large extent by the policies and activities of government," the Committee declared "we must be more concerned than ever about two controlling matters: first, the need of attracting competent individuals into government service; and second, to broaden and clarify public understanding of governmental matters."

CED is composed of 150 business executives and scholars who conduct research and develop recommendations for promoting national economic development. Its Research and Policy Committee is headed by Frazar B. Wilde, president of the Connecticut General Life Insurance Company, Hartford, Conn.

Continued growth is the more important to-

Continued





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less
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why ATARAX? *For ataractic effect:* One of the most effective—and probably the safest—of tranquilizers, ATARAX frees the angina patient of his constant tension and anxiety. Ideal for the on-the-job patient. And ATARAX has a unique advantage in cardiac therapy: it is anti-arrhythmic and non-hypotensive.

why combine the two? *For greater therapeutic success:* In clinical trials, CARTRAX was demonstrably superior to previous therapy, including PETN alone. Specifically, 87% of angina patients did better. They were shown to suffer fewer attacks . . . require less nitroglycerin . . . have increased tolerance to physical effort . . . and be freed of cardiac fixation.



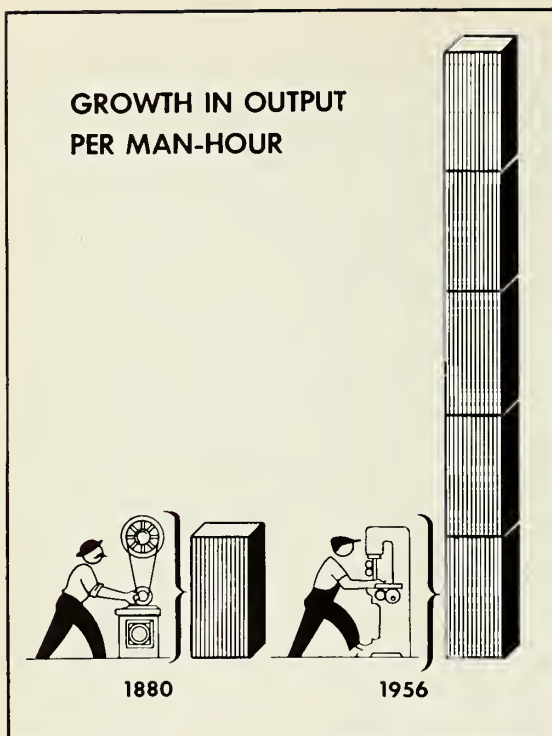
NEW YORK 17, NEW YORK
Division, Chas. Pfizer & Co., Inc.

*Trademark

1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supply: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.



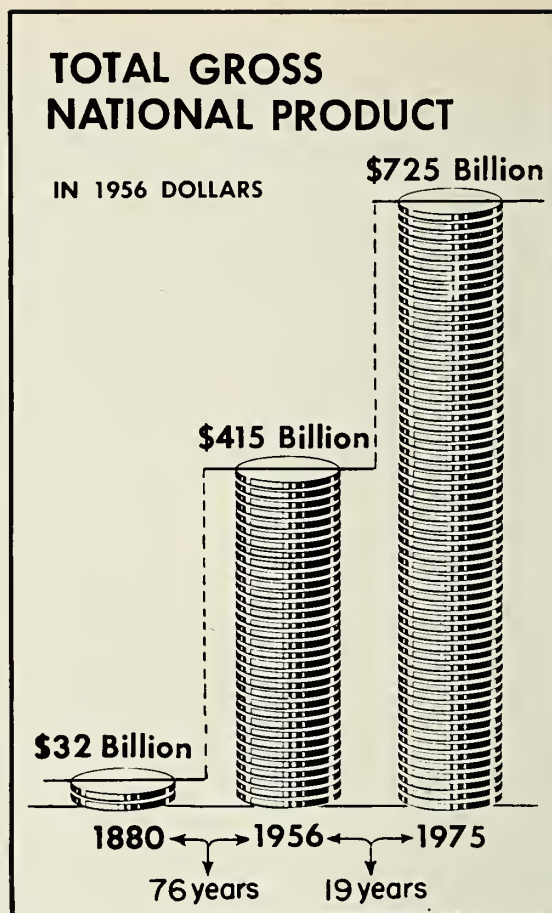
day, the statement said, because of competition by the Communist bloc.

"The free world's ability to provide for defense against the threat of communist aggression will be greatly affected by the continued rate of our economic expansion," the statement asserted.

The statement warned that the economic growth of a country does not proceed at a uniform rate and that the high average growth during the postwar period in this country "should not be taken as a trend." During 1956 and 1957 advances were relatively small following large economic gains in 1955. Periodically economic growth has been interrupted by business recessions.

Nevertheless, the report continued, "the high average growth rate of the past nine years" does "reinforce the view that there is nothing in the recent past to suggest any drop in the long-term rate below the past experience of 3% a year in gross national product and 2% in output-per-man-hour," the two most reliable measures of growth.

If we maintain this rate, by 1975 the gross national product will exceed \$725 billion. The resulting increase in disposable family income would exceed the amount the average family now spends on food and clothing alone.



EDUCATIONAL NEEDS

In discussing means for assuring continued growth, the statement deplored the inadequacy of our present educational facilities, declaring they "are not what they should be to meet the great needs of the future."

The report not only urged that we pay more attention to the natural sciences and mathematics in both our lower and higher schools, but referred also to the recognition by top business executives of the importance of liberal arts educations.

School enrollments are increasing at such a skyrocketing pace, the statement asserted, that financing and staffing education has assumed "a top position among our national problems."

In advocating expanding foreign trade as an important growth factor, the CED group said "we must advance together with all the rest of the world." To achieve this means "enlarged foreign investment on our part, and participation in reducing everywhere obstructions to the movement of men, money, and goods."

Great gains would come for everyone, the

report stated, "from a more intensified international specialization of labor, and wider use of world resources."

As for mobility, the statement asserted that free and easy movement of men and capital is essential for the maintenance of growth. It warned that in an advancing society such as ours "something comparable to hardening of the arteries in an individual can occur." This would be manifest, it said, in resistance to change on the part of strategic groups within the society.

The policy statement, accompanied by 18 pictorial charts depicting the history of economic growth, covered a wide ground. Among the topics discussed is the increasing role that women play in economic growth. It showed that in 1956 nearly one-third of the civilian labor force consisted of women—22 million out of 68 million; and it estimates that by 1975 the number will rise to 33 million—a figure equal to the total labor force of 1905.

In citing facts and figures to demonstrate that the "very nature of our society promotes continued growth," the statement discussed the

part which our democratic form of government and the profit-and-loss system play; traced the rise of the machine; examined the role of agriculture, the distribution system, and advertising; and the function of money and credit.

Footnotes on certain aspects of the statement were submitted by the following: William Benton, James F. Brownlee, Thomas D. Cabot, S. Bayard Colgate, Fred Lazarus, Jr., Beardsley Runl, Harry Scherman and Allan Sproul.

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Here (A) is Magnocyl, the only non-ionic fecal softener on the market today.

These beakers contain identical gastric juices. The cloudy precipitation in beaker B is produced when an ordinary wetting agent ionizes and unites with these juices. The active ingredient in Magnocyl is not precipitated by chemical combinations in the digestive process—retains its wetting effect under all conditions.

Since there is no precipitation, you can't see Magnocyl at work in beaker A. It's the "natural" answer to a problem as old as man. Magnocyl can be safely prescribed to maintain softness of stool for infants, children and adults of all ages.

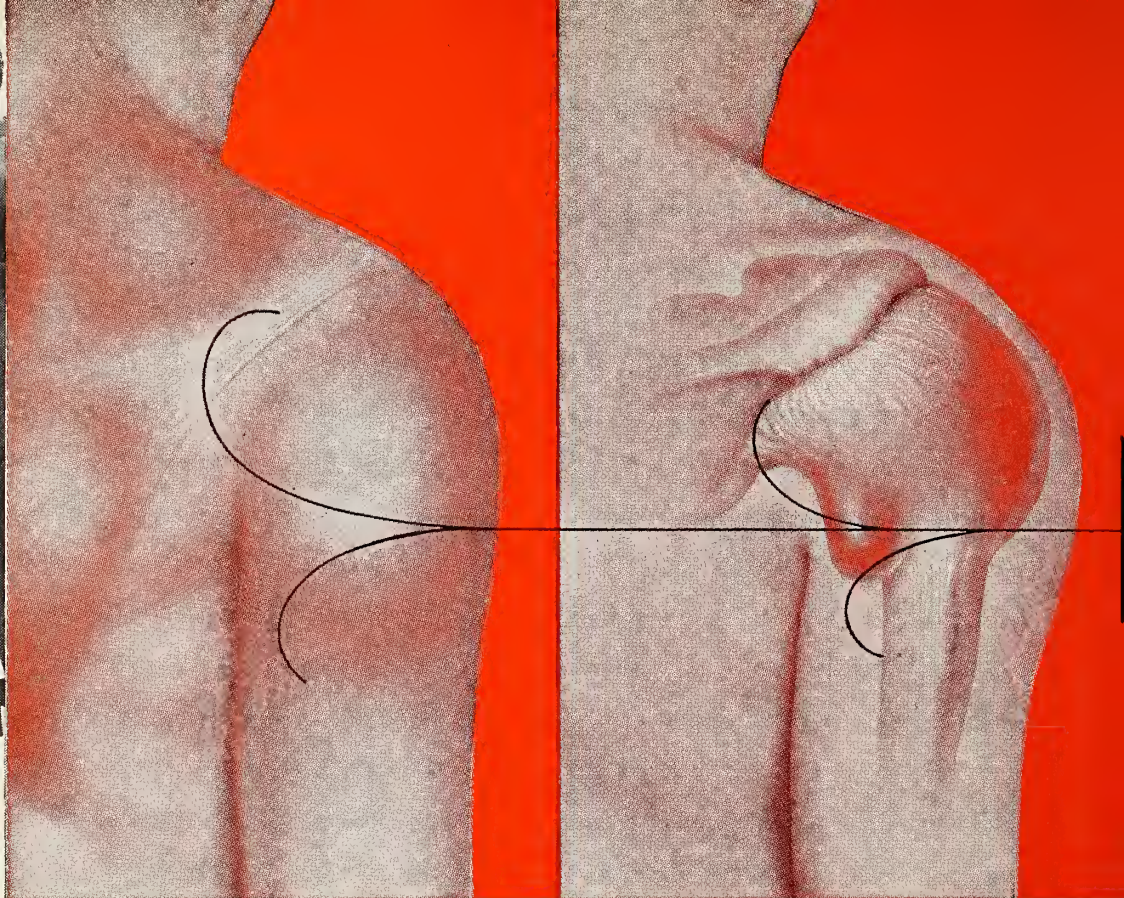
Each Magnocyl capsule contains polymer of ethylene oxide and propylene oxide—250 mg.



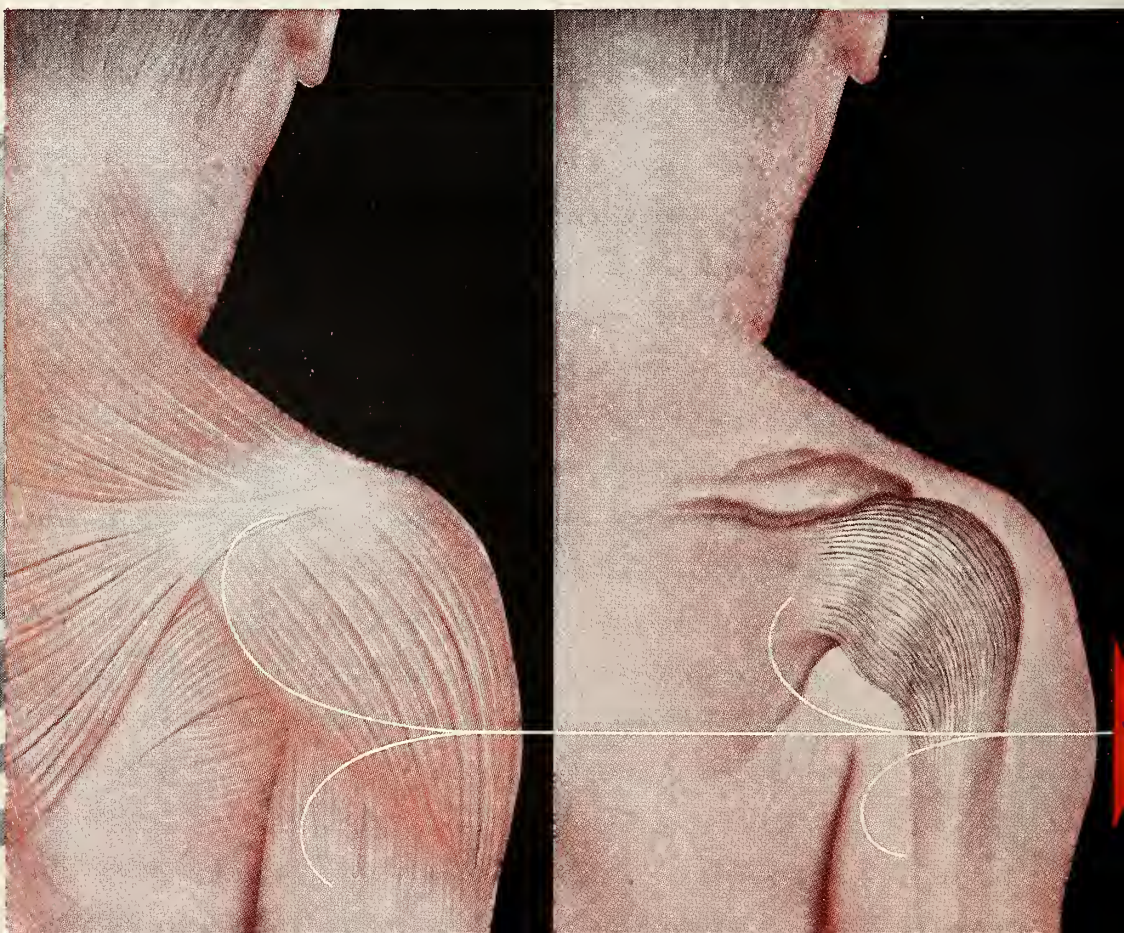
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THE PAUL B. ELDER COMPANY • BRYAN, OHIO

May 1958 665



"Rheumatoid arthritis is a constitutional disease with symptoms affecting chiefly joints and muscles."¹ "Pain in the affected joint is accompanied by splinting of the adjacent muscles, with resultant 'muscle spasm.' "²



rheumatoid arthritis
involves both
joints and
muscles
only

MEPROLONE is the only anti-rheumatic-antiarthritic designed to relieve simultaneously (a) muscle spasm (b) joint-muscle inflammation (c) physical distress . . . and may thereby help prevent deformity and disability in more arthritic patients to a greater degree than ever before.

SUPPLIED: Multiple Compressed Tablets in bottles of 100, in three formulas:

MEPROLONE-5—5.0 mg. prednisolone, 400 mg. meprobamate and 200 mg. dried aluminum hydroxide gel.

MEPROLONE-2—2.0 mg. prednisolone, 200 mg. meprobamate and 200 mg. dried aluminum hydroxide gel.

MEPROLONE-1—supplies 1.0 mg. prednisolone in the same formula as MEPROLONE-2.

1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).

2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).

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THE FIRST **MEPROBAMATE** **PREDNISOLONE** THERAPY

meprobamate to relieve muscle spasm
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relieves both
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and joint inflammation



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Progress in Medical Education Parallels History of I.U. School*

MEDICAL EDUCATION was made a responsibility of Indiana University by the General Assembly in 1838 but no appropriation was made for maintaining a School of Medicine, and, while some attention had been given to the possibility it was not until 1903 that formal action was taken.

It was only a few months after the inauguration of the late Dr. William Lowe Bryan as president of Indiana University, that he proposed to the trustees the establishment of a medical department. Indiana University, he pointed out, was offering a number of medical courses but to fill out two years' work human anatomy and pathology must be added along with additional work in physiology.

The proposal was approved and Dr. Burton D. Myers, then at Johns Hopkins, was brought to Indiana University to head the Department of Anatomy and work with President Bryan and others in the development of Medical Education. The first students were accepted in the fall of 1903 and shortly afterwards the University Bulletin outlined a two-year medical course and two years of premedical requirements. At that time Indiana was the fourth medical school in America to require two years of college work for entrance. The others were Harvard, Johns Hopkins and Western Reserve. Property of the Central College of Physicians and Surgeons in Indianapolis was acquired and provided facilities for a complete four-year course in medicine. Further extension and development followed rapidly (as shown by the accompanying chart) including the transfer of the School of Medicine from its downtown location to the present site as a part of the Indiana University Medical Center on West Michigan Street.

In the ensuing years, the School of Medicine maintained an orderly growth as the focal point around which were located the teaching hospitals and auxiliary enterprises such as training pro-

grams for nurses, medical and X-ray technicians, hospital dietitians, occupational and physical therapists and other related activities.

CENTER STARTED IN 1919

When the present Medical School building was erected in 1919 and enlarged a few years later, it was designed to accommodate the second, third and fourth years of medical education (the first year being given on the Bloomington campus) with 60 students being accepted each year. During World War II the program was accelerated to meet the great need for additional physicians and the size of the beginning class which had been expanded at various times, was then set at 128 beginning students per year.

Realizing that the end of World War II would bring many students back, the Indiana University School of Medicine made provision for taking 22 more students per year, or a beginning class of 150. Indiana was one of the first schools to act in providing for the influx of medical students and ranked among the first five schools in the nation on the basis of first-year enrollment. In more recent years other schools have increased their enrollment but Indiana is still among the top 10 medical schools on this basis.

Another significant development in medical education at Indiana University took place following World War II, the expansion of a medical research program. The academic leadership of the school and the quality of care provided patients in the teaching hospitals was widely recognized but little attention had been given to a research program. Such a program was felt essential for three reasons: 1. Opportunity for research is a factor which attracts outstanding men to the faculty; 2. A well-balanced research program is a constant stimulation to students by developing an "inquiring mind" and bringing them into close contact with studies of various diseases; and, 3. the functioning of a research program results in better care for the

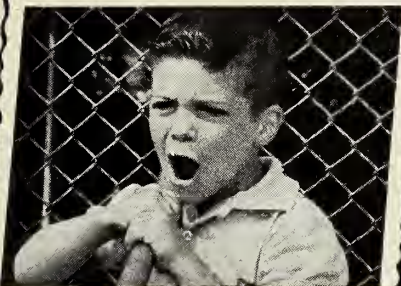
* Prepared by Marc G. Waggener, News Bureau, Indiana University Medical Center, Indianapolis.

MY DAD — HE HURT HIS BACK REAL BAD

"It happened
at work
while he
was putting
oil in
something"



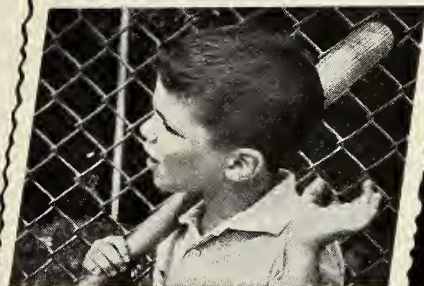
"He told
Mom his
shoulder
felt like
it was on
fire"



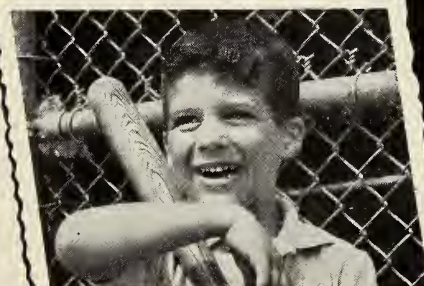
"He couldn't
swing a bat
without
hurting"



"But Doctor
gave him
some nice
pills--and
the pain
went away
fast"



"Dad said
we'd play
ball again
tomorrow
when he
comes home"



AND THE PAIN WENT AWAY FAST

FOR PAIN Percodan® TABLETS

(Salts of Dihydrohydroxycodeinone
and Homatropine, plus APC)

ACTS FASTER...
usually within 5-15 minutes

LASTS LONGER...
usually for 6 hours or more

MORE THOROUGH RELIEF...
permits uninterrupted sleep through the night

RARELY CONSTIPATES...
excellent for chronic or bedridden patients

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patient through the presence of faculty members with special skills and the presence of laboratories for the study of special cases.

RESEARCH AT I.U.

Development of the research phase in the Indiana University School of Medicine began in 1947 and has continued until today when more than three-quarters of a million dollars is being expended in seeking the cause and control of various diseases. These research funds come from a variety of sources and organizations—the Riley Memorial Association, the Indiana Elks Association, the Lions Clubs of Indiana, the Indiana Heart Foundation, the Indiana Cancer Society—to name only a few. There are many local organizations which aid in research, many trusts and foundations, and to some extent, the armed services, the National Institutes of Health and others.

Much of the research undertaken is of a basic nature—the study of causes of normal cells becoming malignant; the use of radioactive materials in detecting tumors; the role of the kidneys in heart trouble are examples. Also involved are the search for better surgical procedures for operating on the open heart and great vessels; for repairing damage resulting from spinal cord injuries; and for more effective treatment for other conditions.

Development of the research program has demonstrated beneficial dividends in the care of patients and in the better understanding on the part of medical students of present-day diseases and their management.

Medical education is not and cannot be rigid and unchanging. The past half-century which covers the existence of the Indiana University School of Medicine, has been characterized as the Golden Era of medicine.

It brought many changes in medical treatment. The sulfa drugs, the antibiotics and others revolutionized the earlier concepts of the management of many diseases. The expansion of X-ray equipment into the supervoltage stage, development of the beatron, the cobalt bomb and more recently the use of radioactive iodine, phosphorus and other materials in diagnosis and treatment have contributed to medical knowledge.

Each of these developments must be included in the medical curriculum and furnish a part of

the knowledge which the student in medical school must accumulate before he is properly equipped to take his place in the ranks of the practicing physician.

Something of the added pressure on today's medical students is indicated by the number of hours required for the M.D. degree today as compared with 12 years ago. The 1945-46 catalogue listed 4,594 hours as required for the degree. Today, largely due to increases in clinical experience, 5,534 hours are required.

In the evolution of medical education, senior clerkships were established about 1946 but as curriculum demands increased, the "quarter" system replaced the semester plan for senior students in 1951 and two years later the junior students were placed on the same plan. This means that one-fourth of a class is not in school during the spring quarter, another fourth is away for the summer quarter; a fourth is free during the fall quarter and the remaining fourth is free during the winter quarter. For many of the students the "free" quarter is also a busy time. Some of them serve as hospital externs, some take preceptorships, and others find other employment or use the time to gain additional knowledge and experience related to their profession.

SCREENING IMPORTANT

This more demanding curriculum, for which medical educators have no answer unless the present four-year course is expanded to five years, makes the selection of candidates for medical school more and more important. Primary requirements are a successful showing in the national aptitude test which all applicants for admission to any medical school must take; a satisfactory record of scholarship; successful passage of a physical examination, a satisfactory showing when interviewed by members of the admissions committee, and letters of recommendation from teachers, employers and others. From this data, it is the responsibility of the committee to select the membership of the beginning class.

As a rule, all applicants accepted are Indiana residents with a limited number of places given to applicants from states which accept Indiana applicants in their medical schools.

Enrollment in the Indiana University School

Continued

...capsules containing either the corresponding base or the hydrochloride alone. In addition, the average levels derived from the tetracycline base or the chlortetracycline base were higher than those produced by the corresponding hydrochloride though lower than those resulting from the mixture containing the base and sodium metaphosphate. In the study with chlortetracycline⁶ capsules containing a mixture of the hydrochloride and sodium metaphosphate were also included in the crossover, and the average levels produced by these capsules were the same as with the mixture of chlortetracycline base with sodium metaphosphate.

Although the enhancement of blood levels of tetracycline by phosphate, either complexed to the tetracycline or mixed with the base or the hydrochloride, thus seemed fairly well established, some doubts still remained because certain reliable observers (including many whose results have not been published) failed to confirm the findings with the materials and methods they used. Further confusion seemed to be added by a subsequent report of Welch et al.,⁷ who, in repeating a crossover study with capsules of tetracycline phosphate complex and tetracycline hydrochloride with and without sodium metaphosphate, found much higher

in lower, and sodium metaphosphate in higher serum antibacterial activity than was observed in their absence. Oil and sorbitol did not interfere with tetracycline absorption.

Dicalcium phosphate is widely used as a filler in various capsules, including those of the tetracyclines. The authors cite a large number of other studies that implicate the presence of calcium ions as the cause of the reduced absorption of tetracyclines and show that citric acid can partially neutralize this effect. The depressing effect of food on the serum levels of tetracycline is likewise explained by the goodly amount of minerals contained in commercial laboratory diets, and they postulate that the multivalent cations may be responsible for the poorer absorption of the drug. The authors could not explain the failure of citric acid to enhance serum concentrations when administered with tetracycline base in contrast to its marked effect when given as the hydrochloride. However, they hypothesized that the ability of citric acid to enhance serum levels of tetracycline is related to its ability to form complexes unavailable for

“...Tetracycline hydrochloride and citric acid, in an encapsulated mixture, produced higher serum concentrations and greater urinary excretions, and hence better absorption of tetracyclines, than any other preparation studied...”

...of sodium metaphosphate were published simultaneously with the last mentioned report of Welch et al.⁷ These data were based on thoroughly controlled studies⁸ and include additional studies exclusively

...an addendum to the last mentioned paper of Welch et al.⁷ indicates that in their study the capsules of tetracycline hydrochloride, chlortetracycline hydrochloride and tetracycline phosphate complex all contained dicalcium phosphate as a filler, whereas the capsules containing citric acid and sodium hexameta-phosphate did not contain any dicalcium phosphate. This could clearly explain the discrepancies noted in that study. Likewise, the inconsistencies in other studies may very well have been due to the presence of calcium as fillers in some of the preparations.

...is, however,

Editorial.
The New England Journal of Medicine.
258:97-99, (January 9) 1958.

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TETRACYCLINE HCl BUFFERED WITH CITRIC ACID

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*Reg. U. S. Pat. Off.

of Medicine or the medical schools of other states, is governed by four factors:

1. adequate teaching facilities such as classrooms and laboratories,
2. an adequate faculty,
3. availability of so-called "teaching material" in school-related hospitals, and,
4. an adequate number of qualified applicants.

EXPANSION PLANNED

A survey of the Indiana University School of Medicine was made by a study commission created by the General Assembly in 1951. Reporting to the 1953 session, the commission based its recommendations on those four factors as preliminary to a further increase in medical school enrollment. As a result of that report, a new Medical Science building is scheduled for completion and occupancy this year; planning funds for additional hospital facilities have been provided; and some additions have been made to the teaching staff.

No review of medical education in Indiana would be complete without recognition of the important role which is played by physicians in general and specialty practice in the Indianapolis area and other parts of the state. There are 300 of these physicians who take time from their private practice to serve as members of the teaching staff of the School of Medicine. They give lectures, conduct clinics and ward rounds which are an important part of the medical education program. It is estimated that they are responsible for approximately 30 percent of the teaching program.

There is another phase of medical education

not to be overlooked in discussing the function of the School of Medicine—the role of the school in graduate and postgraduate education. This area too reflects the high standing in which the Indiana University school is held throughout the nation. The University Hospitals routinely receive many applications for intern and residency training from graduates of the leading medical schools of the country. These applications come from all over the country and indicate the high opinion of the educational program offered here, in the minds of young physicians preparing to enter active practice and to specialize in some particular field of medicine.

On the postgraduate level, more than 40 special programs are being held by the School of Medicine in the 1957-1958 year to give the physicians of the state an opportunity to meet and hear visiting authorities, discuss new developments in various fields of medicine, and to receive reports on research activities. This is an important service to the physician whose crowded hospital and office schedule leaves little time to keep abreast of the almost daily developments in his profession.

In recent years the Indiana University School of Medicine has assumed increasing responsibility for the education of young men and women in the auxiliary health sciences. At the present time preparation is offered in the fields of medical technology, medical records, X-ray technology, hospital dietetics, occupational therapy, physical therapy, public health sanitation and education, and hospital administration. The graduates from these courses play an important role in the health field through their employment in hospitals, clinics and physician offices and in various health agencies.

Chronological Progress Table

THE INDIANA UNIVERSITY SCHOOL OF MEDICINE

1903—Dr. Burton D. Myers brought to Indiana University by President William Lowe Bryan to head the Department of Medicine which had been approved by the Trustees on the urging of President Bryan. Classes in anatomy and physiology started in September, 1903.

1904—University Bulletin outlined two-year medical course and two-year premedical course. Admitted to membership by the Association of American Medical Colleges; recognized by the Indiana State Board of Medical Registration and Examination.

Continued

as simple
as *1-2-3*
in
HYPERTENSION

1 INITIATE 'DIURIL' THERAPY

'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS

The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be *immediately* reduced by 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION

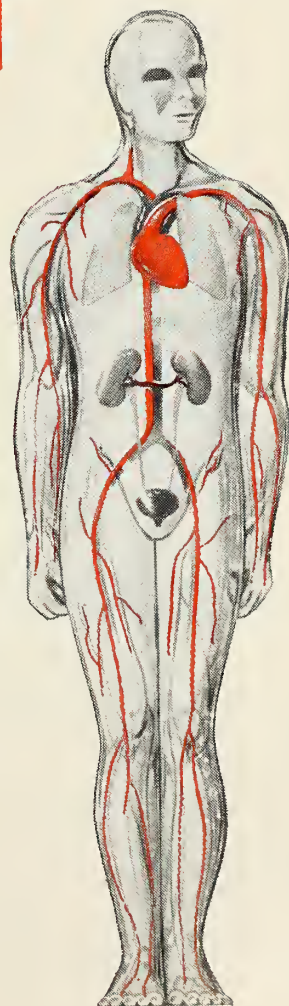
The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

BENEFITS:

- improves and simplifies the management of hypertension
- markedly enhances the effects of antihypertensive agents
- reduces dosage requirements for other antihypertensive agents—often below the level of distressing side effects
- smooths out blood pressure fluctuations

INDICATIONS: management of hypertension

Smooth, more trouble-free management of hypertension with 'DIURIL'



Chronological Progress Table

Continued

- 1906—Funds raised at Bloomington to acquire title to buildings of the Central College of Physicians and Surgeons located in Indianapolis, providing for last two years of medical course. Renamed, State College of Physicians and Surgeons.
Dr. Myers reported enrollment of 25 seniors, 27 juniors, 20 sophomores, 37 freshmen. Total enrollment, 109.
- 1908—Negotiations completed for consolidation of the Indiana Medical College with the Indiana University School of Medicine. School moved to Indiana Medical College building at Market and Senate. Dr. Allison Maxwell named as Dean.
- 1911—Dr. Robert W. Long offered \$200,000 for erection of a hospital for the use and benefit of the Indiana University School of Medicine—the hospital to serve the state.
Medical school re-organized with freshman year continued at Bloomington, other years given at Indianapolis.
Dr. Charles P. Emerson named as Dean.
- 1914—Long Hospital dedicated on June 15, first patient admitted on June 19. Training School for Nurses established with seven students enrolled.
- 1916—Plans started for new Medical School building to be located near the new Long Hospital.
- 1919—New Medical School building occupied. Building erected at cost of \$257,699.32. Designed for classes of 60 students.
- 1921—Legislature authorized erection of James Whitcomb Riley Hospital for Children adjacent to Long Hospital and Medical School.

Continued



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Ferrous Sulfate.....	50 mg.	Pyridoxine Hcl.....	0.3 mg.
Rutin.....	10 mg.	Niacinamide.....	20 mg.
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B-12.....	1 mcg.	Magnesium.....	5 mg.
Molybdenum.....	0.5 mg.	Iodine.....	0.15 mg.
Cobalt.....	0.1 mg.	Potassium.....	2 mg.
Copper.....	0.2 mg.	Zinc.....	1 mg.
Vitamin A.....	5,000 I.U.	Choline Bitartrate.....	40 mg.
Vitamin D.....	400 I.U.	Methionine.....	20 mg.
Vitamin E.....	1 I.U.	Inositol.....	20 mg.
Cal. Pantothenate.....	3 mg.		

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*REFERENCE: J.A.M.A. 163: 359, 1957 (February 2)

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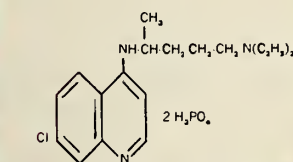
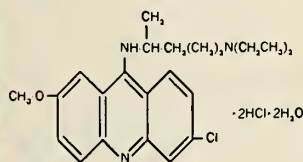
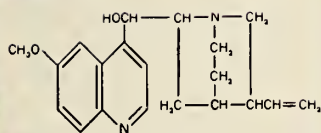
DETROIT 34, MICHIGAN

Progress in **SYNTHETIC CHEMISTRY**
EQUALS
Progress in **CHEMOTHERAPEUTICS**

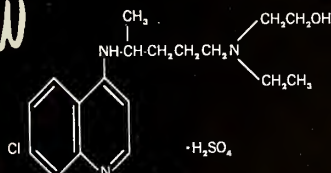
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". . . Plaquenil is decidedly less toxic and better tolerated by the average patient, even in high dosage, than is chloroquine."²

". . . the least toxic of its class . . ."³



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RHEUMATOID ARTHRITIS

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SUPPLIED: Tablets of 200 mg., bottles of 100.

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REFERENCES:

Scherbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
Schoch, A.G., and Alexander, L.J.: The Schoch section, *Bull. A. Mil. Dermatologists* 5:25, Nov., 1956.
Cornbleet, Theodore: *Arch. Dermat.* 73:572, June, 1956.

Atabrine (brand of quinacrine), Aralen (brand of chloroquine) and Plaquenil (brand of hydroxychloroquine) trademarks reg. U.S. Pat. Off.

Chronological Progress Table

Continued

- 1924—Riley Hospital dedicated, first patient admitted.
- 1927—William H. Coleman Hospital for women completed.
- 1928—Addition to Medical School building (auditorium, Dean's office, etc.) completed.
Ball Residence (housing nurses and nursing school) dedicated.
- 1930—Kiwanis Unit added to Riley Hospital.
- 1931—Rotary Convalescent Unit completed.
- 1932—Dr. W. D. Gatch named Dean of the School of Medicine.
- 1933—Building completed for School of Dentistry.
- 1937—Clinical Building completed.
Medical School building completed on Bloomington campus.
- 1939—State Board of Health building completed at Medical Center.
- 1942—Medical School accelerates classes to meet World War II needs.
32nd General Hospital re-activated, led by Dr. C. J. Clark.
- 1945—Ball Residence annex erected to provide additional housing.
- 1947—Temporary buildings erected on campus for emergency housing, administration offices and classrooms.
Dr. John D. VanNuys named Dean.
Medical research expansion begins with \$250,000 five-year grant from Riley Memorial Association.
- 1948—Medical School increases beginning class from 128 to 150 students, making room for returning servicemen.
- 1949—Clinical building addition doubles space for radiology.
State Board of Health moves to new building, former structure added to Medical Center as Laboratory-Science Building.
- 1950—Riley Research Wing completed.
- 1951—Construction begins on Student Union-Food Service building. Dedicated in September 1953.
- 1952—Construction begins on Cancer Research Unit, and Service Building.
LaRue Carter and West 10th Street VA hospitals opened. (state)
- 1953—General Assembly allocates \$4,760,000 to begin construction of new Medical Science Building.
School of Medicine observes 50th anniversary in conjunction with Alumni Day and dedication of the Student Union and Food Service building.
- 1955—\$2,500,000 allocated for completion of Medical Science building, plus \$248,000 for remodeling of 5th and 6th floors of Clinical building to provide a recovery room, four additional surgeries, and 45 additional beds.
- 1956—Dedication of building housing the Institute of Psychiatric Research, investigating program carried on under the School of Medicine through the Department of Psychiatry.
- 1957—Ball Residence for Nurses remodeled to provide housing for additional student nurses.
Construction begun on two housing units, a 105-unit apartment building of efficiency and one-bedroom apartments and a 250-bed dormitory unit connected with the Union-Food Service Building for unmarried students. Both units are scheduled for completion in 1958.
Extensive remodeling program begun at Riley Hospital for Children to meet modern requirements for additional outpatient and diagnostic facilities. Major reconstruction, involving outpatient and admission areas being completed in 1958.
- 1958—Planning under way for a new general hospital for adults to include rehabilitation wing, as proposed by survey of hospital development needs for the area.
Planning for addition to School of Dentistry Building (first since building was erected in 1933) to permit expansion of enrollment and adequate teaching areas.

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C I B A SUMMIT, N. J.

2/2510MK

Clinical Cardiology Course to Be Held at Medical Center on May 26-27

THE DIVISION of Postgraduate Medical Education of Indiana University School of Medicine offers a course in Clinical Cardiology at the Student Union Building, Indiana University Medical Center, on May 26 and 27.

Modern diagnosis and therapeutic procedures will be presented with an anatomic and physiologic background. Rheumatic heart disease, arteriosclerotic heart disease and congestive heart failure will all be covered in the course.

Faculty for the two-day course includes Drs. W. Donald Close, associate professor; Warren E. Coggeshall, assistant professor; Charles Fisch, assistant professor; George T. Lukemeyer, assistant professor; Richard M. Nay, assistant professor; Hunter A. Soper, assistant professor; Morris E. Thomas, assistant professor, all of the Department of Medicine; and Dr. Parker R. Beamer, professor of pathology.

Applications with the \$20 registration fee

made payable to Indiana University School of Medicine should be sent to the Director of Postgraduate Education, Indiana University School of Medicine, 1100 West Michigan Street, Indianapolis 7. Fees will be returned if the enrollment limit has been reached. The course offers 16 credit hours to members of the AAGP.

I.U. residents and interns and listed members of the I.U. faculty may register without fee.

The official program follows:

Monday May 26

8:30-9 a.m.—Registration

Normal Anatomy and

Physiology-----Dr. Lukemeyer
Pathogenesis of Rheumatic Heart Disease ;
to include Gross Pathology and
Microscopic Pathology-----Dr. Beamer
Pathologic Physiology of Rheumatic Heart
Disease. Correlation of Physical Find-
ings, EKG and X-ray-----Dr. Close
Medical Treatment-----Dr. Behnke
Question and Answer Period

LUNCHEON

Selection of Surgical Patient-----Dr. Close
Pathogenesis of Atheroscleroses--Dr. Coggeshall
Angina-----Dr. Thomas
Treatment of Auricular Fibrillation and
Ventricular Tachycardia-----Dr. Fisch
Question and Answer Period

Tuesday, May 27

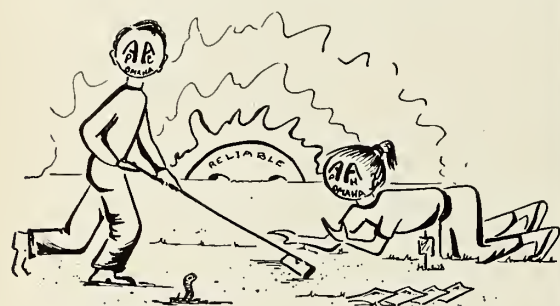
9 a.m. to 5 p.m.

Myocardial Infarction—Pathologic

Physiology and Clinical Picture--Dr. Behnke
Myocardial Infarction-Therapy-----Dr. Nay
Arteriosclerotic Heart Disease with
Angina or Infarction-----Dr. Thomas
Question and Answer Period

LUNCHEON

Pathologic Physiology of Congestive
Heart Failure-----Dr. Soper
Diuretics-----Dr. Coggeshall
Digitalis-----Dr. Close
Therapeutic Program and Its
Objectives-----Dr. Nay
Question and Answer Period



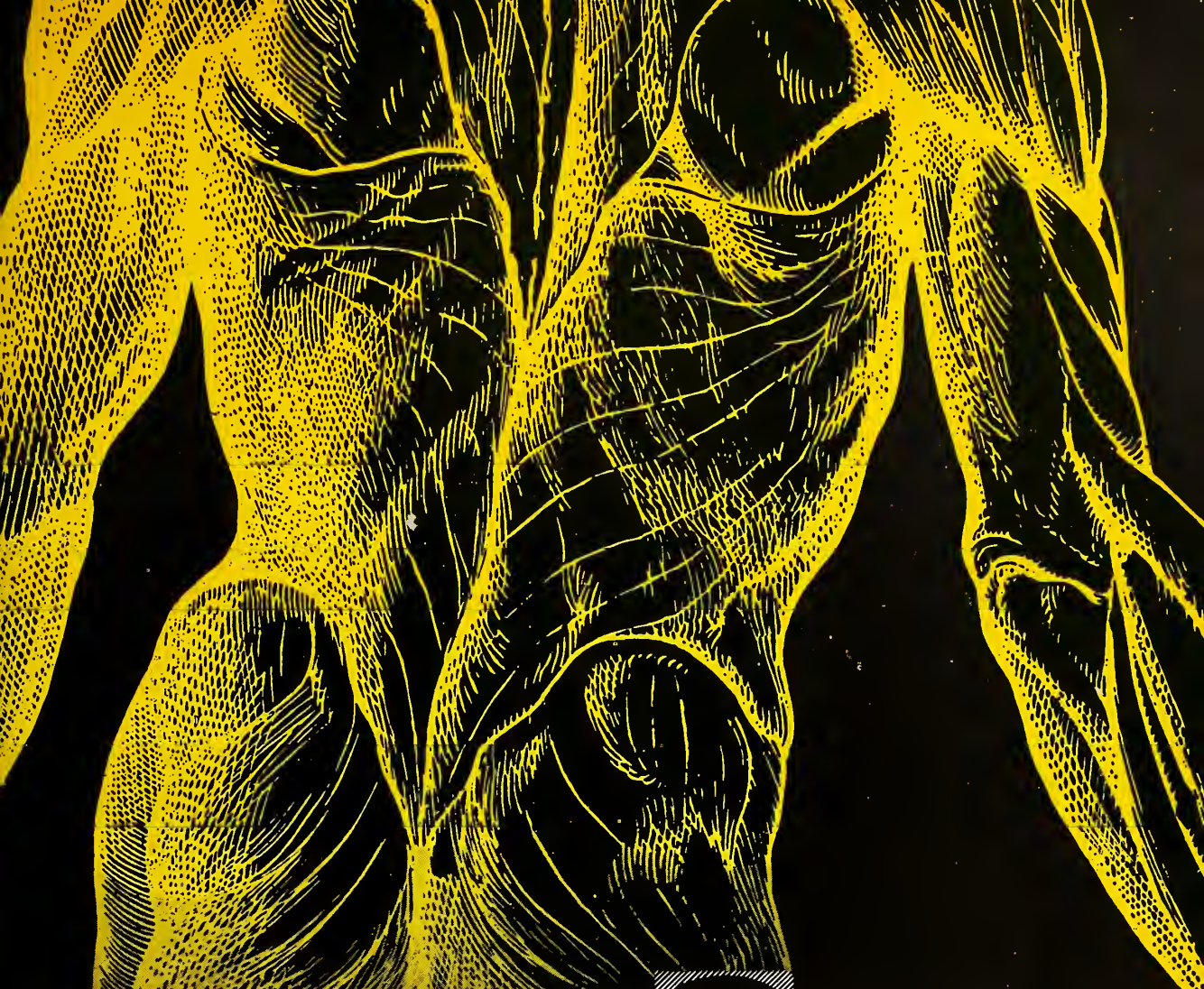
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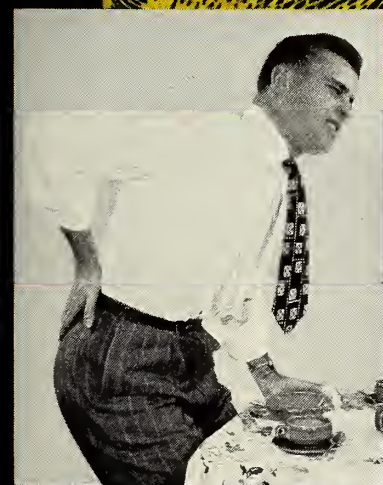
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Deaths . . .

Frank M. Lynn, M.D., 88, Peru, died in his home March 17. He had been ill for four years.

Dr. Lynn was born in Montgomery County and attended Wabash and Indiana Central Colleges before receiving his medical training. He obtained his degree in medicine in 1894 from Central College of Physicians and Surgeons at Indianapolis. He was in practice in New Richmond before going to Peru in 1907. He was in practice there until his retirement four years ago. During that period Dr. Lynn had served for eight years as Peru city health officer and secretary of the Board of Health.

He was a church member and belonged to several Masonic bodies.

Dr. Lynn was a member of Miami County Medical Society, the Indiana State and American Medical Associations.

Rolla B. Ramsey, M.D., 89, died March 19 in a Centerville nursing home following a long illness. He had been in retirement for 15 years.

Dr. Ramsey was born in Knightstown. He received his degree in medicine from the Eclectic College of Physicians and Surgeons in Indianapolis in 1893. Prior to World War I in which he served, Dr. Ramsey was in practice in Greenfield. On his return he began practice in Hagerstown where he remained until his retirement, when he moved to Richmond. He was a charter member of Hagerstown American Legion post and held lodge membership there.

William D. Asbury, M.D., retired Terre Haute physician, died March 29 in St. Anthony's Hospital from injuries received in a two-car highway collision two hours earlier. He was 83.

Dr. Asbury was alone in his car at the time of the accident which occurred one mile south of Terre Haute.

He was a native of Clay County, a graduate of Indiana State Teachers College, and taught school for several years before entering medical college. He was at one time principal of Hymera High School and president of Sullivan County Teachers Association.

Dr. Asbury was graduated with a degree in

pharmacy before receiving his degree in medicine from the University of Louisville School of Medicine in 1904. He practiced in Coalmont before establishing his office in Terre Haute in 1917. He served during World War I.

In 1949 Dr. Asbury retired from active practice, then served for three years as Rose Dispensary physician, leaving that post in 1952.

Dr. Asbury was a past president of Vigo County Medical Society, the Terre Haute Academy of Medicine and the Terre Haute Rotary Club. He also held membership in the Aesculapian Society of Wabash Valley and was a senior and Fifty Year Club member of the Indiana State Medical Association and the American Medical Association.

John M. Byrne, M.D., 42, Delphi physician and surgeon, died March 31 in St. Elizabeth's Hospital, Lafayette, as the result of an automobile accident early Sunday morning near Delphi. Two passengers in his car and the driver of a second automobile involved in the crash were all hospitalized.

Dr. Byrne was a native of Utica, New York, and a 1941 graduate of New York University College of Medicine. He served his internship at Bellevue Hospital and took postgraduate work in surgery at New York University. He served during World War II for three and one-half years in the Army Medical Corps. Prior to establishing his practice in Delphi in 1951 Dr. Byrne was resident surgeon at Wilson Hospital, Johnson City, Tennessee.

Dr. Byrne was Delphi city health officer. He served on the staffs of St. Elizabeth and Home Hospitals, Lafayette, and White County Memorial Hospital. He was a member of veterans' and lodge organizations.

Medical affiliations were with the Carroll County Medical Society, the Indiana State and American Medical Associations. He was also a junior fellow of the American College of Surgeons.

Cleorie E. Munk, M.D., 73, Kendallville ophthalmologist and otolaryngologist since 1915, died

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Deaths

Continued

in McCray Hospital, Kendallville, April 4. He had been seriously ill for one month.

Born near Kendallville, Dr. Munk attended business school before entering the Eclectic Medical College of Cincinnati where he received his degree in 1912. He then served a two-year residency at Chicago Eye, Ear, Nose and Throat Hospital before establishing his practice in Kendallville. Later he took special work at the University of Bordeaux, France.

For more than 20 years Dr. Munk had served as program chairman of the Northeastern Indiana Academy of Medicine and had provided many internationally known speakers for Academy programs. He also was president of the Northeastern Academy. Dr. Munk retired in 1957.

In addition to church, lodge and special medical organization memberships, Dr. Munk was a member of Noble County Medical Society, the Indiana State and American Medical Associations.

C. N. Harris, M.D., 83, who had practiced in Indianapolis since 1908, died in the home of a

relative on April 6. He had been ill for two months.

Dr. Harris, a native of Circleville, Ohio, was graduated from Meharry Medical College in 1900. He practiced in Mt. Sterling, Kentucky, for eight years before moving to Indianapolis where he established an office at 1806 Boulevard Place where he remained until becoming ill. He was a former city school physician, was treasurer of the Boulevard Civic League, and held church and lodge memberships.

William Theodore Miller, M.D., 65, died in his Indianapolis home April 9. He had been ill for several years and was in retirement.

Dr. Miller was a native of Indianapolis and had spent his entire life in the community. He was a graduate of Butler University and received his degree in medicine from Indiana University School of Medicine in 1918. Before his retirement his office was at 2411 East 10th Street, Indianapolis. He was on the staffs of St. Vincent's and Methodist Hospitals during his 35 year career as a physician.

He was a former member of Indianapolis Medical Society, the Indiana State and American Medical Associations.

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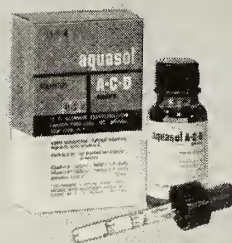
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NEWS NOTES—from State and Nation

Doctors Discuss Diverse Topics for Public Groups

Continuing demand for the appearance of physicians at meetings of lay health, civic club and religious organizations is indicated in recent reports.

At Columbia City, Dr. Otto F. Lehmberg was guest speaker at the March meeting of the Business and Professional Women's Club in the American Legion home. The theme for the entire program was "Early Detection Is Safety" and Dr. Lehmberg talked on "Safety in the Home".

Dr. Harry Pandolfo, president of Indianapolis Medical Society, addressed alumni of the Indianapolis Practical Nurses organization in the World War Memorial on March 20.

On March 19, Dr. Franklin B. Peck, Jr., Indianapolis General Hospital, spoke to the com-

munity service department of the Woman's Department Club, Indianapolis.

The Whitley County Ministerial Association held a question and answer period following a talk by Dr. John Langohr of Linvill Memorial Hospital, Columbia City. Dr. Langohr discussed the importance of ministering to the total individual, his physical, emotional and spiritual make-up. The meeting was held in Methodist church, Columbia City.

During a month's program of radio interviews on Station WWCA, Gary, the general subject "Health in Your Community" was covered. Physicians heard on the series were Drs. Samuel G. Brady and Michael Shellhouse, both of Gary. Also on the programs were John Twyman, executive secretary of Lake County Medical Society, and several nurses, school authorities, and representatives of other health groups.

At a public meeting in Harris Hall, Greenfield, on March 28, a panel of physicians discussed cancer of the gastrointestinal tract and then answered questions which had been submitted by mail and telephone. Panelists were Drs. Donald M. Schlegel and John W. Beeler, Indianapolis; Drs. John J. Farrell and John H. Smith, both of Greenfield; and Dr. Harold M. Manifold, Fortville. The meeting was sponsored by the Hancock County Cancer Society.

Drs. Emmett B. Lamb and Louis W. Spolyar, Indianapolis, were members of a panel of industrial physicians on the program of the Indiana Association of Industrial Nurses in the Pick-Oliver Hotel, South Bend, on March 16.

Dr. A. C. Worley, Fort Wayne, addressed a public meeting sponsored by the Fort Wayne Academy of Science in the YMCA in Fort Wayne on March 27. He spoke on "The Modern Advances in Medicine" and told of the important discoveries in medicine and surgery during the last 25 years.

Dr. J. C. Gibbs, who practiced medicine in Crown Point for 40 years prior to moving to Florida in 1922 for residence, celebrated his 102nd birthday in Orlando on March 10, and



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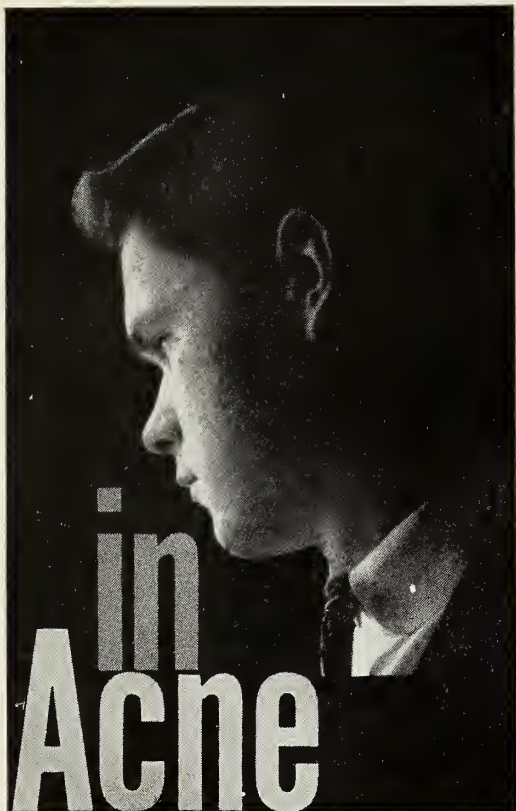
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May we send more complete information and bibliography?

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1. Hodges, F. T.: *GP* 14:86, Nov., 1956.

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was reported in good health. He is believed to be the oldest living alumnus of the University of Michigan Medical School.

Many Indiana Physicians at Academy Meeting in Dallas

The 10th annual Scientific Assembly of the American Academy of General Practice was held in Dallas, Texas in late March with a large delegation of Indiana physicians among the 5,000 attending.

A partial list of Hoosier doctors attending includes Drs. William A. Kleifgen, Francis L. Land, K. F. Perrin and D. L. Tennant, all of Fort Wayne; J. E. Schreiner, Bremen; Jerome H. Wait and O. F. Lehmberg, Columbia City; Donn Hunter, Greenfield; Robert W. Kuhn, Wilkinson; Warren Bergwall and John R. Stanley, Muncie; J. F. Hinchman, Parker; Basil M. Merrell, Rockville; A. A. Wade, LaGrange; Carl L. Green, Vincennes; Frank H. Green, Rushville; Hugh K. Andrews, Charles A. Jones and Jack L. Walters, Franklin; F. M. Fargher, Michigan City; Dr. Loren Martin, Indianapolis; J. J. Lind, Mulberry; and Robert E. Bryan, Kendallville.

The Mayo Foundation, Rochester, Minnesota, reports that two surgeons who recently completed residencies there have come to Indiana to enter practice.

Dr. John W. Bossard, who had been a fellow in neurologic surgery at the Mayo Foundation since 1952, will be located in Fort Wayne.

Dr. Thomas C. Burger, a fellow in surgery at the Mayo Foundation since 1954, has left Rochester and will be located in Evansville.

Dr. Guy A. Owsley, Hartford City, and Dr. Kenneth L. Craft, Indianapolis, will appear on the program at the American Medical Association convention in San Francisco, June 23-27. Dr. Owsley will discuss "Otolaryngologic Therapy" and Dr. Craft's subject will be "The Value of Self-Inflation of the Middle Ear."

Dr. Stephen D. Smith, who recently completed his training at the Indiana University School of Medicine, is associated for several

months in the practice of medicine with Dr. Richard C. McNabb in Knightstown. Dr. and Mrs. Smith are living at 35 West Third Street, Knightstown, but plan to leave later in the summer for California where Dr. Smith will continue his training.

18 Interns to Join Staff at Indianapolis Methodist

Fifteen students who will receive their medical degrees from Indiana University School of Medicine at the close of the school year will join the Indianapolis Methodist Hospital staff for one-year internships July 1.

They include Drs. Donald C. Austin, Lee F. Dupler, Frank W. Fortuna, Robert L. Gregory, William R. Hall, Daniel E. McLaren, James P. Scudder, Charles R. Thomas, Fred P. Warbinton, and Harold W. Williams, all of Indianapolis; George W. Bowers, Fort Wayne; Eugene T. Karnafel, South Bend; Ronald R. Reed, East Chicago; James P. Sidall, Monroeville; and Nicholas White, Paterson, New Jersey.

Those from other schools who will serve in-

ternships at Methodist are Drs. Robert S. Bujard, Baylor University College of Medicine, Texas; Theodore J. Eckberg, University of Wisconsin Medical School; and David O. Wilson, Stanford University School of Medicine, California.

Construction is expected to start soon on the **Ludlow Hill Clinic** adjacent to the new Dearborn County Hospital at Lawrenceburg.

Planned by Drs. Henry W. Conrad, Allen W. Aldred, Lowell G. Hunter, and Frank L. Frable, Jr., the clinic building will contain 20 rooms, be of brick, stone and concrete construction, and its estimated cost is \$90,000. It will be a one-story structure, measuring 78 by 108 feet.

Plans call for the future construction of four residences for the clinic physicians near the main building.

All four doctors are at present associated with the Whitlatch Clinic at Milan.

Dr. Myrle E. Artis, who recently completed an internship at Riverside Hospital, Toledo, has

Continued

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references: 1. Strub, I. H.: Personal communication. 2. Ayd, F. J., Jr.: presented at Ohio Assembly of General Practice, 7th Annual Scientific Assembly, Columbus, September 18-19, 1957.



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opened an office for the practice of medicine at 107½ South Union Street, Kokomo. He is a 1957 graduate of Indiana University School of Medicine. Dr. and Mrs. Artis and their two sons live at 527 East Jackson street, Kokomo. Mrs. Artis is librarian of the School of Nursing at St. Joseph's Hospital.

Dr. John E. Kerr, Jr., who was formerly in general practice in Chicago, has opened an office at 507 Warren Building, Michigan City, where he will specialize in urology. He recently completed a residency at Cook County Hospital, Chicago. Mrs. Kerr, also a physician who teaches at Northwestern University Medical School, and their small daughter will join him in Michigan City early in the summer.

Dr. Myer Stumer, Michigan City, was recently elected a fellow in the American Academy of Orthopaedic Surgeons. He was inducted during the February convention of the association in New York.

Cynthiana Physician in Practice for 60 Years

Dr. Samuel B. Montgomery, now nearing 84 and in active practice at Cynthiana, completed 60 years in the practice of medicine March 29. The last 56 years have been spent in his present location. He began practice in Poseyville and then moved to St. Wendel before establishing his office in Cynthiana in 1902.

Interviewed by a local newspaper, Dr. Montgomery recalled early days of calling on patients on foot, on horseback, later in a buggy, and eventually by automobile. He spoke of washed out bridges, highway robbers who freed him when they learned he was a doctor, and told proudly of his uncles and cousins who had also been physicians in southern Indiana.

He is a graduate of Louisville Medical College.

Dr. James B. Maple, the "dean" of physicians in Sullivan county, and necrologist for The JOURNAL of the Indiana State Medical Association, was honored by men of the Sullivan

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Reference: 1. J.A.M.A. 158: 386 (June 4) 1955.

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Methodist church on his seventy-ninth birthday on March 25. Dr. Maple made a brief talk after being presented with a bouquet of 79 red carnations, and hearing tribute paid him by several Sullivan citizens.

Golf Tournament Planned During A.M.A. Convention

The American Medical Golfing Association is holding its annual golf tournament in conjunction with the A.M.A. convention June 23 at the beautiful Olympic Lakeside Golf and Country Club, San Francisco. Association officers in announcing this 43rd tournament say, "This will be a whole day of rest and relaxation with golf, luncheon, banquet, and a prize for everyone. We have left no stone unturned to assure you the very best. Tee-off time, 8 a.m. to 2 p.m. We cordially invite all golfing doctors to attend. Handicaps scratch to 30 in flights."

For complete details contact Dr. James J. Leary, Secretary, 450 Sutter Street, San Francisco, California.

Indiana Men Renamed to World Medical Board

The Board of Directors of The World Medical Association held its 11th annual meeting in New York City on March 14. Dr. Austin Smith, Editor of the Journal of the American Medical Association, was elected chairman. Announcement was made of the re-election to board terms of Adam H. Fiske, Indianapolis, vice-president of Eli Lilly and Company, and of D. Mead Johnson, Evansville, president of Mead Johnson and Company. Mr. Fiske was awarded a Merit Citation in recognition of his work as a director.

Dr. James Kaler, formerly of Richmond, has opened an office for the general practice of medicine at 129 North Main Street, Kendallville. He had been on the staff of the Sunshine Tuberculosis Hospital at Grand Rapids, Michigan recently. Dr. and Mrs. Kaler have purchased a home at 133 South Riley Street in Kendallville.

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Dr. W. H. Howard Named Blue Shield President

Officers of the Blue Shield board of directors were elected recently with Dr. W. Harry Howard, Hammond, assuming the presidency. He succeeds Dr. W. U. Kennedy, New Castle, who had served as president since the formation of the Blue Shield Plan in 1946.

Others elected were Dr. Raymond R. Calvert, Lafayette, vice-president; Dr. W. L. Portteus, Franklin, secretary, and Elmer W. Stout, Indianapolis, treasurer.

Dr. Harry R. Stimson, Gary, Dr. Robert H. Denham, South Bend, and Dr. John W. Beeler, Indianapolis, were elected to three-year terms on the board of directors.

Dr. Howard was formerly vice-president of the board. He is a former president of the State Medical Association.

A civilian medical officer is needed at the U. S. Naval Ammunition Depot at Crane, according to an announcement by C. L. Rob-

inson, assistant civilian industrial relations director at the installation. Applications should be made by personal letter or on Forms 57 obtainable at most postoffices. The position pays \$7,465 per year. The physician is permitted private practice outside his regular working hours. Furnished or unfurnished living quarters are available both on and off the depot. A brochure giving full details is available from Mr. Robinson.

Gerontological Society Sets Dates; Invites Participation

The eleventh annual scientific meeting of the Gerontological Society, Inc., will be held at the Bellevue Stratford Hotel, Philadelphia, Pennsylvania, November 6, 7, and 8, 1958.

Abstracts of papers for the program should be submitted to the Program Committee for consideration by July 1, 1958. Abstracts should be sent to the sub-chairmen of the section in which the author(s) elect to give their paper.

The sub-chairmen are: *Clinical Medicine*—Dr. Ewald Busse, Duke University Hospital, Durham, North Carolina; *Biology*—Dr. Morris Rockstein, Department of Physiology, New York University, 550 First Avenue, New York 16, New York; *Psychology*—Dr. Ethel Shanas, National Opinion Research Center, 5711 South Woodlawn Avenue, Chicago, Illinois; and *Sociology*—Dr. W. M. Beattie, Jr., Department of Sociology, Washington University, St. Louis, Missouri.

Exact details as to the length of a presentation and its place on the program will be made available by the appropriate sub-chairmen. Scientific and commercial exhibits are scheduled with a series of social functions and a meeting open to the public. Chairman of the Exhibitions Committee is Dr. Leo Gitman, 813 Howard Avenue, Brooklyn 12, New York.

The plan of the meeting is to serve as a particular source of information in each section in addition to general sessions for the comprehensive information of all students of gerontology.

Co-chairmen for the meeting are Dr. Warren Andrew, Bowman Gray School of Medicine, Winston-Salem, North Carolina, and Dr. Joseph T. Freeman, 1530 Locust Street, Philadelphia 2, Pennsylvania.

HANDICAPPED?



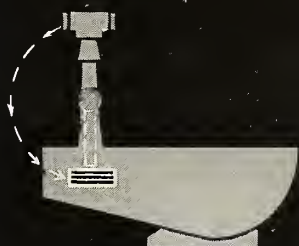
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"I have played on softball teams, was chosen as a member of the All-Star team, play tennis, and enter into any games that I would had I not been wearing an artificial limb," says O. D. Stane, Hanger wearer in Texas. Not all wearers of Hanger Limbs can jump as Mr. Stone does above. But Hanger wearers **can** and **do** walk comfortably, safely, and satisfactorily, and perform everyday activities. Hanger Limbs allow the amputee to return to daily life as a living and working individual.

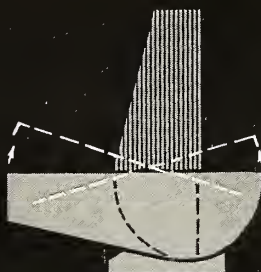
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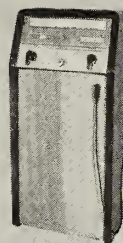
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Grant County Society and Auxiliary Sponsor Forum

A two-day public health symposium was held in the YWCA clubrooms in Marion on March 26 and 27. Sponsors were the Grant County Medical Society and the Woman's Auxiliary.

Major health problems were discussed by panels of Grant county physicians and dentists each evening at 7:30. Question and answer periods followed.

Educational exhibits were on display during both afternoon and evening, manned by members of the Auxiliary.

On March 26 the first topic discussed was "Health Hazards" with Dr. Eugene Rifner, Van Buren, moderating the panel discussion. Others participating were Drs. Arthur Snowwhite, Lester Renbarger, J. P. Powell, and Fred Malott.

"Obstetrics and Surgery" were discussed by the second group of panelists. Dr. Wendell W. Ayres was moderator for panelists Drs. B. J. Thompson, Charles Priest, Richard Davis and John Jarrett.

On the second evening "Preventive Medicine" was the topic discussed by Drs. R. M. Hummel, moderator, R. M. Schroeder, John Rhorer, Richard Lahr, L. J. Garrison, Jarold Tade and Hugh McNamee.

The last topic presented on the two-day program was on "Mental Health". Dr. William Koontz was moderator, and panelists were Drs. Jack Oatman and Newell Schmalzried.

Dr. Leo Diamond is president of the Grant County Medical Society and Mrs. Fred Malott is president of the Woman's Auxiliary. Program chairmen for the symposium were Dr. and Mrs. Lester L. Renbarger.

Among registrants at the Indiana University Medical Center's recent postgraduate course on obstetrics and gynecology were Drs. L. H. Allen, Bedford; Carolyn Rawlins and W. H. Howard, Hammond; Marvin McClain, Scottsburg; James Garrison, Cumberland; Donald Reid, Columbia City; Edwin Stumpf, New Haven; Eugene Gillum, Portland; Elizabeth Tate, Dunkirk; William C. Heilman and Robert McGee, New Castle; Andrew Russo, Crown Point; R. S.

Purcell, Griffith; Anita Hanson, Elwood; and Henry Faul, William D. Ritchie, and Mason Baker, Evansville.

Fifty Indiana physicians registered for the course.

Dr. Keith Hammond, Paoli general practitioner and Third District Councilor of I.S.M.A., will leave July 1 for a two-year residency in pediatrics at the University of Louisville Hospitals. Mrs. Hammond and their children will remain in Paoli.

During his absence, Dr. C. Stanley Manship and Dr. Charles X. McCalla III, graduates of Indiana University School of Medicine who are completing internships at Lima (Ohio) Hospital, will take over his practice.

Dr. Hammond plans to return to Paoli to practice with Drs. Manship and McCalla. He will limit his practice to pediatrics.

Trudeau School to Hold Session from June 2 to 20

The Trudeau School of Tuberculosis and Other Pulmonary Diseases, which will hold its forty-third session in Saranac Lake, New York from June 2-20, continues to provide a unique opportunity for training in the field of chest diseases. This annual postgraduate course, conducted under the auspices of the Trudeau Foundation and supported by the Hyde Foundation, provides outstanding instruction at a minimal tuition of \$100.00 for a three weeks session. Attendance at the Trudeau School carries with it a thorough review for specialization in pulmonary disease or for work in public health involving tuberculosis.

In addition to the local medical faculty consisting of some 40 doctors from Saranac Lake, Ray Brook State Tuberculosis Hospital, the Sunmount Veterans Administration Hospital and the Will Rogers Memorial Hospital, about 30 of the leading teachers and investigators in the eastern United States and Canada are brought to Saranac Lake each year to lecture or to conduct seminars in their special fields. Approximately half of the time is devoted to tuberculosis and

the other half divided between such subjects as silicosis, pulmonary fibrosis, emphysema, fungus infection, sarcoidosis, pneumonias and intrathoracic tumors.

The enrollment is necessarily limited and therefore application should be made early. A few scholarships are available for those who qualify.

All inquiries should be addressed to the Secretary, Trudeau School of Tuberculosis and Other Pulmonary Diseases, Box 500, Saranac Lake, N. Y.

Dr. B. E. Edwards Named President-Elect of IAGP

Delegates to the Indiana Academy of General Practice met April 15 in Indianapolis to elect officers and conduct business prior to the two-day scientific assembly in Murat Temple.

Dr. Bernard E. Edwards, South Bend, was named president-elect and will serve during the 1959-1960 Academy year.

Dr. Floyd A. Boyer, Indianapolis, assumed the presidency at this year's session.

Others named who will serve with Dr. Edwards were Dr. Wilson L. Dalton, Shelbyville, vice-president, and the following directors: Drs. Robert A. Schumaker, Terre Haute; Robert W. Kuhn, Wilkinson; Irwin S. Hostetter, Muncie; Hugh S. Ramsey, Bloomington; and James W. Crain, Williamsport.

Dr. Frank H. Green, Rushville, was named delegate to the American Academy of General Practice convention in San Francisco next March; and Dr. John D. Wilson, Evansville, was selected as alternate delegate.

Speakers on the program for the Academy's scientific sessions were Drs. Clyde G. Culbertson, Frank B. Ramsey, Russell J. Spivey, Emmett B. Lamb, Floyd A. Boyer, Stewart T. Ginsberg, state commissioner of mental health, all of Indianapolis; Stefan S. Fajans, Ann Arbor, Michigan; Edwin G. Olmstead, Grand Forks, North Dakota; Alex J. Stegman, Louisville; Bernard E. Edwards, South Bend; Jerome Weiss, New York City; W. D. Snively, Jr., Evansville; Bernard J. Michela, Chicago; and John B. Hickam, Durham, North Carolina.

Others who spoke were Dr. Rolla N. Harger, Byron Emswiler, and Police Chief Frank Mueller, all of Indianapolis.

Dr. B. E. Edwards, South Bend, president-elect of the Indiana Academy of General Practice.



Registering at the meeting were 379 physicians and 250 guests.

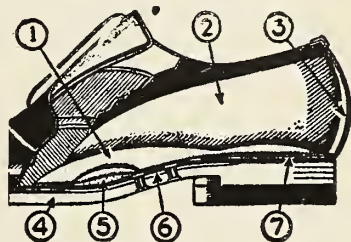
The 1959 meeting of IAGP will be held on March 18 and 19.

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News from the County Societies

A business meeting of the **Adams County Medical Society** was held March 11 in the Fairway Restaurant, Decatur, with 11 members present. Routine society affairs were discussed and the date for the next meeting set for April 8 in the West End Restaurant, Decatur.

Delaware-Blackford County Medical Society members held a dinner meeting March 18 in the Delaware Hotel, Muncie. The meeting was devoted to society business. Forty-nine members attended.

Dr. Walter D. Greist, pathologist at Fort Wayne Lutheran Hospital, was the guest speaker at the March 4 meeting of **Huntington County Medical Society**. He presented a paper on "Exfoliative Cytology".

Twenty-two members were present for the dinner meeting in the LaFontaine Hotel. A short business session concluded the meeting.

Members of **Jay County Medical Society** met March 17 in the Jay County Hospital, Portland, to hear a paper by Dr. Richard J. Brown, Richmond, on "Hematuria" and discuss routine society business. Fourteen members attended the dinner meeting.

Dr. Oliver Cope, associate professor of surgery, Harvard Medical School, was the speaker at the March 18 meeting of the **Indianapolis (Marion County) Medical Society** in the Empire Life auditorium. He discussed "Non-Toxic Nodular Goiter—the Limitations of Both Surgery and Medicine". He was introduced by Dr. Harris B. Shumacker, Jr.

Dr. Harry Pandolfo, president, presided at the meeting. Five applications for membership were submitted and referred to the Council. Report of the March 4 Council meeting was given by Dr. Hunter F. Kennedy, chairman.

Guest speaker at the March 25 meeting of the Indianapolis Society was Dr. Paul H. Wood,

eminent London cardiologist, who spoke on "Controversial Therapies in Cardiovascular Disease". Director of the Institute of Cardiology, London, England, Dr. Wood is ranked among the world's foremost heart specialists. He was brought to Indianapolis by the Indiana Heart Foundation and the Veterans Administration Hospital. During his two-day visit he held clinical conferences at the VA and General Hospitals, and delivered a lecture on "Aortic Stenosis" at the Indiana University School of Medicine. He was introduced by Dr. Glenn W. Irwin, program chairman.

Nine physicians were elected to membership. They were Drs. Martha N. Franz, Edward R. Bakos, L. Burton Parker, Charles G. Matheus, Thomas A. Rafalski, Robert E. Lewis, Collins R. Wallace, John L. Gwinn, and B. L. Weisenberger.

A memorial tribute to Dr. Clifford Jinks was read. Drs. Ralph V. Everly, Robert M. Dearmin and James S. McBride were members of the resolution committee.

"The Use of Radioisotopes in the Practice of Medicine" was the topic discussed by Dr. William H. Beierwaltes, associate professor of medicine, University of Michigan Medical School, at the April 5 meeting of the Indianapolis society, also in the Empire Life Auditorium. He was introduced by Dr. John A. Campbell.

During the business meeting, with Dr. Harry Pandolfo presiding, two applications for membership were received; Dr. H. F. Kennedy presented the report of the April 1 Council meeting; and a resolution memorializing Dr. Edgar F. Kiser was presented by Drs. Wm. Niles Wishard, Jr., Karl Ruddell, and B. J. Matthews.

Dr. Pandolfo announced that the annual Doctors-Druggists party would be held April 30 in the Athenaeum, Indianapolis.

At an evening meeting of **Montgomery County Medical Society** on March 20, Dr. Thomas B. Bauer, Indianapolis, presented an illustrated talk on "Plastic Surgery Repair of Some Common Congenital Disorders". Twenty-two mem-



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bers attended the meeting in Culver Union Hospital, Crawfordsville.

The next meeting of the society was scheduled for April 17 in the Culver Union Hospital.

Putnam County Medical Society members held a meeting March 14 in the DePauw Student Union building, Greencastle, with 12 members present.

A general discussion of business problems of the county hospital followed a talk by Marion Wilson, representing the board of trustees of Putnam County Hospital.

A new member, Dr. Herbert E. Dester, physician at the Indiana State Farm, was welcomed by the society.

William Isham, former president of the Indiana State Bar Association, was the guest speaker at the **Tippecanoe County Medical Society** meeting in "The Trails", Lafayette, on April 8. He spoke on "Medical-Legal Aspects of Practice".

Forty-eight members of the society attended the dinner meeting.

Whitley County Medical Society members heard Dr. O. T. Kidder, Fort Wayne, discuss "Chest Diseases with Special Reference to Pulmonary Tuberculosis" at a meeting in Whitley County Memorial Hospital in Columbia City.

Fifteen members and one guest attended the February 11 dinner meeting. During the business session they voted a special appropriation for physical facilities for the medical library in the doctors' lounge at the hospital.

On March 11 members of the Whitley County Medical Society were joined by members of the Whitley County Bar Association at a dinner meeting in the hospital.

Sixteen members and 14 guests viewed the film on medical-legal problems distributed through the Wm. S. Merrell Company and sponsored jointly by that firm and the American Medical Association. Later both groups participated in discussion of the film.

Funds were provided during the business meeting for three student nurse scholarship awards.

The next meeting of the society was to be held May 8 in the Whitley County Hospital at Columbia City.

County society secretaries are urged to send reports of meetings to the Indiana State Medical Association as promptly as possible. THE JOURNAL would like to publish reports of each meeting and would appreciate receiving additional information on the program or business transacted. Copy must be received by the 10th for the following month's issue. Interest is always high in "what the other fellow is doing." Let THE JOURNAL help you publicize the activities of YOUR society.



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Disease	Mar. 1958	Feb. 1958	Jan. 1958	Mar. 1957	Mar. 1956
Animal Bites	163	56	98	307	204
Chickenpox	485	395	602	1354	827
Conjunctivitis	47	26	17	86	85
Diphtheria	6	2	0	5	38
Dysentery, Other, Unspecified	12	39	102	41	28
Impetigo	14	23	25	31	40
Infectious Hepatitis	22	33	37	72	55
Infectious Mononucleosis	5	2	3	69	17
Influenza	1547	1222	665	296	396
Measles (Rubeola-Rubella)	3704	2064	654	2066	3013
Meningitis, Meningococcal	1	8	1	9	6
Meningitis, Other	14	16	8	6	12
Mumps	840	458	415	666	650
Pertussis (Whooping Cough)	42	36	27	41	37
Pneumonia	130	146	167	134	139
Poliomyelitis	1	0	0	6	3
Streptococcal Infections	663	555	355	1274	558
Tinea Capitis	18	31	32	31	26
Vincent's Infection	1	0	6	5	10

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Two golfers, strangers to each other, happened to meet on the golf links. "See that girl over there?" said one. "Imagine her parents allowing her to appear in clothes like that—just copying men's clothes!" "That, sir," said the second golfer, "is my daughter." "Oh, pardon me; I'm sorry. I didn't know you were her father," "I'm not; I'm her mother."

The reporter returned from an interview. "Well," said the editor, "what did our candidate have to say?" "Nothing."

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A young father was pushing a baby carriage in which an infant was screaming. Wheeling the howling baby along, he kept murmuring gently, "Easy now, Donald. Keep calm, Donald. Steady, boy. It's all right, Donald."

A mother passing by paused to say, "You certainly know how to talk to an upset child — quietly and gently." Then, leaning over the carriage, she said, "What seems to be the trouble, Donald?"

"Oh, no," said the father. "He's Henry. I'm Donald."

The woman seeking a divorce from her husband listed among other things his lack of affection and attentiveness, said: "I swear if anything happened to me he couldn't identify the body."

"Daddy, what is heredity?"

"Heredity, my boy, is what a man believes in until his son begins to act like a fool."

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A & Poo Feed Store—be sure to ask for Betty Crocker's new green split poo seep."

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"Well," replied the clerk, "if you want the bottle it will be five cents, but if you want something in it you can have the bottle free."

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Prospect: "What happens after that?"

Salesman: "A putty knife comes out and scrapes you off the windshield."

"I've sacrificed everything in order that you could study medicine," the irate father said to his son, "and now that you are a doctor you tell me I have to give up smoking."

The medical college instructor looked at his class and told them the patient before them limped because one leg was shorter than the other. He then glanced at one of the students and asked him what he would do in such a situation.

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The JOURNAL is interested in full-length scientific papers and case reports for early publication. This is an open invitation to you to submit such work. Each paper is given careful consideration.

A few regulations regarding publication of papers are printed on the Contents page.

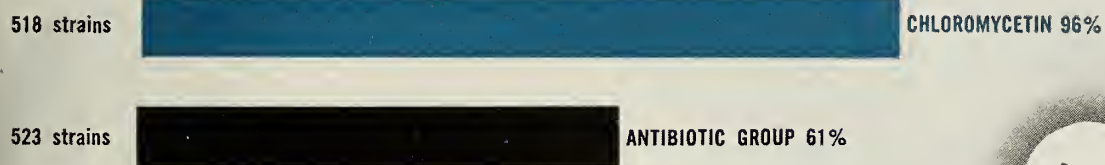
This announcement is made following a decision to increase the number of scientific papers published if sufficient material is available.

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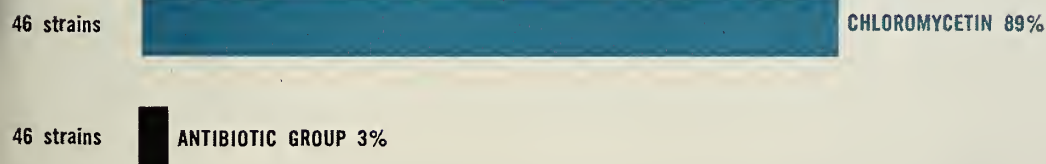
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Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

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Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 2, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. 32:705 (Dec. 11) 1957.

(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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12—	Maurice E. Glock, Fort Wayne.....	Dec. 31, 1958
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3.	Donald LaFollette, M.D., New Albany.....		New Albany, 1959
4.	Robert O. Zink, M.D., Madison.....	Frank W. Hare, M.D., Madison.....	Madison, May 20, 1959
5.	Jack R. Glosson, M.D., Clay City.....	John C. Shattuck, M.D., Brazil.....	Brazil, May 21, 1958
6.	Frank Lewis, M.D., Liberty.....	John H. Smith, M.D., Greenfield.....	New Castle, 1959
7.	Malcolm O. Scamahorn, M.D., Pittsboro.....	Arthur W. Records, M.D., Franklin.....	Indianapolis, May 20, 1958
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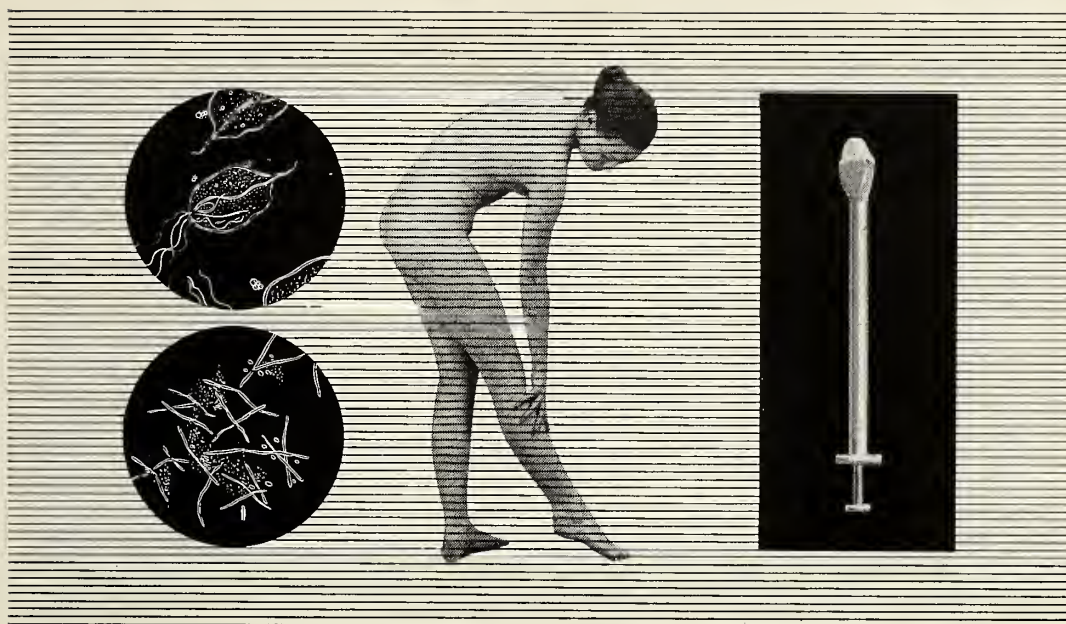
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1. Davis, C. H.: Trichomonas Vaginalis Infections: A Clinical and Experimental Study, J.A.M.A. 157:126 (Jan. 8) 1955.

2. Pitt, M. B.: Leukorrhea, Causes and Management, J.M.A. Alabama 25:182 (Feb.) 1956.

3. Lang, W. R.: Recent Advances in Vaginitis, Philadelphia Med. 51:1494 (June 15) 1956.

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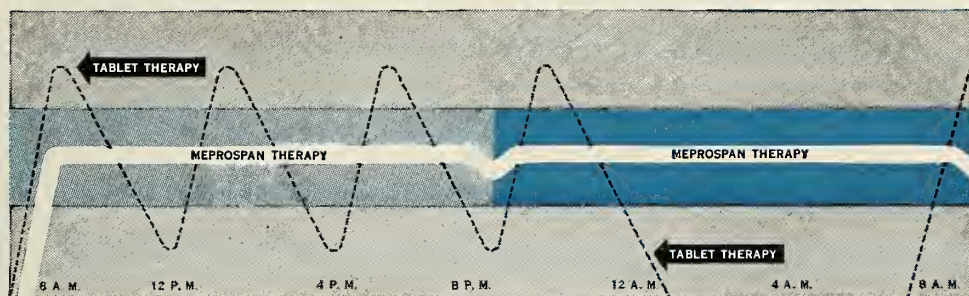
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—The Hill-Burton program for U. S. grants to states to help build hospitals and other health facilities has run a successful course for almost 12 years. It has never been cut back in scope, and once (in 1954) it was expanded to take in diagnostic-treatment centers, nursing homes, chronic disease hospitals and rehabilitation centers.

On the overall, the U. S. puts up one-third of the money for a state's projects, but the state may give individual projects as much as two-thirds of their costs.

In the 12 years, 3,725 projects have been completed, are under construction or have been approved. They represent a total investment of about \$3 billion, just under one-third of it federal money. Included are 156,658 hospital beds, 4,542 nursing beds, and almost 1,000 other facilities, such as rehabilitation centers.

Congress, as it has several times in the past, now is being asked to renew the program, which no doubt it will do. Also, the Department of Health, Education, and Welfare and several organizations in the health fields have looked over the 12 years' experience, and want some changes made in the way the program is handled. None of them, however, wants to end it.

DIVERGENT OPINIONS

The American Medical Association, for example, is suggesting that diagnostic-treatment and public health centers be dropped from the program, and that the mandatory emphasis on rural communities also be eliminated. These and other AMA recommendations are the result of a 14-state survey by the association.

Also, the AMA joins with the Department of Health, Education, and Welfare in proposing that emphasis be placed on facilities for the chronically ill and nursing homes, and that states

be given more freedom in shifting money among the various categories.

Both the AMA and the AHA want Congress to authorize loans for hospitals and nursing homes, with the AMA recommending that loan guarantees be offered to proprietary as well as nonprofit institutions.

Before Congress are a dozen or more other suggested changes. Several groups want the research fund raised from the present \$1.5 million a year to \$4 or \$5 million, and HEW would like to be able to advance money for planning when this action would hurry construction. HEW also, along with several Congressmen and state medical societies, would like to see the eligibility requirements eased so more nonprofit groups can build diagnostic-treatment centers. Another HEW proposal would recognize a rehabilitation center even if it did not furnish psychological, social and vocational evaluation services, as well as medical; now the center has to furnish all four services.

At this writing, indications are Congress will not allow a slip-up in extending the program, which is scheduled to expire June 30, 1959, even if it has to move along a simple extension bill, then try to work out agreement on all the suggested changes.

Regardless of what happens, Hill-Burton is undergoing more friendly—but critical—examination than it has experienced since its birth in 1946.

NOTES

American Association of Medical Colleges estimates that the country's 85 medical schools will require \$275 million for rehabilitation and new construction in the next few years, not including money for research and hospital construction.

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Continued on page 835



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Indiana Among 25 States in Which VA Plans New Type Contract July 1

VETERANS ADMINISTRATION proposes to replace formal contracts with state medical associations for its hometown medical program by informally negotiated agreements with the associations, beginning July 1, 1958.

The hometown program affords veterans with service-connected disabilities free choice of physicians in areas where VA medical facilities are not available, VA said.

Dr. A. J. Klippen, VA director of clinics, said the new VA proposal will apply in 25 states in which current contracts expire June 30, 1958.

These states are Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Massachusetts, Missouri, Nevada, New Hampshire, New Jersey, North Dakota, Ohio, Pennsylvania, South Carolina, Ten-

nessee, Vermont, Virginia, West Virginia, and Wyoming, plus New York, which operates under a special type of agreement.

In addition, medical societies of 15 states, the District of Columbia, and Puerto Rico, where VA has no contracts with medical associations or intermediaries for the hometown program, will be offered opportunity to negotiate fee schedules with VA, Dr. Klippen said.

Dr. Klippen said simplification of administrative work under the new agreements is expected to result in better service to veteran patients and to participating physicians.

Chief medical officers of VA regional offices will meet with officers of state and territorial medical and osteopathic associations to establish mutually acceptable fee schedules for the hometown program, he said.

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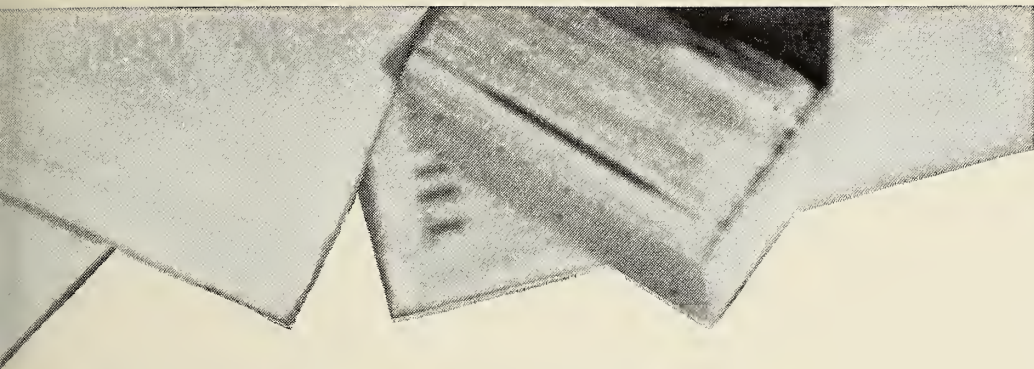
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Gastric distress accompanying "predni-steroid" therapy is a definite clinical problem — well documented in a growing body of literature.

"In view of the beneficial responses observed when antacids and bland diets were used concomitantly with prednisone and prednisolone, we feel that these measures should be employed prophylactically to offset any gastrointestinal effects."—Dordick, J. R. *et al.*: *N. Y. State J. Med.* 57:2049 (June 1957).

*"It is our growing conviction that all patients receiving oral steroids should take each dose after food or with adequate buffering with aluminum or magnesium hydroxide preparations."—Sigler, J. W. and Ensign, D. C.: *J. Kentucky State M. A.* 54:771 (Sept.) 1956.

*"The apparent high incidence of this serious [gastric] side effect in patients receiving prednisone or prednisolone suggests the advisability of routine co-administration of an aluminum hydroxide gel."—Bollet, A. J. and Bunim, J. J.: *J. A. M. A.* 158:459 (June 11) 1955.

One way to make sure that patients receive full benefits of "predni-steroid" therapy plus positive protection against gastric distress is by prescribing CO-DELTRA or CO-HYDELTRA.

Co-Deltra®

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2.5 mg. or 5.0 mg. of prednisone or prednisolone, plus 300 mg. of dried aluminum hydroxide gel and 50 mg. magnesium trisilicate, in bottles of 30, 100, 500.

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The Fourth Estate Looks at Medicine

TRAFFIC LAW ENFORCEMENT SHOULD BE TOUGHER

While there is a need for stricter regulation of traffic to battle the accident rate, it should remain on the state and local level and not be put in the hands of the federal government. We should be thinking of ways to keep as many functions of government in the hands of the states and the local communities as possible.

As to the attitude of some people that automobile companies should build slower cars, we agree with Paul Jones of the National Safety Council that a better way to approach this phase of safe driving is to try through public education to get people to hold their speeds down voluntarily.

This much can be said about the automobile people: They have spent millions of dollars trying to educate the purchasers of their product to drive it as sensibly and safely and soberly as possible. An interesting recent development in this connection has been the action of ministers of all faiths and sects in urging their congregation to be true Christians when they get behind the wheel of an automobile.

It has long been the opinion of many people

that tougher law enforcement would help cut the traffic toll. Paul Jones tells the story of a drunken driver in Virginia who ran over and killed two children. The driver was let off with a suspended license for three months and a \$200 fine. Jones noted that he heard of another case shortly afterward in which the license of a hunter was suspended for a year and the man was fined \$500 for shooting a deer out of season. A drunken driver killing two children gets off with a lighter punishment than a man who shot a deer!

Some people resent the use of unmarked cars by traffic officers to catch law violators, but we feel they are justified. While perhaps 90 per cent of all drivers can be persuaded through education to drive safely, a small but spectacular segment of motorists seem almost to sneer at safety. They are the ones who most often complain about the policeman hiding behind the billboards, or using unmarked police cars. Yet we should use every legal means possible to catch these law breakers, including unmarked cars.

Besides drinking and speed, one of the other menaces on the highway is the showoff, who is almost as bad as the speeder. As for speed, there are many differing opinions. Some say that the definition of speed is not excessive speed, but it is excessive speed in light of the driving conditions. Under this argument, 80 miles an hour may not be bad on U. S. 66, whereas 30 or 35 miles an hour in a congested area could be terrible. Yet 80 or 90 miles an hour under any highway condition seems too fast for safety. The driver doesn't have much chance of stopping in time if a child runs into the road or a tire blows out.

Actually the root of the traffic accident problem is this: After we talk about everything, we come right back to the attitude of the man behind the wheel. If we eliminate every fatality caused by mechanical failures, at the most we couldn't reduce the toll by more than 10 per cent or so.

The driver needs to be thoughtful, cooperative and—a very important point—humble. With humility, the driver would be saying to himself something like this: "I've got to share this highway. I am just one of a great number of people who have to share a common strip of ground where we don't miss each other by much more than a foot."

And the building of a good driver begins right in the home, within the family circle. Parents can talk safe driving and set a good example by their own driving. In the schools, driver training courses can help. And finally tough enforcement of traffic laws will do as much, perhaps, as any other measure.

—Kokomo Tribune.

Continued



IT ALL ADDS UP!

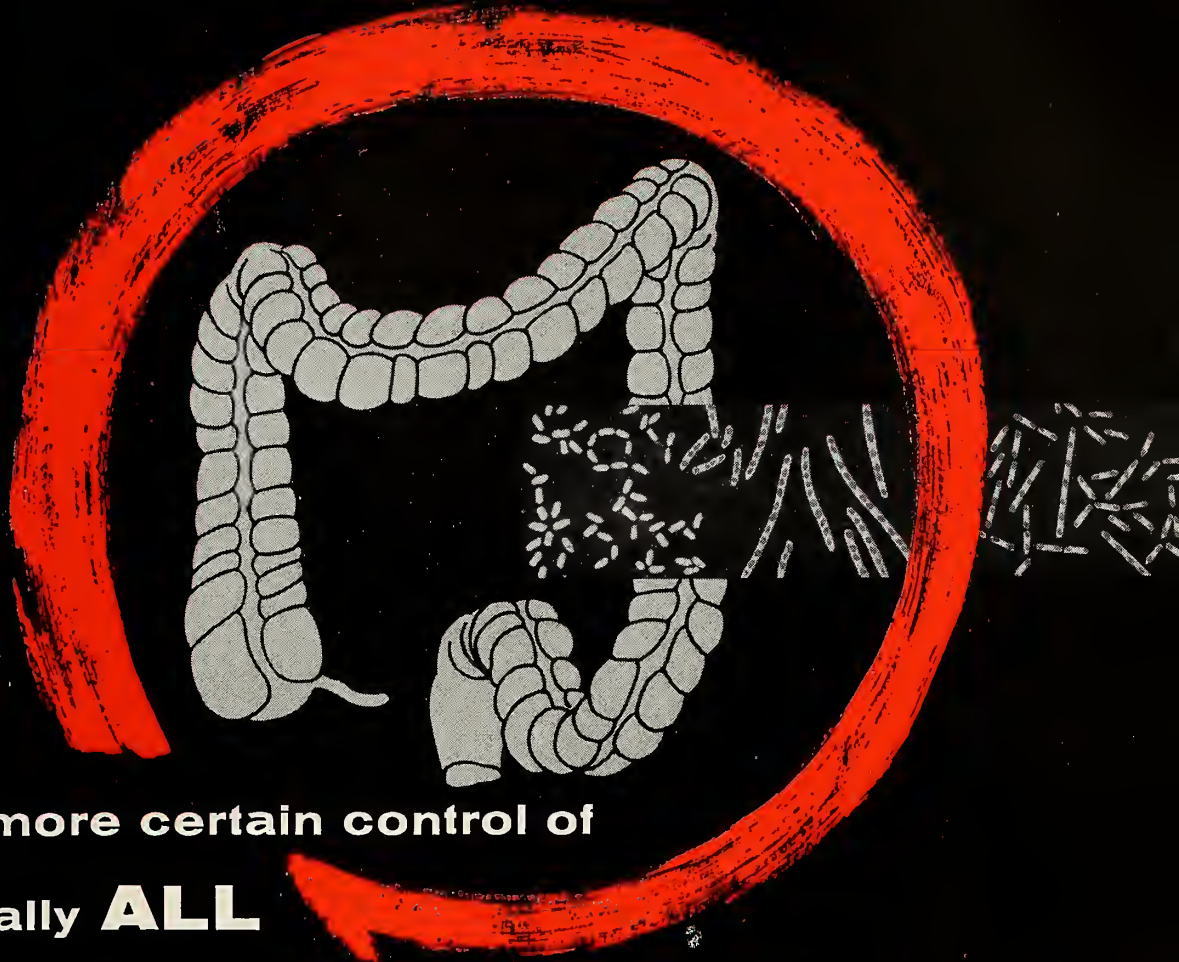
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Hyoscine hydrobromide	0.0065 mg.
Phenobarbital (1/4 gr.)	16.2 mg.

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AROUND THE CORNER

Seven out of 10 prescriptions written by doctors today simply could not have been filled in 1935.

That incidental comment is from the Medical and Pharmaceutical Information bureau in a report examining the risks and rewards of research.

There is more in it than meets the eye, for what is true of the spectacular development of "wonder drugs" is true of science and industry generally.

The bright light that pierces all the economic gloom the prophets of doom can draw from graphs and statistics is the thought that there is no sign yet that Americans will run out of new ideas.

In 1935 there were no antibiotics, no sulfa drugs, virtually no steroid hormones, no drugs to postpone death from leukemia for a single day, no drugs to help the mentally ill, no vaccines for polio, whooping cough or influenza. Seven out of 10 . . .

Probably the ratio of new products to old holds somewhat true in other fields.

Before World War II there were no jet airplanes, let alone guided and ballistic missiles or satellites shooting for the moon.

Not yet in common use were such 1958 familiars as washer-dryers, power mowers for home lawns, electric fry pans, instant foods, instant snapshots, home permanents, wash-and-wear shirts and suits, and innumerable plastic products.

Vast industries have been built up to turn out products that were little more than a gleam in an inventor's eye, if that, 10 or 20 years ago.

The lesson is obvious. The best medicine for economic ailments is more ideas.

The optimists have more to offer than pessimists who this winter have been alarmed because sales of some products have slowed down.

Certainly no one should expect that the sales chart for every single product should rise every year. There is such a thing as temporary saturation of the market. Make enough of a durable product one year to satisfy the demand and you may have to wait for some of the stuff to wear out. There is also such a thing as the competition of new products, which battle the old for the consumer's dollars.

These factors can be momentarily upsetting, but that has always happened—and new ideas, new products, new ways of doing things have always created new industries, new jobs, new demands and—in the snowballing effect—have given impetus to still newer ideas.

New things are just around the corner. We can be sure of that.

One of this country's industrial giants is itself spending \$80 million a year on research and development.

And getting back to the pharmaceutical report, it is notable that the industry, made up of many companies, spent an estimated \$125 million on research in 1957—about 8 cents out of every sales dollar. As a result, the consumer is paying a smaller share of his income for drugs today than he did two decades ago. But far more than that he buys immeasurably more in terms of health, relief from pain, often extended life.

Medical progress originates in ideas. So do the cures for economic pains. And it would be a bold visionary who would venture to predict the new ideas that will bear fruit in the days ahead.

—*Lafayette Courier-Journal.*

MAKE IT UNANIMOUS

The Marion County Health and Hospital Board, like the Indianapolis Board of School Commissioners, has in its hands at the moment a chance to be of signal service to the people by enhancing the value of the city-county government building soon to be built. The step it could take is to plan for space in the new building for at least a part of its offices.

Most important would be location in the city-county building of the board's upper echelon of administration and the offices which deal directly in public contact, for issuance of permits, filing of complaints, and so on. Questions of economics and feasibility for operations naturally would govern the decision whether to move the entire Health and Hospital Corporation set-up into the new building or maintain separate quarters for part of it.

The city-county building will be of greatest benefit to the public—which will pay for it—if it houses all the agencies of local government dealing with the people. It will then be a single place to which a resident can go when he has problems involving contact with one or more of these agencies. Life will be simplified for the resident with respect to his dealings with local government.

The building is going to be a big investment. The people should have the co-operation of all government agencies in getting their money's worth.

—*Indianapolis Star*

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BUDDING SCIENTISTS

Anyone inclined to belittle today's teen-agers will get a shock by visiting one of the district public school science fairs being held in various parts of the city, or the final city wide fair which will be held April 10-13 at the Museum of Science and Industry.

The array of technical displays involving such things as robots, atom reactors, sun powered radios, and synthetic materials is enough to make the average adult feel hopelessly ignorant—not to mention the exhibits illustrating heredity, behavior reflexes, and mathematical principles.

These fairs have been held annually since 1951, when 100 boys and girls from 21 schools entered 100 exhibits. Last year 2,591 pupils from 318 schools entered 1,818 exhibits—a growth which hardly supports the claim sometimes made that American teen-agers just don't like science. It proves instead what they can do with a little encouragement and cooperation from their elders.

This year a committee of Chicago business men has been formed to sponsor the final fair and thus emphasize the city's interest in what its youngsters are doing. The committee is headed by W. V. Kahler, president of the Illinois Bell Telephone company, and deserves support.

—Chicago Tribune.

THE GOVERNMENT COMPETES AGAIN WITH PRIVATE BUSINESS

Government competition with private industry is no way to encourage free enterprise. It's no way to hold down the cost of government.

When the government sets up something that competes with private business, the employes in the project are paid by the public through more taxes. Contrariwise, employes of a private industry are not dependent on public subsidy.

Now the government has moved into another field where it ought not be competing. It is planning to establish a chain of bureaucrat supply stores from coast to coast.

Already one such supermarket has opened in Washington, where federal workers can buy their food needs and a lot of other items like paper clips, pencils, ink, typewriter ribbons, staplers, etc.

Why could not these federal employes continue to buy such items at privately owned stores? How is private enterprise going to flourish if this sort of trend is allowed to continue?

The only defense we have seen of such a plan is one advanced by the General Services Administration. The GSA says that the supermarkets will put other agencies, stockrooms out of business—

Continued

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Here (A) is Magnacyl, the only non-ionic fecal softener on the market today.

These beakers contain identical gastric juices. The cloudy precipitation in beaker B is produced when an ordinary wetting agent ionizes and unites with these juices. The active ingredient in Magnacyl is not precipitated by chemical combinations in the digestive process—retains its wetting effect under all conditions.

Since there is no precipitation, you can't see Magnacyl at work in beaker A. It's the "natural" answer to a problem as old as man. Magnacyl can be safely prescribed to maintain softness of stool for infants, children and adults of all ages.

Each Magnacyl capsule contains polymer of ethylene oxide and propylene oxide—250 mg.



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why PETN? *For cardiac effect:* PETN is "... the most effective drug currently available for prolonged prophylactic treatment of angina pectoris." Prevents about 80% of anginal attacks.

why ATARAX? *For ataractic effect:* One of the most effective—and probably the safest—of tranquilizers, ATARAX frees the angina patient of his constant tension and anxiety. Ideal for the on-the-job patient. And ATARAX has a unique advantage in cardiac therapy: it is anti-arrhythmic and non-hypotensive.

why combine the two? *For greater therapeutic success:* In clinical trials, CARTRAX was demonstrably superior to previous therapy, including PETN alone. Specifically, 87% of angina patients did better. They were shown to suffer fewer attacks ... require less nitroglycerin ... have increased tolerance to physical effort ... and be freed of cardiac fixation.



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1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supplied: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

make them unnecessary. But why should federal agencies not buy their supplies from private businesses?

At a time when some small business concerns are having a struggle, it would seem that the government ought to be throwing all available business their way. The government should, of course, be entitled to buy its supplies at reasonable prices and not be overcharged. But government in business is not logical and the trend should be in the direction toward eliminating it.

—Kokomo Tribune

HOSPITALIZATION OF INSURED STUDIED

Chicago—A 19 per cent difference was found in annual hospital admission rates of two groups in the New York City area covered by the same hospital insurance but by different medical care insurance, according to a monograph published by the American Hospital Association.

The two groups were both insured against hospital costs under the same type of contract with the Associated Hospital Service of New York (Blue Cross). However, one group, under the Health Insurance Plan of Greater New York (H.I.P.), was entitled to receive, with few exceptions, comprehensive medical care at home or in the doctor's office or a hospital. The other group, under the Blue Shield contract, was covered for

surgery and maternity care, with slightly over one-third covered also for in-hospital care.

Hospital Stay Varies

According to the study, annual hospital admissions for Blue Cross-H.I.P. coverage were 77.4 persons for 1,000 population as against 95.8 persons per 1,000 in the Blue Cross-Blue Shield group. The duration of stay, expressed as number of days per 100 population per year, was 68.8 days for the Blue Cross-Blue Shield group and 58.8 days for the Blue Cross-H.I.P. subscribers.

Average duration of stay per admission was almost identical in the two groups; 7.6 days for Blue Cross-H.I.P. and 7.2 days for Blue Cross-Blue Shield. Higher admissions were also found in the Blue Cross-Blue Shield group among persons with in-hospital medical and surgical coverage than for those with surgical coverage only.

—Scope Weekly

Dr. William H. Larrabee began his sixtieth year in the practice of medicine at New Palestine on April 1. He established his office in that community immediately following his graduation in 1898 from the Central College of Physicians and Surgeons at Indianapolis. Dr. Larrabee, now 88, was a member of Congress for 12 years, serving in the House of Representatives.



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Each sodium-free BUFFERIN tablet contains acetylsalicylic acid, 5 grains, and the antacids magnesium carbonate and aluminum glycinate.

Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

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*Reports to the Squibb Institute for Medical Research

antiemetic dosage: *Intravenous route*—8 mg. average single dose; dosage range 5 to 10 mg.
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Unusual Antibacterial and Anti-infective Properties. More rapid absorption . . . higher and better sustained plasma concentrations . . . more soluble in acid urine than other sulfonamides . . . freedom from crystal-luria and absence of significant accumulation of drug, even in patients with azotemia.¹

Unprecedented Low Dosage. Less sulfa for the kidney to cope with . . . yet fully effective. A single daily dose of 0.5 to 1.0 Gm. (1 to 2 tablets) maintains higher plasma levels than 4 to 6 Gm. daily of other sulfonamides—a notable asset in prolonged therapy.²

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Dosage: The recommended adult dose is 1 Gm. (2 tablets) the first day, followed by 0.5 Gm. (1 tablet) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours. Dosage in children, according to weight; i.e., a 40 lb. child should receive $\frac{1}{4}$ of the adult dosage. It is recommended that these dosages not be exceeded.

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Tablets: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

References: 1. Griebble, H. C. and Jackson, G. G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958. 2. Editorial *New England J. Med.* 258:48-49, 1958. 3. Jones, W. F., Jr. and Finland, M., Sulfamethoxypyridazine and Sulfachloropyridazine. *Ann. New York Acad. Sc.* 60:473-483, 1957.

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IT IS ESTIMATED, within our own borders, there are about 1,800,000 sufferers of "strokes" and a great proportion have lost their voice—have become aphasics.

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The clergyman and physician come closer together in the pastoral and medical care of those suffering strokes, and in their relationship to

the International Research Council, medical confraternity. There is a greatly expanded distribution of the Hand Talking Chart to those in public health and in civil defense who work with stroke victims and the relatives who care for the paralyzed hemiplegic aphasic in their homes.

For 12 years Dr. Cameron has been supplying the Chart to physicians and nurses, with no charge, and his work has been the subject of high compliment editorially in professional and lay publications.

For gratis copies of the Chart and detailed information of the nature and aims of the International Research Council, address Dr. Hamilton Cameron, General Director, 601 West 110th St., New York 25, N. Y.

"Disorders of Speech" Subject of Series of Medical Center Lectures

UNDER THE AUSPICES of the Division of Postgraduate Medical Education at the Indiana University Medical Center, a series of six lectures was planned to bring Indiana physicians recent information on evaluating and managing disorders of speech.

The Audiology and Speech Clinic of the Department of Otorhinolaryngology is actively planning the programs and the lecturer is James C. Shanks, Ph.D., assistant professor and clinical director of Speech Pathology Services.

Lectures were scheduled for May 21, May 28, June 4, June 11, June 18 and June 25.

Topics to be presented were "Attributes and Development of Normal Speech", "Speech of Reduced Intelligibility and Impaired Phonetic Accuracy", "Disorders of Laryngeal Phonation", "Defects of Speech Associated with Physical Disorders", "Interruptions of the Flow of Speech", and "Disturbances of Speech and Language Associated with Aphasia".

All lectures were to be held in the Student Union Building, Rooms M-107-108.

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SECRETARY-GENERAL

LOUIS H. BAUER,

M.D., D.S.C. (HON.), F.A.C.P.

TO: Editors of State and County
Medical Society Publications

FROM: Louis H. Bauer, M.D.

SUBJECT: Differences between The World Medical Association and the
World Health Organization

Many of our colleagues are not clearly aware of the distinctions between The World Medical Association (WMA) and the World Health Organization (WHO).

There is also confusion as to the distinction between the United States Committee of WMA and the Citizens Committee for the WHO.

Since WHO is to hold its "World Health Assembly" in the U.S.A. this Spring, it would be desirable for our colleagues to have a clear understanding of these two organizations before this meeting.

As you probably know, the A.M.A. is a member of WMA, and the A.M.A. House of Delegates last June strongly urged every member of the A.M.A. to join the U. S. Committee of WMA.

We shall greatly appreciate it if you can publish the attached statement, and editorial comment you may find appropriate to make.

This will materially help us in our current effort to increase the membership of the U. S. Committee of WMA.

L. H. B.

What Is the Difference Between THE WORLD MEDICAL ASSOCIATION and THE WORLD HEALTH ORGANIZATION?

THE WORLD MEDICAL ASSOCIATION

1. WMA is an organization of national medical associations. The unit of membership is the most representative national medical association in each country. It is completely non-governmental. It is not part of the U. N. It is a voluntary organization.
2. WMA represents the practicing medical profession.
3. WMA was organized in 1947 by AMA representatives and Western European medical leaders. Purpose was to exchange medical knowledge, to protect the freedom of medicine, and promote world peace.
4. Each member association sends two delegates, two alternate delegates and observers to the General Assemblies—the supreme policy-making body of WMA.
5. The executive body of WMA is the Council. This meets twice a year and comprises 11 members elected from the Assembly and the President, President-Elect and Treasurer.
6. WMA is supported by members' dues and contributions and the annual budget is about \$165,000.
7. American physicians and allied corporations interested in the work of WMA are organized as the United States Committee of The World Medical Association.

THE WORLD HEALTH ORGANIZATION

1. WHO is an intergovernmental health agency. The members are the governments that accept the nine principles upon which WHO is founded.
2. WHO represents governments in their public health and medical activities.
3. WHO is the result of proposal of U. N. in 1945 to create a specialized agency to deal with all matters related to health on a world-wide scale.
4. Each member government sends three delegates, chosen preferably from the national health administration of the government, to the annual World Health Assembly.
5. The Executive Board of WHO is the executive body and consists of 18 members elected to represent 18 member governments.
6. WHO is supported by dues allocated by the U. N. scale and the budget for 1958 is \$13,000,000.
7. American citizens interested in the work of WHO are organized as the Citizens' Committee for the World Health Organization.

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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — June 1958 — Number 6

Facial Injuries*

EMIL H. BERGENDAHL, M.D.
SANFORD C. SNYDERMAN, M.D.

Fort Wayne

A RECENT ADVERTISEMENT for men's clothing shows that the majority of an individual's body is covered, and the only areas exposed are the hands, face and neck. While this ad was prepared to show the importance of clothing, nevertheless it also demonstrates the fact that these areas are always open to public inspection. While a patient will accept a repair of the body in general, if it results in good function, he insists on the best cosmetic effort as well as an equally good functional result, in areas of the face. The purpose of this paper is to survey the treatment of some of the injuries of the face, since these have assumed greater importance due to the increases in automobiles, horsepower and drivers.

While we realize that there are three main deformities of the face that one is asked to evaluate surgically, only those dealing with trauma will be considered.

*This is intended as the first of a series of papers dealing with this problem. In the future individual aspects will be taken up in greater detail.

Although the face must be considered as a unit for purposes of discussion, it is simpler to divide injuries of this part into those dealing with soft tissue and those dealing with bone. In this latter category, injuries are divided into the middle third of the face, the mandible, and the nose. The goal to be sought in the treatment of these injuries is the restoration of the occlusion of the teeth, function of the jaws, symmetry of facial contour, and diminution of facial scars. Many facial deformities in subsequent operations can be averted if more time, thought and care are devoted to the original injury.

Chronologically, one should consider this problem in its early stage, namely that of the initial or emergency care. The first consideration should be to check and if necessary improve the airway. A tracheotomy is not a procedure to be avoided or to be done as a last resort but is done to guarantee the airway. It should be considered in any case where there is embarrassed respiration due to mal-position of bone fragments, severe soft tissue edema, and whip-

lash injuries, or the inability to handle all secretions and blood. If the first individual to see the patient is unable to guarantee an airway by means of a tracheotomy, endotracheal tube, or bronchoscope, he should place the patient in a prone position and allow the accumulated secretions to roll out of the side of the mouth or be aspirated with an oral suction.

The second consideration in emergency care is the control of hemorrhage. The operator should be careful in ligating the vessels in order to preserve as much tissue as possible. In handling of soft tissue it is preferable to use 4-0 and 5-0 catgut to tie off bleeders so that as little foreign material as possible is buried in the subcutaneous and dermal layers of the skin. Likewise, inversion of the knot when the suture is tied, aids materially in reducing the scar. In considering the soft tissue injuries in combination with the skeletal fracture, it should be emphasized that it is difficult to repair the bony fragments and mold the face after the soft tissue is closed. Open lacerated areas allow direct inspection, and often a direct wiring or plating can be done through these same wounds.

In dealing with a face that has multiple fractures, it is wisest to consider the middle third of the face first and try to attach this area to the next most stable cephalad portion. When this has begun to assume some stability, then we consider the nose and temporal portion of the zygomatic bone. In the severely injured patient, while the nose should be molded at the same time, it may on occasion be necessary to approach this at a later date with a secondary repair, using rhinoplasty.

In the specific treatment of middle third facial fractures the state of a patient's dentition should be checked. If the patient is edentulous we frequently use a Steinmann pin. In fact, we use a Steinmann pin for many fractures that are present in persons with adequate dentition. However, if the patient has his own teeth, one can use an alternative method and hold the fragments in alignment by means of direct wiring with 25 gauge stainless steel. The orbital rims can be used as the most cephalic portion to which the loose middle third can be attached. The wire is brought down through the soft tissue of the face and out through the gutter of the mouth, attaching to a wired arch bar, which has been placed previously.

For tripod malar bone fractures, we most often use the Caldwell-Luc approach since it will allow one to also palpate the paper-thin floor of the orbit, which almost invariably is cracked, and place this into position. By means of bimanual palpation, one almost always can restore the rim of the orbit to its previous anatomical state.

However there are cases which need to have the orbital rim directly wired. For those that have had the Caldwell-Luc operation the antrum is packed by using a long penrose drain. This is brought out through an antral window, allowing for drainage of blood that does accumulate in the sinuses as a result of the injury, and, of course, from the surgery. This approach frequently will allow one also to slide up the outside of the sinus with an elevator to reduce the posterior portion of the temporal part of the zygomatic bone. If this portion of the fracture cannot be reduced by this method, then a Gillies' incision is used within the hairline, anterior to the ear. For a fracture of the superior lateral portion of the orbit, direct wiring is used.

In the handling of mandibular fractures one is guided by several factors. These are: 1. location of the fracture; 2. state of dentition, within the area of the fracture; 3. favorable or unfavorable anatomic position (will the resultant muscular force pull the fragments further apart, or closer together). This last factor is the deciding one as to whether the mandible should be treated by open or closed reduction. Here again, as with the maxilla, open reduction can be accomplished by means of direct wiring, Sherman plates, or a Roger-Anderson splint.

Finally in treatment of fractures of the nose, these are molded into position, the nose is packed internally and externally and an aluminum splint or dental stent is placed to hold a position.

REFERENCES

- Marzoni, Francis A. and Upchurch, Samuel E.: *The Management of Maxillofacial Injuries*, American Surgeon, 20:688 (July) 1954.
- Robinson, David W.: *Management of Facial Injuries*, Surg. Clin. N. America, 36:1309 (October) 1956.
- Adams, Wm. Milton and Adams, Lorenzo H.: *Internal Wire Fixation of Facial Fractures*, Am. J. Surg., 92:12 (July) 1956.
- Davis, Edward D. D.: *Treatment and Primary Suture of Face Wounds*, Brit. M. J., 381 (March 9) 1940.
- New, Gordon B.: *The Early Treatment of Injuries to*

- the Face and Neck, Minnesota Med., 26:619 (July) 1943.
- Ver Bruggen, Adrien: Cranial Complications of Maxillofacial Injuries, Am. J. Surg., 90:897 (December) 1955.
- Conway, Herbert: Injuries to the Soft Tissues of the Face, Am. J. Surg., 90:891 (December) 1955.
- Brown, James Barrett and Fryer, Minot P.: Internal Wire Pin Fixation in Complicated Fractures of Jaw and Facial Bones, J.A.M.A., 155:828 (June 26) 1954.
- Fryer, Minot P. and Brown, James Barrett: Internal Wire Fixation of Facial Fractures, Am. J. Surg., 89:814 (April) 1955.
- Fitz-Hugh, G. S.: Management of Early Fractures of the Facial Bones, South. M. J., 42:161 (March) 1949.
- Walden, Richard H.: Reconstructive Maxillo-Facial Surgery, Connecticut M. J., 18:891 (November) 1954.
- Fomon, Samuel, Bell, Julius, Schattner, Alfred and Syracuse, Victor: The Facial-Wound Problem, Arch. Otolaryng., 61:313 (March) 1955.

A Simple Method of Controlling Nasal Hemorrhage

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I WOULD LIKE TO DESCRIBE a simple method of controlling nasal hemorrhage, suitable for use in the home, or in a doctor's office or hospital.

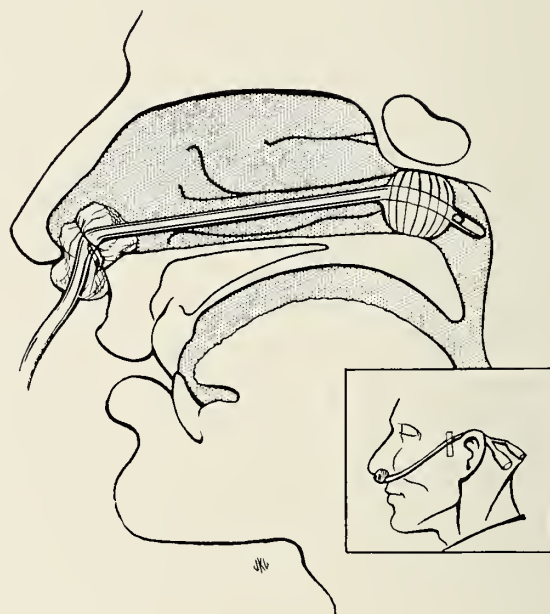
The patient is instructed to blow his nose rather vigorously in order to remove all clotted blood from the nasal passages. A Foley catheter of proper size to pass through the nose is selected. A surgical lubricant is applied to the tip of the catheter.

The patient is instructed to breathe deeply while the catheter is passed gently through the nostril from which the hemorrhage is coming. The tip of the catheter may be visualized emerging from back of the soft palate when a sufficient amount of catheter has been inserted.

The balloon tip of the catheter is inflated in the usual manner, using about 5 cc. of water. The catheter is pulled forward rather firmly while a piece of umbilical tape is tied firmly around the catheter as close as possible to the nares and then in turn a gauze sponge of suitable size is tied to the catheter by the long ends of the umbilical tape.

When traction on the catheter is released this sponge is drawn snugly into the anterior nares. The portion of the catheter remaining outside the nasal passage may be taped along the side of the face and around the ear. When the catheter has remained in place sufficiently long it is removed very easily by releasing the water in the balloon tip and gently withdrawing it.

It is conceivable that this procedure would be effective in bleeding following surgery for removal of adenoids. However, I have never used it in this situation.



The materials to do this simple procedure are available in any hospital and in most physicians' offices. To many physicians, the old method of inserting a posterior nasal gauze pack is distasteful and at times trying. Often valuable time and much blood have been lost in trying some less effective but simpler method in an effort to avoid the more difficult posterior nasal gauze packing. The method described above is easily carried out and is effective.

This method has not been reported before to my knowledge. In the event that someone has preceded me in this technique, and it may well be so, I feel that this information should be repeated so that more physicians may avail themselves of this worthwhile simple maneuver.

Toxic Hepatitis Following the Use of Phenylbutazone (Butazolidan): Report of a Fatal Case

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PHENYLBUTAZONE was first synthesized in 1946 and first used clinically in 1949 for rheumatism, gout, and other musculoskeletal disorders. It is similar to aminopyrine in structure, and perhaps this accounts for the numerous early reports of toxicity following its use.

The history of phenylbutazone and its relationship to aminopyrine is an interesting one. Aminopyrine, after its introduction in 1884, was believed effective in relieving rheumatic pain where salicylates, phenacetin, and other analgesics had failed. It was later reported that greater subjective and objective relief from rheumatic manifestations was obtained through the use of a parenteral form of aminopyrine, ("Irgapyrin"), rather than the oral form, even though blood levels of the drug were identical using both routes.⁴

This enigma was not solved until Wilhelm in 1949 investigated the pharmacology of the solvent used for aminopyrine: phenylbutazone. In laboratory animals he found the latter to be "a mild analgesic, moderately powerful antihistaminic, and antiphlogistic."⁴ Kuzell, *et al.*¹² (1952) in the first extensive study, evaluated phenylbutazone in 140 patients with gout and a variety of rheumatic disorders. They reported a

rather frequent incidence of toxicity, occurring in 47 of the 140 patients studied and requiring discontinuance of therapy in 17. Rash, edema, nausea, activation of peptic ulcer, and vertigo were the clinical toxic manifestations. Since then, numerous papers have been written concerning the usefulness or the toxicity of the drug, and in some cases, both.

Herein reported is a fatality following the use of phenylbutazone believed due to acute toxic hepatitis. It is the thirty-first fatality reported to date but only the second resulting from hepatitis.

CASE REPORT

The patient was a 58 year old white male handyman admitted on April 12, 1957 with the chief complaints of chills, fever, and a rash. For several months he had had generalized aches and pains and had spent much of his time in bed since January. Otherwise he seemed to be in good health until March 30 when he developed a slight cough. He had chills and fever with pain and swelling of both knees and elbows. He was seen by his physician and given penicillin on March 30 and April 1. He was also given phenylbutazone—200 mg. t.i.d. with relief of the swelling and pain in his joints. He continued the phenylbutazone until April 11 when there was a return of fever, and the phenylbutazone was stopped. He was given an injection of tetracycline. On the next morning, a generalized rash was present which did not itch. Fever with shaking chills continued. In addition, there was a slight sore throat, a slight nonproductive

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cough, and nocturia 2-3 times nightly since the onset of illness.

The past history revealed that he had been an alcoholic but he denied any alcohol intake since January, 1957.

Physical examination on admission revealed a moderately obese white male who appeared acutely ill due to weakness and chills. His temperature was 103.8° (39.9° C). The conjunctivae and oral mucosa were inflamed. The face was flushed. There were crepitant rales at the lung bases. The heart rate was 100, and the blood pressure 105 systolic, 65 diastolic. The abdomen was distended and tympanitic. There was voluntary guarding, but the patient did not admit to tenderness. The liver was believed palpable. There was a morbilliform eruption of the trunk and extremities and petechiae on the anterior tibial aspect of the legs.

Laboratory: The white blood cell count varied from 12,500 to 20,100 with a persistent neutrophilia and marked shift to the left. The hemoglobin was 14.5 grams %. The urine contained 1 plus albumin and was loaded with pus cells. The blood urea nitrogen was 45 mg.%; serum sodium, 125 mEq.; potassium, 3.9 mEq.; CO₂, 16mEq.; and chloride, 97 mEq. Prothrombin time was 15 seconds, or 75%; serum bilirubin was 1.4 mg.%, direct 0.5, indirect 0.9. Serum alkaline phosphatase was 18.3 K and A units. Bleeding and coagulation times were normal, and platelets were numerous. Culture of urine showed *Bacillus proteus*. Repeated blood and spinal fluid cultures were all reported as negative. Agglutinins for proteus OX 19 were negative. X-ray of chest showed a few horizontal strands but otherwise was not unusual.

Hospital Course: During the first 4 days, there was a fall of temperature to almost normal with a rise to 105° on the day before death. The rash faded somewhat, but the skin over the face and neck began to disquamate. The stomatitis increased in severity and dysphagia developed. The patient continued to be weak and lethargic. Vomiting began, together with a persistent diarrhea of watery, mucous and malodorous stools. He became weaker, confused, and dehydrated. Later he became comatose, icteric, and cyanotic, expiring on April 18. During hospitalization, treatment consisted of broad spectrum antibiotics, Benadryl,^R intravenous hy-

drocortisone, digoxin, Thiomerin,^R and intravenous fluids.

Pathological Report: At autopsy, aside from the icteric sclera, skin, and mucous membrane lesions described above, the pertinent findings were limited to the liver and spleen. Grossly, the liver was normal in size and shape, weighing 1,680 gm. Its color was a pale yellow-brown, and the entire organ was quite friable in consistency, in some areas indenting as easily as normal spleen. The architecture was obscured, appearing homogeneous with a lack of lobular marking.

The spleen was large and congested, weighing 300 gm. The pulp was quite diffuent but was not otherwise unusual in appearance.

Microscopic sections of the liver (Figure 1) revealed a diffuse necrosis and fatty metamorphosis with extensive but irregular involvement. There were numerous focal infiltrates comprised almost entirely of lymphocytes and large mononuclear cells which appeared to bear no clear relationship to the lobular pattern. Also seen were numerous large hyperchromatic multinucleated parenchymal cells interpreted as regeneration by the liver.

The gastro-intestinal tract was grossly normal, but microscopic examination showed superficial erosion and inflammation of the esophageal mucosa.

The skin showed cellular infiltrates in the region of small vessels, primarily capillaries.

TABLE 1

Summary of toxic reactions following the use of phenylbutazone with number of fatalities resulting from each group.

	DEATHS
BLOOD DYSCRASIAS	12
GASTRO-INTESTINAL DISTURBANCES	6
SKIN MANIFESTATIONS	3
LIVER MANIFESTATIONS	4
RENAL MANIFESTATIONS	4
THYROID MANIFESTATIONS	0
UNCLASSIFIED	2
	31

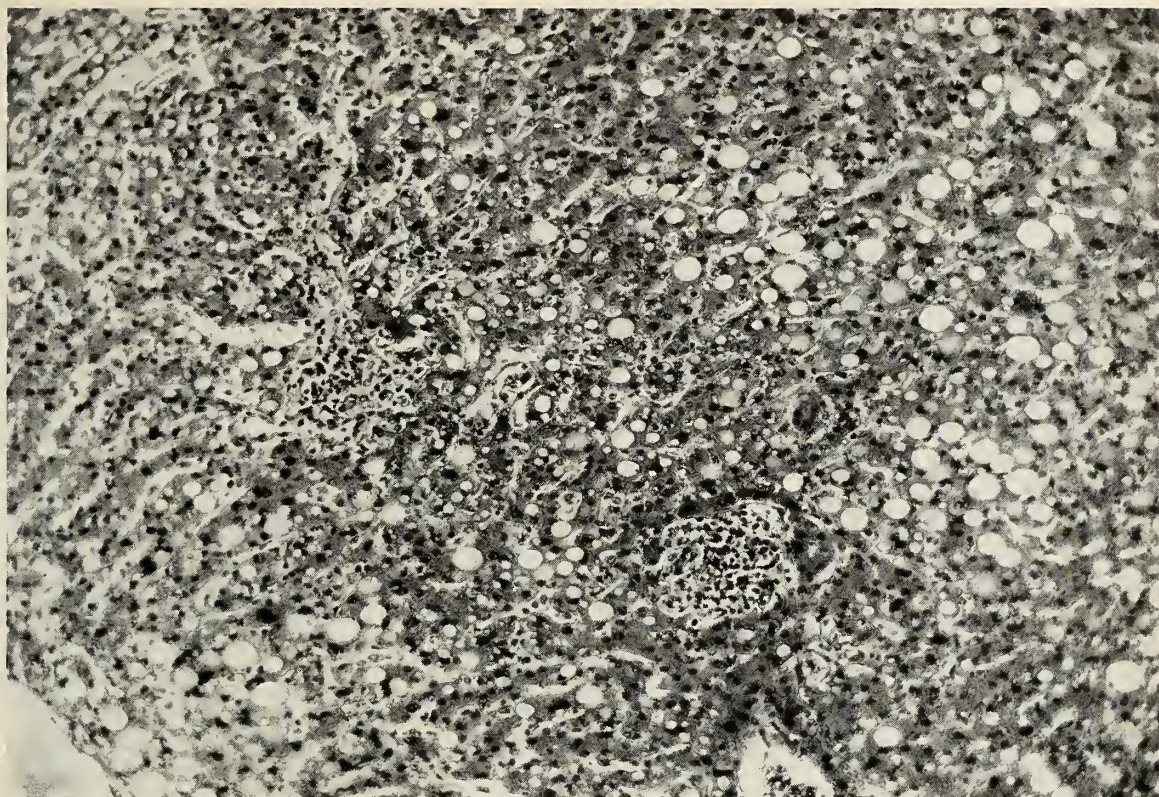


Figure 1. Liver section under low power showing fatty and degenerative changes, focal infiltrates, and hyperchromatic multinucleated regenerating parenchymal cells.

Tissue sections of bone marrow revealed generalized hyperplasia with no abnormal forms.

Bacterial cultures of the blood and splenic pulp taken postmortem were reported as negative.

REVIEW OF LITERATURE

Mauer, of the University of Southern California, (1955)¹⁶ made a comprehensive review of the literature on this subject and tabulated the various toxic reactions to the drug. To his figures regarding the fatalities, we have added those cases which have appeared in the English and American literature since then.

In Table 1, we have listed the totals of the types of fatalities reported thus far. In some cases, where there were more than one organ system involved, the most seriously affected one was recorded. We have chosen not to include the non-fatal reactions and "nuisance" side effects in this discussion, because it is impossible to glean from figures alone which reactions were the significant ones; therefore, only the fatalities are included. Also, because of the high incidence of lesser toxic effects following the use of phenylbutazone, a tabulation of only the reported

cases of non-fatal reactions would likely give a falsely low and distorted incidence of occurrence.

Blood Dyscrasias: The most serious blood dyscrasia encountered is granulocytopenia (10 deaths have been attributed to this).¹⁶ Aplastic anemia and thrombocytopenic purpura have also been reported as causing deaths.^{1, 16} More benign instances of leukopenia and thrombocytopenia have been encountered less frequently.⁸

Gastro-Intestinal Manifestations: This group comprises the most frequent symptoms encountered following phenylbutazone therapy. They include nausea and vomiting, abdominal pain, diarrhea, superficial ulcerations of the gastro-intestinal tract, gastro-intestinal bleeding, and peptic ulcerations—both primary and reactivated, with perforation and/or bleeding. Of the 6 deaths, 4 were from gastro-intestinal hemorrhage and 2 from perforation.^{5, 13, 16} Increased gastric acidity has been shown to be a direct result of phenylbutazone ingestion,³ and probably plays a significant role in the production of many of these manifestations.

Skin and Mucous Membrane Manifestations:

Stomatitis, rashes, exfoliative dermatitis, and Stevens-Johnson syndrome¹⁸ have been reported. The 3 deaths resulted from either exfoliative dermatitis or erythema multiforme bullosum.¹⁶ The figures shown include only those patients in whom the skin lesions were the most prominent feature of the illness. It should be noted that skin lesions often accompanied or preceded the more severe manifestations of the toxicity. This is particularly true of hepatitis and granulocytopenia.

Liver Manifestations: This complication is not seen as frequently as are those of other organ systems. Of the 15 previously reported cases of hepatitis or jaundice following the use of phenylbutazone, there have been 3 deaths, one due to acute toxic hepatitis, and the others due to "toxic cirrhosis"¹⁶ and "hepatic necrosis".¹⁵ The majority of these patients were given 400-800 mg. per day, somewhat above the recently suggested limit of 400 mg. per day. One of the deaths, however, followed the ingestion of only 35 (100 mg) tablets in 22 days. There was no apparent correlation between the length of administration, age, or sex, and the severity of the reaction. In the only other case in which a positive history of alcohol intake was recorded, the patient died with "toxic cirrhosis" 8 months after the onset of symptoms. Jaundice of an obstructive type was reported in 4 cases. The skin lesions associated with most cases of hepatitis were similar to those seen in our patient. Some purpuric reactions reported as such may actually have been due to primary liver damage. Other common findings associated with hepatitis were abdominal pain, nausea, vomiting, and diarrhea.

Microscopic sections of liver, taken at various stages of toxicity in other reports, were inconsistent in type of changes described, but in 3 cases,¹⁶ the picture was remarkably similar to that shown here. In the only other case reported to date in which death was believed due to acute toxic hepatitis, the entire clinical and pathological picture was similar to the case presented above, including fever and leukocytosis.¹⁶

Renal Manifestations: Phenylbutazone causes an increased excretion of plasma urates,⁶ which, perhaps, accounts for the presence of calculi and crystals and their consequences. Four renal deaths have been attributed to this drug: 1 manifested degeneration of the tubules;¹⁶ 2 died

from anuria following ureteral obstruction with uric acid calculi;^{16, 18} and a fourth died with contracted, fibrotic kidneys.¹⁰ Previous renal damage apparently influences the site of damage in this drug toxicity, for at least 3 of the 4 renal deaths occurred in patients with prior damage to kidneys.⁷

Thyroid Manifestations: Experimental work has shown that phenylbutazone will cause reduction of radio-active iodine uptake by the thyroid.⁶ Genovese and Laramore¹⁴ (1957) are preparing a report of a patient who developed clinical hypothyroidism following 3 to 4 months therapy with the drug. No such case has been reported previously.

Unclassified: Of the 2 deaths in this group, one had fever and convulsions and the other an unexplained gas gangrene.¹⁵ A case of recurrent corneal ulceration has recently been reported following the use of this drug.¹⁷

Some of the other side effects of this drug result from sodium retention: hypertension, peripheral and pulmonary edema, and cardiac decompensation;⁸ others are increased plasma volume and anemia. The incidence of all the toxic effects has varied from 15% to 50% in the reports in the literature.^{5, 13}

It should be stated that in many clinics, especially abroad, phenylbutazone is considered an excellent drug for analgesia if it is used properly. Kelly of Australia¹¹ (1956) points out that most of the deaths have occurred in the early years of the drug's existence when less was known of its hazards. He recommends withholding this drug from patients over 65 and from those with chronic disorders of the blood, alimentary tract, cardiovascular system, or urinary tract. He also suggests keeping the dosage below 400 mgm. daily and stopping it if no relief is obtained in 7 days.

COMMENTS

The fact that this patient had a history of a rather large alcohol intake sometime in the past causes one to speculate on the role this may have played in the hepatic damage. The presence of skin lesions and the gross and microscopic picture of the liver virtually eliminate alcohol as the primary toxic agent, however.

The ingestion of other hepatotoxins is possible but history fails to bear this out. Other drugs (Tetracycline, Aspirin, Penicillin) taken at or

near the time of onset of the illness are not to our knowledge associated with hepatic damage such as this. The occurrence of a coincidental viral hepatitis cannot be ruled out with certainty but is also unlikely in view of the total picture.

Thus, the evidence strongly implicates phenylbutazone as the primary toxic agent in the present case. It is well known, however, that the liver is more susceptible to damage in states of malnutrition and alcohol ingestion. One or both of these factors may have been present at the time of phenylbutazone ingestion in which case the liver damage may have been more severe than it would have been in the absence of these factors. The suggestion is made that it may be advisable to withhold the drug from those patients in whom known susceptibility to liver damage exists, i.e., alcoholics, malnourished, etc. Indeed, on review of the many other reports of toxicity following the use of this drug, one wonders whether the benefits obtained, which are only the suppression of symptoms, justify the risk involved in its administration in almost all cases.

SUMMARY

A fatal case of acute toxic hepatitis with skin rash, fever, leukocytosis, and gastro-intestinal upset following the use of phenylbutazone has been presented. Other reports of toxicity following the use of this drug, including 30 fatalities, have been summarized with the conclusion that if phenylbutazone is used at all, it should be limited to carefully selected patients in whom close watch is made for the earliest signs of untoward reaction. The recommended dosage limit is 400 mg/per day; if relief is not obtained within 7 days, response is highly unlikely, and the drug should be discontinued. Long term therapy with phenylbutazone should be discouraged until more information is available.

REFERENCES

1. Archer, B. H. and Kantor, M. G.: Agranulocytosis with Recovery Following the Use of Phenylbutazone. *New York State J. Med.* 54:394-5. Feb. 1954.
2. Becker, I. M. and Shea, M. C.: Phenylbutazone Toxicity: A Report of Two Cases. *U. S. Armed Forces J. Med.* 5(2) 259-65. Feb. 1954.

3. Bellomo and Fusco: Foreign Letters. *J.A.M.A.* 161(2):173. May, 1956.
4. Currie, J. P.: The Treatment of Rheumatoid Arthritis with Butazolidin. *Lancet.* 2:1. July, 1952.
5. Fraser, T. M.: Multiple Toxic Effects of Phenylbutazone. A Report of a Fatal Case. *Brit. M.J.* 1:1318-20. May, 1955.
6. Goodman, L. S. and Gilman, A. Z.: *The Pharmacological Basis of Therapeutics*, ed 2. The Mac-Millan Company. New York. 1956.
7. Hammond, J. D. S.: Uraemia and Haemorrhagic Complications of Phenylbutazone Therapy. *Postgrad. M.J. (London)*—32(363):13-15. Jan. 1956.
8. Harris, S. B. *et al.*: Hematologic Observations in Short and Long Term Treatment of Rheumatic Diseases with Phenylbutazone. *New York State J. Med.* 55:95-98. Jan. 1955.
9. James, F. L. and Geesaman, R. E.: Agranulocytosis due to Phenylbutazone. *Ann. Int. Med.* 46(1):152-5. Jan. 1957.
10. Johnson, B. McD. and Larkin, I. M.: Phenylbutazone and Renal Function. *Brit. M. J.* 2:1088. Nov. 1954.
11. Kelly, M.: Letter to the Editor. *New Eng. J. Med.* 254(2):83-4. Jan. 1956.
12. Kuzell, W. C. *et al.*: Phenylbutazone in Rheumatoid Arthritis and Gout. *J.A.M.A.* 149:729-34. June 1952.
13. Kuzell, W. C. *et al.*: Phenylbutazone: Effects of its Administration for Prolonged Periods. *New Eng. J. Med.* 256:388-92. Feb. 1957.
14. Genovese, P. and Laramore, W.: A Personal Communication—to be published later. May 1957.
15. MacCarthy, J. M. and Jackson, R. T.: Hepatic Necrosis and Other Visceral Lesions Associated with Phenylbutazone Therapy. *Brit. M.J.* 2:240. July 1955.
16. Mauer, E. F.: The Toxic Effects of Phenylbutazone. *New Eng. J. Med.* 253(10):404-9. Sept. 1955.
17. Raymond, L.: Neovascularization of the Cornea Due to Butazolidin Toxicity. *Am. J. Ophth.* 43(2):287-8. Feb. 1957.
18. Weisman, J. I. and Bloom, B.: Anuria Following Phenylbutazone Therapy. *New Eng. J. Med.* 252(25):1086. June, 1955.

The Treatment of Acute Cholecystitis*

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THE IDEAL METHOD of treatment of patients with acute cholecystitis is still controversial. In general, there are three viewpoints: (1) that all patients should be subjected to surgery early, that is, shortly after the diagnosis is established and the electrolyte and fluid balance restored to nearly normal; (2) that all patients should be treated conservatively, operation being deferred either until the acute process subsides or until it is evident that it is progressing and that perforation is impending, and (3) that immediate operation be performed only if the patient is seen early in the attack, but that operation be postponed and conservative treatment be carried out for the patient seen later than 48 hours in the acute attack.

In recent years many surgeons have placed increased emphasis on the importance of early operation in acute cholecystitis. Early surgery should be differentiated from emergency surgery and may be defined as surgery performed shortly after the diagnosis is established and the fluid and electrolyte balance corrected. The exponents of this approach believe that the needless pain and expense of prolonged conservative treatment can be avoided. Such complications as empyema, gangrene, and perforation of the gallbladder, which may develop unrecognized, and carry a significant morbidity and mortality rate, will be prevented. It must be remembered that conservative treatment merely tides the patient over that particular episode and leaves the patient, after a prolonged illness, with his original disease still requiring further hospitalization and definitive surgery.

Early surgery presupposes that the patient's general condition has been rendered suitable for surgery, that a surgeon is present who is experi-

TABLE I·INCIDENCE OF PERFORATIONS

AUTHOR	NO. ACUTE CHOLE.	NO. WITH PERF.	% WITH PERF.	MORT. PER CASES
HEUER	106	23	21.0	34.7
MENTZER	51	18	23.5	27.7
HOTZ	574	69	12.1	26.1
McCLOSKEY	68	12	10.8	28.5
EDWARDS ET AL	194	21	10.8	28.5
WALLACE AND ALLEN	415	64	15.4	17.2
McLANAHAN ET AL	140	14	10.0	42.8
COLLECTED SERIES	5,272	630	11.9	23.8

enced in surgery of the biliary tract and that adequate assistance and facilities are available.

PERFORATION INCIDENCE

The danger from unexpected perforation alone is a very strong argument for early operation in acute cholecystitis. A review of the literature indicated that the incidence of perforation in acute cholecystitis varies from approximately 10% to approximately 23%. (Table 1) The mortality in this composite series varies from approximately 17% to approximately 42%. It is not generally appreciated that the incidence and mortality of perforation in acute cholecystitis is so high. The difficulty in differentiating acute cholecystitis from empyema and gangrene of the gallbladder in the older age group is well known. It is equally difficult to distinguish acute cholecystitis from a walled-off abscess which has resulted from perforation of a gangrenous gallbladder. Quite often the patient appears to be improving clinically while the disease has progressed to gangrene and perforation.

Acute cholecystitis occurs twice as frequently in the female as in the male. It is unusual to encounter the disease in the absence of cholelithiasis. In our personal series stones were present in the gallbladders of all but one patient.

* This is an abridgment of a paper presented at the Indiana Chapter meeting of the American College of Surgeons in April, 1957, in Fort Wayne, Indiana.

Obstructive jaundice in our experience occurred in approximately 13% of our cases while pancreatitis occurred in approximately 6%.

The potential diagnostic pitfalls are many. In the abdomen perforated peptic ulcer, acute pancreatitis, intestinal obstruction and acute appendicitis can be confusing. The onset of hepatitis and cholangitis can also offer considerable difficulty. A common, but critical, diagnostic error is the failure to differentiate between acute gallbladder disease and myocardial infarction. Pleurisy will occasionally produce upper right quadrant pain typical of acute cholecystitis.

DIAGNOSTIC PROCEDURES

The diagnosis of acute cholecystitis can be established with considerable accuracy. (Table II) A routine E.K.G. and chest x-ray will rule out myocardial infarction, pulmonary and pleural disease. If the E.K.G. should be equivocal, a transaminase determination will frequently eliminate myocardial infarction. A roentgenogram of the abdomen in the upright and lateral decubitus positions will establish the absence of air under the diaphragm and will help rule out a perforated viscus.

A normal serum amylase determination will usually rule out acute pancreatitis. Frequently, a degree of pancreatitis will accompany an episode of acute cholecystitis. A moderate elevation of the serum amylase may also accompany a perforated peptic ulcer and occasionally mesenteric thrombosis.

Intravenous cholografin studies will frequently be of great assistance in establishing the diagnosis of acute cholecystitis. Non-visualization of the gallbladder and visualization of the common duct are the usual findings. Non-visualization of the gallbladder may be confirmed by a routine cholecystogram, utilizing an adequate dose of oral dye in those cases who are able to take oral medication.

Liver function tests will rule out hepatitis. A routine serum bilirubin determination will reveal occasionally a not too apparent jaundice and indicate the necessity for exploration of the common duct. The incidence of stones in the common duct in acute cholecystitis varies from 10% to 25%.

The time of operation has been widely debated. Some advocates of early surgery advise emergency surgery immediately after the diag-

TABLE II DIAGNOSTIC PROCEDURES

- 1 E. K. G. - TRANSAMINASE
- 2 X-RAY OF CHEST
- 3 X-RAY OF ABDOMEN
 - 1) UPRIGHT
 - 2) LATERAL DECUBITUS
- 4 AMYLASE
- 5 INTRAVENOUS CHOLOGRAFIN - X-RAY OF G.B.
- 6 LIVER FUNCTION TESTS
 - 1) ALBUMEN
 - 2) GLOBULIN
 - 3) THYMOL TURBIDITY
- 7 SERUM BILIRUBIN

nosis is established; other authorities feel that after 48 hours surgery should not be performed unless it is felt that perforation is impending. It is our contention that in most instances surgery can be carried out at any time after the diagnosis is established, and after the fluid and electrolyte balance has been restored to within normal limits. This usually can be accomplished within 24 hours of admission to the hospital. The operation is usually scheduled the morning following the day of admission to the hospital.

OPERATION OF CHOICE

The operation of choice is cholecystectomy. (Table III) Usually, in the hands of an experienced operator, assisted by good anesthesia, and the use of muscle relaxants, it presents little difficulty. If the surgeon will first evacuate the bile and stones from the distended gallbladder, particularly those stones embedded in the cystic duct and in Hartmann's pouch, dissection of the cystic duct, cystic artery, and the common duct is greatly facilitated. Although some operators prefer to mobilize the fundus and the body of the gallbladder prior to isolation of the cystic duct and artery, we consider the latter method to be less desirable in most cases. Occasionally cholecystectomy is not feasible, either because of the patient's general condition, or because of the local findings. Under such circumstances, cholecystostomy is best performed under local anesthesia. Frequently the life of a poor risk patient can be salvaged with this technic.

When indicated, exploration of the common duct is carried out in addition to cholecystectomy or cholecystostomy. In the hands of an experienced biliary surgeon, the addition of this latter procedure need not add materially to the morbidity or mortality of the operation. We

TABLE III OPERATIVE PROCEDURES

CHOLECYSTECTOMY

CHOLECYSTOSTOMY

- 1) GENERAL ANESTHESIA
- 2) LOCAL ANESTHESIA

CHOLECYSTECTOMY & EXPL. COMMON DUCT

CHOLECYSTOSTOMY & EXPL. COMMON DUCT

have performed choledochostomy in approximately 25% of the cases in our personal series, and in approximately half of them stones have been found in the common duct.

Operative cholangiography is frequently utilized and can be carried out safely. Contrary to the common belief that this procedure should not be done in the presence of infection, we have encountered no complications attributable to this procedure. Unsuspected stones in the common duct may be disclosed as well as residual stones left after common duct exploration.

It has been our experience that the period of hospital convalescence, in most cases, averages approximately seven to ten days. Adoption of the early surgical approach to acute cholecystitis has markedly shortened the period of hospitalization and has eliminated the re-admission period of hospitalization required for later definite surgery.

Under the proper conditions early surgery for acute cholecystitis can be performed with a reasonably low mortality rate. Excluding the perforated cases, the mortality rate is ordinarily

approximately 2% under 70 years of age; over the age of 70 years, the mortality is somewhat higher. These rates compare favorably with those of conservative treatment. In computing the true mortality rates for conservative treatment, the mortality rate of later definitive surgery should be added to that of conservative management. Persistence of conservative treatment will result in some cases of perforation with its resultant high morbidity and mortality. Although this mortality and morbidity is usually allocated to surgery, it more rightfully should be added to that of conservative management.

In general, it may be said that early surgery for acute cholecystitis under 70 years of age, is a reasonably safe procedure, whether it be cholecystectomy or cholecystostomy, but over the age of 70 years, the mortality is somewhat higher.

SUMMARY

1. The early treatment of acute cholecystitis is the treatment of choice.
2. The diagnosis can be established with considerable accuracy if the outlined routine is followed.
3. Cholecystectomy is usually the procedure of choice.
4. Cholecystostomy is occasionally indicated, sometimes under local anesthesia, in poor risk patients.
5. Operative cholangiography is frequently a helpful adjunct.
6. Under 70 years of age the mortality is low; over this age the mortality is somewhat higher.

Carcinoma of the Breast

J. E. PILCHER, M.D.

Indianapolis

FOR MANY YEARS following the work of Meyer and Halsted, surgeons accepted the classical radical mastectomy as the treatment of choice in treating carcinoma of the breast. Handley of England studied the lymphatic drainage of the breast and the operation of Halsted seemed to be established on a very sound anatomical basis, namely the removal of the organ containing the tumor together with the lymphatic channels and regional lymph nodes of the organ, the belief being that carcinoma metastasized by continuous growth along the lymphatics to the regional nodes. This does occur and can be demonstrated. Once the lymphatics adjacent to a carcinoma are invaded lymphatic embolism occurs and the first clinical evidence of spread of the tumor will in most instances be in the regional lymph nodes. Observations of this nature gave rise to the concept of block dissection in the surgical attack on carcinoma.

Radical mastectomy was done for many years and the five year survival rate remained fairly constant at about 40% and the clinical cure rate at about 30%. During the years many bits of knowledge accumulated that disturbed our complacency. This has been a healthy change as there can be no progress as long as one is satisfied with his results.

The phenomenon of metastasis by vascular embolism is recognized and found to be completely unpredictable. The biologic behavior of cancer of the breast is unpredictable in any individual case and the histological picture of the tumor tells us very little. Evidence has accumulated that the body has the ability to destroy or hold quiescent many metastases. When we are able to diagnose a cancer of the breast, we are unable to say if it is an early or late lesion. This is due to our lack of knowledge of the biologic behavior of cancer rather than a question of time. A tumor that occurs today and metastasizes tomorrow is a late lesion when we see it

next week. Beatson in 1896 observed regression in the growth of breast carcinoma in two women with breast carcinoma who received oophorectomy for another reason. Since then much evidence has accumulated indicating that the endocrine system has a profound influence upon the growth of carcinoma of the breast, particularly upon metastases.

McWhirter of Edinburgh, Scotland published a series of 1,882 cases treated by simple mastectomy and irradiation therapy. Of this group 786 were living at the fifth year. After the publishing of this series of cases many accepted the method without critical appraisal.

N. E. McKinnon, a statistician of the University of Toronto, in the *Canadian Medical Association Journal*, October 1955, published an article in which he developed the thesis that treatment does not alter the course of carcinoma, particularly carcinoma of the breast. McKinnon makes much of the fact that microscopy does not accurately reveal the biologic characteristics, that is metastatic or lethal propensity, of a tumor. According to McKinnon "proved microscopically," does not necessarily signify a progressive lethal cancer, but an architecture similar to that of progressive lethal cancer. It is his opinion that local treatment does not save lives but is of value only for mental relief. Surely this theory belongs to the field of abstract philosophy and not to the field of science.

Ackerman of Washington University in "Cancer," September-October 1955, reports the result of his review of all of McWhirter's cases. Ackerman's final conclusion was that radical mastectomy would probably have given better results. I shall give only a few of the reasons advanced by Ackerman for arriving at his conclusion.

1. There is no proof of McWhirter's opinion that the carcinoma in a lymph node is more sensitive to irradiation than the primary tumor.

2. After the McWhirter treatment many

lymph nodes remained and when removed were found to contain viable carcinoma.

3. There was a 16% local persistence rate in group I and II carcinomas.

Until fundamental research unravels the riddle of carcinoma there will be differences of opinion as to treatment. Some men are applying the principle of super radical surgery. Not enough time has elapsed to evaluate their results but they should be encouraged in their efforts.

Recent years have seen remarkable advances in hormone and endocrine extirpation therapy, particularly in advanced cases of carcinoma of the breast.

It is difficult to agree with those who do a simple mastectomy and deliberately leave accessible tumor tissue behind.

Some do a so-called radical mastectomy leaving the pectoral muscles. This violates the principle of block dissection and probably leads to trauma of the axillary glands because of inadequate exposure and consequent dissemination of the tumor.

The question is frequently raised as to whether radical mastectomy has not become obsolete in the treatment of breast cancer. Those who accept McWhirter's work without critical appraisal would assume so. Those who accept the theory of predetermination probably have little inclination to do anything.

The indication for radical mastectomy is probably the same as it was in Halsted's day. Halsted and the men of his generation recognized that radical mastectomy was of little benefit in the presence of distant metastases. If the classification of operability as laid down by Haagensen is followed, radical mastectomy is the treatment of choice in the first two groups; group I being those cases in which the tumor is clinically confined to the breast, and group II being those cases in which the only clinical evidence of spread is in the axilla. If distant metastases are present the local operation is based on palliation to prevent breakdown and ulceration. The treatment then is based upon irradiation, hormone therapy, and endocrine extirpation.

There are numerous papers in the literature on treatment and follow-up of cases. One of the most typical, with almost perfect follow-up, is by Collier in "Surgery" for November 1954.

He reviews 1,227 consecutive cases in a 10 year period. Haagensen's rules of operability were followed very closely. The overall five year survival rate was 40%. The overall five year clinical cure rate was 33%. Forty-five per cent of the patients operated upon had no axillary nodes involved when examined by the pathologist. The five year survival rate in this group was 82.7% and the five year clinical cure rate was 75.6%. Part of these patients received postoperative irradiation and part did not. There was no significant difference in the survival rate of the two groups:

Fifty-five per cent of the patients operated upon had positive axillary nodes. The five year survival rate in this group dropped to 38.7% and the five year clinical cure rate to 30.5%. Most of this group received postoperative irradiation but some did not. Again there was no significant difference in the survival rate of the two groups.

The average survival time of patients with untreated carcinoma of the breast averages about three years plus. Certainly these figures should not lead one to an attitude of complacency but one cannot help being impressed with the importance of early diagnosis and adequate surgery.

Indications and contraindications for operation are always subject to individual interpretation. We follow Haagensen's rules as closely as possible. We do not consider pregnancy and lactation a contraindication to surgery. The pronounced difference in survival rate for patients with and without positive axillary nodes emphasizes the importance of early diagnosis. When a woman is seen with a lump in the breast she should be examined for distant metastases and have at least a chest x-ray. If no distant metastases are found the lump should be surgically removed in the operating room. The lump should be totally removed and not cut into. It should then be subjected to frozen section and examined by the pathologist. If a diagnosis of carcinoma is made, radical mastectomy should be done immediately. In recent years, if the pathologist finds no carcinoma in the removed axillary tissue we have not used postoperative irradiation. If carcinoma is found in the axillary glands postoperative irradiation is used routinely.

Technically there has been little change in the performance of radical mastectomy except in

two relatively minor details. Proper manipulation of the skin flaps has practically eliminated the need for skin grafting. In recent years we have placed catheters with multiple perforations under the skin flaps and attach them to an

aspirating machine to prevent the accumulation of fluid in the wound.

In conclusion, every breast lump should be removed for examination. No doctor is capable of outguessing a tumor.

Observations on Saphenofemoral Ligation and Stripping

BRIAN C. GAY, M.D.*

Bluffton

HIGH LIGATION AND STRIPPING of the greater and lesser saphenous veins is the most common present treatment of varicose veins. In this study we would like to record some anatomical-technical points not usually considered in the surgical therapy of leg varicosities.

ANATOMICAL CONSIDERATIONS

We cannot improve on Daseler and Anson's excellent anatomical survey of the eight groups of junctional variations set forth in their survey of 350 body halves.¹ However, they concluded that the medial circumflex vein of the thigh was the least common tributary. We have found it possible to strip this vein distally from the junction to a point in the middle third of the adductor group in 60% of our cases. We believe this vein should be removed because there is a high incidence of recurrence in the posterior thigh arising from the lower end of this vein.

There is not general awareness of the relationship of lymph nodes to the saphenofemoral junction. The proximal subinguinal nodes drain the subumbilical abdominal wall, vulva, perineum and upper thigh. The distal subinguinal nodes drain the entire superficial thigh, buttock, leg and foot, with the exception of the sole and calf. The lymphatics draining the latter enter the popliteal nodes before joining the deep lymphatics. The superficial subinguinal nodes are drained by the deep inguinal nodes high in the femoral canal. Thus the distal subinguinal nodes are the first recipients of lymph from the bulk of the skin of the lower extremity.

The relationship of the distal superficial subinguinal group to the saphenofemoral junction is such that two or three nodes lie over or slightly medial to the fossa ovalis in 70% of the cases.

These are arranged longitudinally for a distance of 3-5 cm. They are often mistaken for fat and are termed the "fat pad" by Mansberger, *et al.*² The greater saphenous vein usually receives on its medial side a trunk made up of several tributaries which passes under these nodes. There is a definite hiatus through this lymphoid-fatty pad traversed by a confluence of the medial tributaries in at least a third of the cases.

We agree that Mansberger's "Rule of Three" applies in locating the fossa ovalis except in one recent case in which the saphena magna joined the femoral vein 10 cm. below a very rudimentary fossa ovalis which received four small proximal tributaries.³ This was demonstrated by passing the stripper into the iliac vein without seeing the head in the groin dissection.

TECHNICAL CONSIDERATIONS

We feel that a 6 cm. transverse incision gives better exposure of the junctional site. A transverse incision results in less scarring if reexploration of the saphenous bed becomes necessary later. We object to removal of the "fat pad" over the fossa ovalis as advocated by Mansberger as this is really lymphoid tissue. It is true that the veins from these nodes will be interrupted since they join the saphenous vein but since they drain lymph from 75% of the superficial skin it seems advisable that they should be preserved. The tributaries forming the medial trunk can be ligated and the trunk passed through the lymphoid hiatus to the greater saphenous vein location on the other side and the dissection continued.

We have noticed much more prompt healing of the groin wound and less postoperative leg swelling when every effort is made to preserve the lymph nodes. The same is applied to the

* From Caylor-Nickel Clinic, Bluffton, Indiana.

popliteal lymph nodes when the lesser saphenous vein is stripped.

Any patient with varicose veins and edema should have a venogram done prior to operation to demonstrate a normal deep venous return. If these deep veins are adequate and elastic bandages give relief, every effort should be made to preserve the lymphatic system at operation because the swelling may be due in part to poor lymph drainage.

SUMMARY

1. The importance of the subinguinal lymph nodes is reviewed.
2. A technique for preserving the distal group is possible and the "fat pad" should be spared.

3. Less postoperative swelling and more prompt wound healing result in our experience if the technical suggestions presented are followed.

REFERENCES

1. Daseler, E. H., Anson, B. J., Reimann, A. F., and Beaton, L. E.: Saphenous venous tributaries and related structures in relation to technique of high ligation, based chiefly upon study of 550 anatomical dissections, *Surg., Gynec. & Obst.* 82:53-63, Jan. 1946.
2. Mansberger, A. R., Jr., Yeager, G. H., Smelser, R. M., and Brumback, F. M.: Saphenofemoral junction anomalies, *Surg., Gynec. & Obst.* 91:533-536, Nov. 1950.
3. Caylor, H. D., Unpublished.

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MEDICARE

THE medicare contract of the Indiana State Medical Association has recently been renegotiated and renewed. It is now in effect in essentially the same form as before. The principle of allowing each physician to bill his usual and customary fees, a feature which has become known as "The Indiana Plan," has been continued.

The financial accounts have been altered in order to allow prompt payment of all claims. Since these changes have been accomplished the main obstacle to fast settlement will be either insufficient data on the claim form or improper entries on the form. All physicians are urged to be meticulously careful in following instructions in this regard. The claim forms are not accepted by the government in any but perfect condition in so far as the necessary entries are concerned.

In surgical operative cases the fee for the

surgical operation includes the fee for preoperative examination and the fee for postoperative care. In instances in which the postoperative care is rendered by a physician other than the operating surgeon, the surgeon should reduce his fee by an amount equal to the fee for postoperative care. The form should always state who assisted at the operation and who performed the postoperative care, regardless of whether the operating surgeon rendered the postoperative care or not.

In the case of patients whose medical condition requires special medical postoperative care, in addition to the normal surgical postoperative care (as in the case of a diabetic patient) a fee for special postoperative care is allowable.

Another example of allowable fees above those ordinarily listed is the difficult case. In instances

in which the care is unusually detailed and time-consuming, the added and unusual services rendered should be itemized, and if necessary explained. In such a circumstance an additional fee may be claimed.

Charges for drugs are allowed only in the case of out-patient obstetrical patients. Each drug item should be listed by name, quantity and cost.

The fee for delivery includes all post-natal care. There is a limit of 3 visits on a full term well baby while in the hospital.

Time will be saved in case of doubt, by telephoning or writing the Headquarters Office for information. Government paper work is just that way and always will be—it has to be filled out just so.

Guest Editorials:

BRAND NAME DRUGS

Reprinted from the January 1958 Issue of
The Journal of The Medical Society of New Jersey
Vol. 55, p. 1

More than 85 per cent of all prescriptions are prefabricated by the pharmaceutical manufacturer. They are not compounded by the retail druggist. Thus the integrity of the manufacturer becomes as important today as the honesty and cleanliness of the retail pharmacist was in 1900. Modern mass production, whatever its disadvantages, does guarantee standardization. One spoonful of a good brand's Elixir XYZ has the same composition and potency as another teaspoonful of the same brand's Elixir (if you use the same teaspoon). This is not true of a fly-by-night manufacturer of shoddy merchandise. But it *is* true of any of the reputable manufacturers who advertise in this and other physician-controlled journals.

Control is the secret of sound manufacture—control of purity, viscosity, solubility, potency, vehicle and particle size. To exercise control at every step of the manufacturing process is expensive. A manufacturer who ignores controls can sell his product cheaper. It may be announced as a "pharmaceutic equivalent"—but it isn't. It isn't an equivalent in potency, solubility, viscosity and so on, even though it looks like an equivalent in color of fluid or shape of tablet.

Fluids separate, tablets decompose, ointments can deteriorate and any medication can become contaminated. The honorable manufacturer de-

termines the "shelf life" of a product and advises the retailer or marks an expiration date. This kind of determination is expensive. By stamping on an expiration date, the manufacturer stands to lose some sales. The third-grade maker avoids that danger. He doesn't determine shelf-life, or he stamps no accurate expiration date on the package. In that way he can sell his product at a bargain. Of course, the aspirin tablet may deteriorate and give forth the odor of acetic acid. Still, it's a bargain. Some bargain!

One of the oddities of the drug trade is that the manufacturer spends a fortune on research, and counts himself lucky to get one usable product out of fifty experiments. He pours down the drain the cost of the other 49 projects. His purpose, to be sure, is not charitable. He expects it to pay off, hoping to make enough profit on the one successful experiment to pay the workers on the 49 wild goose chases. Still, if an unethical manufacturer can borrow the results of that research, he can undercut the original maker in price; the second company doesn't have to pick up the research tab. Hence, the by-passing of good brand-named products is a body blow to research. Why should a company spend millions in research to see their final products left on the shelf in favor of a cheaper substitute?

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ENCROACHMENT BY OPTOMETRISTS UPON THE FIELD OF MEDICINE

THE PRACTICE of medicine should be done by physicians. Attempts by those not qualified to practice medicine are numerous. In some instances the efforts center around plain quackery. In others, there may be a desire to extend a technical procedure into a limited field of practice where only a physician should have direction. In recent years certain important groups in optometry have determined to gain legal sanctions to diagnose and treat ocular diseases and to perform ocular surgery. The partial success of these efforts on the part of optometrists, or at least certain individuals in their groups, and the character of the laws proposed are a cause for grave concern to all who uphold the standards and ethical principles of organized medicine.

In the field of federal legislation there have been three statutes concerning the field of optometry, and the first was an act in 1924 dealing with the practice of optometry in the District of Columbia. By definition and by specification the practice of optometry was to be limited to the use of technical methods and devices in the examination of the human eye for purposes of determining visual defects and the adaptation of lenses for aid and relief thereof. It prohibited medicine or surgery and prohibited prescriptions or treatment of the eyes. Another statute in this field contained in an amendment to the Social Security law was passed by the 81st Congress. This provides that in the determination of whether a person is blind for the purpose of receiving government aid, either a physician skilled in the diseases of the eye or an optometrist could make the official determination. Congress by enacting this statute authorized optometrists to make a determination which is ordinarily outside the scope of their practice. The same Congress, in 1949, provided for optometry sections in the Medical Service Corps of the Army and the Navy.

All forty-eight states have laws defining and

regulating the practice of optometry. The use of drugs and surgery is forbidden in twenty-one. In seventeen additional states optometrists cannot use drugs. In the statutes of the last five years the optometric laws themselves do not reveal any trend towards widening the scope of practice, but other laws clearly do so. These are workmen's compensation laws, school laws, laws providing aid for the blind, and the anti-discrimination laws. Thirty-five states now permit optometrists to certify that a person is blind so that he may qualify for state financial assistance. Four states have passed laws which provide optometrists are not to be discriminated against by state and local governments in the ocular field; and Florida additionally provides that optometrists' testimony is to be accepted as expert testimony in legal actions involving the human eye.

The aggressive attitude of the optometrists association is further shown by a statement of a past president: "We look upon vision care as a specialty in the broad health field, and optometry, incidentally, is the only profession specially licensed to care for vision." Also, a resolution adopted at the annual congress of the American Optometric Association, at Seattle, in 1954, read in part as follows: "Resolved that it is the stated policy of the American Optometric Association in convention assembled that the field of visual care is the field of optometry and should be exclusively the field of optometry." A proposed optometric act for the state of Oklahoma would re-define optometry, extending it to cover all of ocular medicine except surgery, and deny to all except certain physicians the right to practice what is defined as optometry. This, if enacted, would have the effect of regulating medical practice by a non-medical group outside of the Medical Practice Act.

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RESOLUTIONS ON OPHTHALMOLOGIC-OPTOMETRIC RELATIONS

Submitted by the Indiana Academy of Ophthalmology and Otolaryngology.

WHEREAS, Optometry's practical ambitions reached a high point at its 1954 convention when the American Optometric Association officially adopted the resolutions which stated in so many words that

"The field of visual care is the field of optometry and should be exclusively the field of optometry"

and that, in respect to the optometry laws of the various states, the

"Exemptions be restricted, limited and ultimately eliminated."

WHEREAS, the above resolutions can mean only restriction against physicians and ophthalmologists, as they are the only ones who have been granted exemptions from previous optometry laws, and

WHEREAS, refraction is and has always been considered an integral part of medical ophthalmology, and the enactment of such restrictions on medicine and ophthalmology would ultimately deprive the general public of the highest caliber of medical eye care, and

WHEREAS, in other states the optometric associations have secured the passage of laws which prevent the dispensing of glasses in an ophthalmologist's office unless such dispensing is serviced by the ophthalmologist in person, and

WHEREAS, in view of the foregoing attempts of optometry to harass the ophthalmologist and the dispensing optician to the eventual deterioration of medical eye care, and

WHEREAS, the hiring of optometrists by physicians, or ophthalmologists, for the purpose of doing refractions oftentimes is misconstrued by the public and works to give weight to the above-mentioned legislative drive of the optometrists; now, therefore

BE IT RESOLVED, that the Indiana Academy of Ophthalmology and Otolaryngology, in conformity with the resolutions of the Indiana State Medical Association and the American Medical Association, declare that it is unethical for a physician, or ophthalmologist, to employ the services of an optometrist to do refractions or render other services under the guise and protection of the practice of medicine, and

BE IT FURTHER RESOLVED, that the Indiana Academy of Ophthalmology and Otolaryngology alert all its members and others practicing ophthalmology to the efforts of optometry to further their avowed restrictions on the practice of medicine, and

BE IT FURTHER RESOLVED, that a committee of the Indiana Academy of Ophthalmology and Otolaryngology be appointed to work with the Indiana Association of Dispensing Opticians in the formation of suitable legislation to be presented to the General Assembly of the State of Indiana for the proper attainment of the relative spheres of Ophthalmology, the Dispensing Optician, and the Optometrist, and

BE IT FURTHER RESOLVED, that this committee be authorized and directed to further such legislation before the General Assembly of the State of Indiana.

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Continued from page 776

In Louisiana, a proposed amendment to the optometry act would have regulated the physician in twenty-one provisions, thus amending to that extent the provisions of our Medical Practice Act.

The aims indicated by state legislation and statements such as these are not those of all optometrists. There are many who hold to the historical position of the refracting optician whose aim it was to affect only the light and not the eye, and to avoid attempts to penetrate the involved mysteries of medical practice.

The position of the ophthalmologists in this situation is one of considerable concern. The medical profession in general and ophthalmology in particular have encouraged the optometrist to make himself more competent in his field of non-medical refraction, but believe that every individual should be referred to an ophthalmologist, who does not attain normal vision with glasses, or who has any eye complaint not relieved by glasses. The optometrist should not attempt to select individuals for referral to the ophthalmologist on the basis of the determination of the presence of disease. He is not qualified to make such diagnosis. Attempts by certain optometrists to arrange medical consultations for an individual requiring eye care, and at the same time maintain themselves in the position of directing that care, constitute a danger for the patient and for the physician. A disease process in the eye, which should be treated by an ophthalmologist, may advance while the eye is under optometric direction to the point at which proper therapy may not be effective.

The position of the American Medical Association during most of the thirty and more years that these matters have been before the House of Delegates has been that voluntary associations with optometrists are unethical.

The physician who prescribes cycloplegic and other drugs, so that the optometrist may then refract, may precipitate glaucoma in patients who have never had a previous attack. In such a situation, the physician would bear the brunt

of legal action, since a malpractice suit against the optometrist would not apply.

From these considerations it is apparent that a serious struggle is in process. An aggressive group of optometrists wishes to extend their field, and presumably, exclude by legal means the ophthalmologist from the fitting of glasses. The position of the public, which in this instance and most others does not know what is good for it, is confused. The public does not know that the optometrist's function is to fit glasses to eyes that are not diseased. The position of the physicians is that further encroachment on the practice of medicine by the optometrist should be prevented, and that the legal right of optometrists to determine blindness, for Social Security or other purposes, should be revoked. Physicians everywhere should be continuously watchful of the attempts to extend the field of optometry by legal means.

—*The JOURNAL of the Louisiana
State Medical Society*

BRAND NAME DRUGS

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Chemically speaking, one antacid tablet may be the same as the other. Still, if you are chewing the tablet, you prefer the one with a smooth taste to one that tastes and sounds like a mixture of grit and chalk. And if you prefer the brand-named, more elegant tablet, your patient is entitled to it too.

A suppository that melts in the container before use—or fails to melt in the body cavity during use—is worthless no matter how cheaply it can be bought. Melting point control requires expensive equipment, and adds to the retail price. A first-class manufacturer, however, will not put out a suppository without a controlled melting point. A third-rate manufacturer may do so. And he can sell it cheaper.

So the experienced physician is not defensive about prescribing brand-named products—or giving the retail pharmacist a choice of reliable brand names. He knows that the patient can buy an ersatz product a little cheaper. But precious things don't sell at cut-rate prices.

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The President's Page

TO ACCOMPLISH MEDICINE'S AIMS

MEDICINE must accomplish its aims, sometimes indirectly, sometimes directly. It must always be borne in mind that the primary aim of Medicine is to give the best possible medical care to the people through the best possible system of practice.

All life is a struggle of man against man's malice, in which sagacity comes to grips with the strategy of design. In the continuing struggle of organized medicine against the inroads of Socialism, the aim of Medicine should not be lost sight of in the execution of its negative response to the purposes of its adversaries. Thus, every "no" must be accompanied by an alternate positive expression of its aims.

The fanfare of Socialism is in the light, but the execution of its designs is in the dark, the purpose being always to belie. Intention is revealed to mislead the attention of the adversary when it is changed to gain the end by what was unexpected. But insight has perspicacity, is wary, and waits behind the armor of what is best for the recipients of medical care. It allows every first hint to pass, lies in wait for a second, and even for a third. Agreement with the aims expressed in this fanfare is morally right; disagreement comes only in the dark implementation of these designs, the change of play coming only to change the trick. It is here that wariness is on watch, seeing clearly what is intended and uncovering the blackness that was clothed in light; recognizing that design most artful which looked most artless.

At this time the uncompromising "no" of organized medicine must be publicized as against the **method** of reaching the noble aims expressed and not be confused with being against those very aims. It must be accompanied by a positive approach to a better method of reaching those aims. In such fashion will the whiteness of Apollo's penetrating rays be best preserved against the wiliness of Python.

W. C. Lippincott M.D.

Annual Report to Members and I.S.M.A. Outlines Auxiliary Activities

MRS. W. C. STOVER*

Boonville

WE ARE ASSEMBLED here again together closing the thirtieth year of existence of the Woman's Auxiliary to the Indiana State Medical Association. I am sure that we are proud of our progress during these years, and in this "satellite age," in which we are living, we will hear reports that will assure us that we are headed into orbit.

At this fourteenth annual House of Delegates meeting you will hear ideas which have been geared and planned for you by your national and state officers. The county organization, no matter how large or small, is the Auxiliary, but most of all it is the enthusiasm and interest of each individual member that helps us to maintain our aim, which as you know so well, is to assist our doctors for the betterment of the healing art and the promoting of good public relations.

One of the most pleasant assignments during my tenure of office was the personal visits to the county auxiliaries. One has the opportunity to see them in action, interpreting the program recommended to them. Every visit has been a pleasure and an inspiration to me. I have returned home full of pride to be a member and a friend to such a wonderful group of women, who not only have dedicated themselves to aiding the medical profession but have been called upon to help with every civic project.

Under unfortunate circumstances I became your president in June, 1957. That is a day I will long remember. I was filled with mixed emotions—sorrow for a friend—fright for the Auxiliary and myself. Letters of encouragement

came from you filled with remarks such as, "What can I do to help?" It was then that I felt the full import of my responsibility. Your reports at this meeting will be my report and will show our accomplishments.

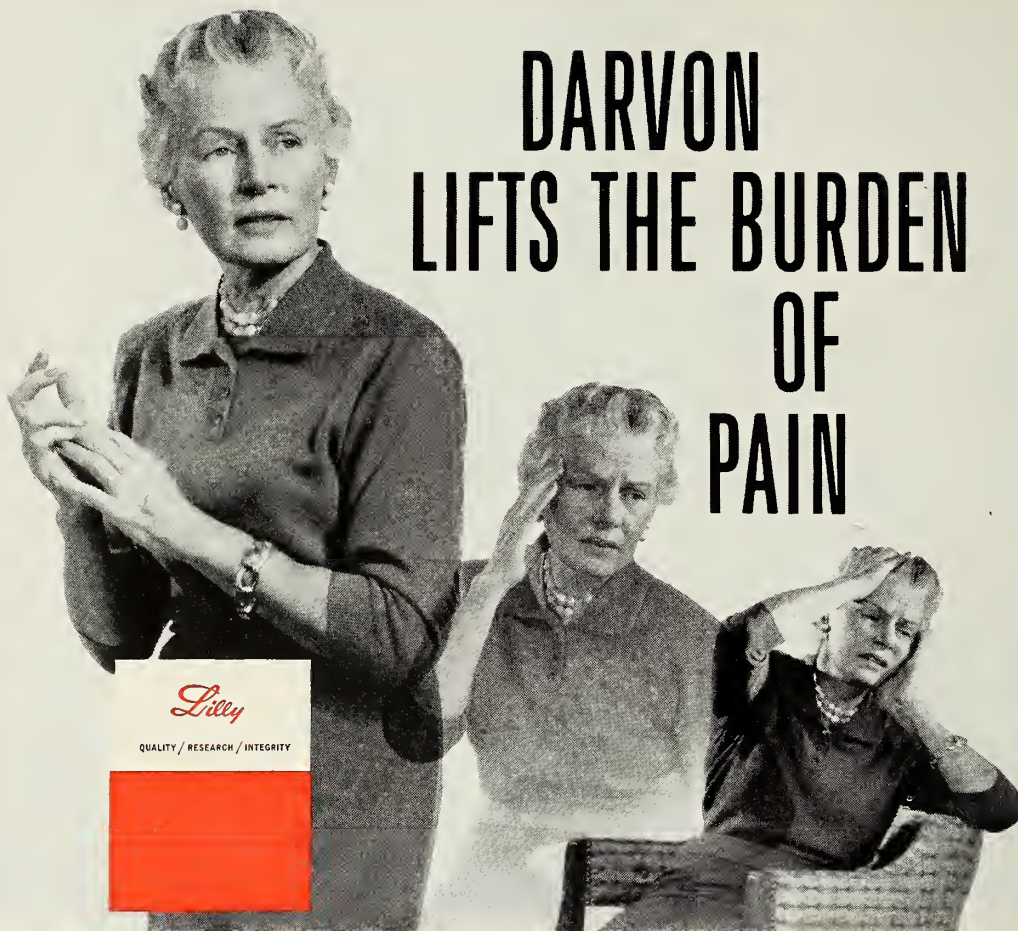
One of the highlights of the president's year is participation in the annual conference in Chicago for state presidents and presidents-elect. Here we had the opportunity to meet our own national officers; to know many officials of the American Medical Association; and to hear them relate to us the problems facing organized medicine and how they feel that we can help best with these problems. Doctor Allman stressed the fact that they do depend on us. The conference was based on group participation carrying out the "working-together" idea. When the conference closed after two days of discussions, note-taking and sitting, we truly felt "Health Is a Joint Endeavor." I, with many delegates, will represent Indiana at the annual national convention this summer in San Francisco. Mrs. Craig, national president, has asked me to serve on the National Courtesy Resolutions Committee; an honor that I have accepted.

While attending the Chicago conference, I received a telephone call from Purdue University concerning the 4-H scholarship. I called our recording secretary, Mrs. Thomas Johnson, who represented the Auxiliary for me and presented the \$100 scholarship to Rowena Hahn of Peru. She is now in training at The Lutheran Hospital of Fort Wayne.

It has been my duty to keep the Indiana State Medical Association informed as to our activities and plans. I was so graciously received by the House of Delegates of the Indiana State Medical Association last October at French Lick when I

Continued

*Retiring president of Woman's Auxiliary to the Indiana State Medical Association. Presented at Auxiliary House of Delegates meeting in Indianapolis, April 24, 1958.



DARVON LIFTS THE BURDEN OF PAIN

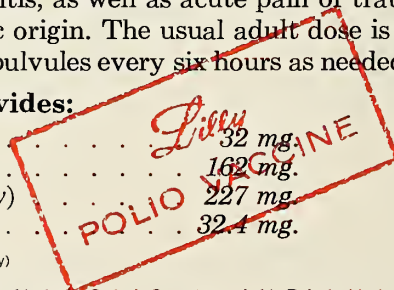
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DARVON (Dextro Propoxyphene Hydrochloride, Lilly) is equally as potent as codeine yet is much better tolerated. Side-effects, such as nausea or constipation, are minimal. You will find 'Darvon' helpful in any condition associated with pain. The usual adult dose is 32 mg. every four hours or 65 mg. every six hours as needed. Available in 32 and 65-mg. pulvules.

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'Darvon'	32 mg.
Acetophenetidin	162 mg.
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*'A.S.A. Compound' (Acetylsalicylic Acid and Acetophenetidin Compound, Lilly)

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appeared before them to outline our year's program and plans. Another medium of our activities for the doctors is written monthly on our page in *The JOURNAL* of the Indiana State Medical Association.

In January, it was the pleasure of your president-elect, Mrs. Bailey; treasurer, Mrs. Brown; and myself to have dinner and a conference with the Executive Committee of the Indiana State Medical Association. This gave us an opportunity to discuss our plans and problems concerning membership and legislative matters. A suggestion was offered that an all-out effort be made to register voters in the various counties. Suggestions were also made of how we can help to promote and defeat bills before Congress. Finances were discussed and they again presented us with a check for \$1,000 to be used as we need it to better our Auxiliary and its meetings. For this we are, indeed, thankful. I would like to add my personal thanks to the Indiana State Medical Association for their guidance to me this year.

As your president, I have presided at seven executive meetings with 100 percent attendance. I wish to thank those officers for their cooperation, guidance and patience through this year, for without them and their advice the year would have been a very difficult one. Two board meetings have been held this year and the annual fall meeting at French Lick.

In the fall suggested outlines were sent to your counties stressing the four national priority projects, namely, American Medical Education Foundation, *Today's Health*, Legislation and Safety—the latter committee added to our permanent list of standing committees by permission from the I.S.M.A. You will hear the results of these projects today and I will not at this time enumerate their achievements. These, plus our other outstanding projects, will be very important and commendable.

This year, with recommendation of our Executive Committee and the Board of Directors, we accepted the invitation of the Indiana State Medical Association and Blue Shield to cooperate with the county medical societies in their meetings on "Medical Economics." Seventy-five such meetings were held throughout the state and were very successful with almost 3,500 in attendance.

It has been a pleasure to be your president

during these months and although we had an unfortunate and slow beginning, I am sure that we have achieved our goals and can be proud of our ending. At this time I would like to thank each of you for your cooperation. To the state officers and state chairmen—thank you for your guidance to the Auxiliary in your individual fields, and to all committees who have helped to make this year a success.

I also wish to express my gratitude to the Blue Shield office for all of the kind things they have done for us, such as printing our stationery, yearbooks and our convention program. For this we are very grateful.

To the Executive Office of the Indiana State Medical Association and to *The JOURNAL* of the Indiana State Medical Association, I appreciate their many courtesies and assistance.

To all counties who have acted as our hostesses for both the annual fall meeting at French Lick and this, our fourteenth House of Delegates meeting, I thank you for all of your efforts and your wonderful display of artistry.

Will you forgive me for being just a little personal at this time? I would like to express my personal thanks and appreciation to my own Auxiliary—Vanderburgh-Southwestern—whose members have been so wonderful to me this year.

A year is ending and a new one beginning—new officers, state chairmen and county officers. Good luck and my best wishes for a very successful year during 1958 and 1959.

Dr. W. W. Bolton Injured, His Wife Killed in Accident

Dr. W. W. Bolton, associate director of the A.M.A. Bureau of Health Education, was injured and his wife, Dagmar, 55, was killed in an automobile accident on Saturday evening, May 17, south of Nashville, Tenn.

The Bolton car and another car collided as Dr. Bolton and his wife turned off the main highway to a motel. The accident occurred on the first day of their vacation. They were enroute to Florida.

Mrs. Bolton was dead on arrival at the hospital. Dr. Bolton suffered four fractured ribs and a back injury. He is a patient at St. Thomas Hospital in Nashville.

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The Principles of Medical Ethics*

M. C. TOPPING, M.D.**

AS SPOKESMAN for the Indiana State Medical Association, I will try to give you the views of organized medicine and its interpretation of the much publicized Code of Ethics of the Medical Profession. I have used the word "code" but advisedly. It is actually not a code, but ten broad principles which are intended to be used by physicians as an aid in maintaining a high standard of ethical conduct. They are not laws, but are standards by which a physician may determine the propriety of his conduct in his relations with the public as a whole, with his patients in particular, and with his colleagues in medicine and the allied professions.

Section 1.

The Objective—Service to Humanity

"The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion." This section is high sounding and perhaps on first glance appears obvious. The connotation, however, is that one should not consider the practice of medicine as a business against the advantages of other businesses from a monetary angle. Many people in casting about for likely fields of endeavor, eye the doctors as they appear socially, well jacketed, well heeled, and rolling in prestige automobiles. They look at medicine as a racket that might be hard to crack, but once in would be good for plenty of clover. To enter the practice under illusions of this kind and attempt their fulfillment would result not only in disillusion, but also most inevitably, in deterioration in the quality of care rendered. The ideal to be striven

for in private practice is to render to each patient the best professional care of which you are capable without thought of monetary reward. In return, the respect and devotion of your patient is of more importance than his ability to pay. By this, I do not mean to imply that it is unethical to expect to be paid for your services, but it is unethical to seek money as a primary aim and to use your profession only as a means to that end.

Section 2.

Strive to Improve Knowledge and Skill

"Physicians should strive to continually improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments."

It is an obligation assumed with the granting of a license to practice medicine that you will, so long as you practice, keep abreast of times and continually strive to add to your medical knowledge and develop your skill. This can be done only by regular attendance at scientific meetings, regular reading of current medical literature, and association with your medical colleagues. Graduation from medical school and even completion of internship and residency training is but a bare beginning in your learning process. It is only intended as a basis for the ability to *start* the practice of medicine. No man may long continue to ethically practice medicine after he stops learning.

Neither may any man consider that the knowledge he has gained and the skills he has developed are his exclusive property to be dispensed or sold as he so wishes. Medical knowledge is a heritage. It is the accumulated wisdom of the ages, and you are merely the agent for its transmissal to the people to whom it already belongs. The skills developed in the use of this knowledge are likewise not yours exclusively.

* Read before the Junior Class, Indiana University School of Medicine, January 10, 1958.

** President, Indiana State Medical Association.

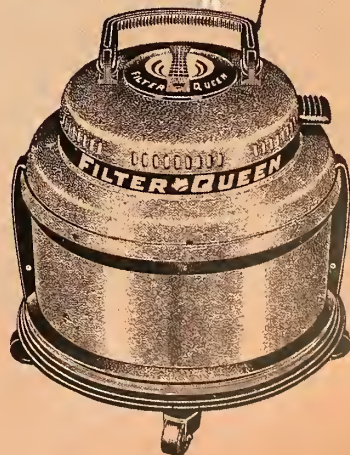
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*Report on file in offices of Health-Mor, Inc., 203 N. Wabash Ave., Chicago 1, Ill.

They are the result of the formulation of techniques arrived at by experimenters through the centuries. They, too, belong not only to those now living, but to the quieted minds and long stilled hands of the dead. So long as you are able, you should make this knowledge and the skills you have acquired available to those patients seeking them. It is your further obligation to pass them on to your colleagues and followers, making further available any special or advanced professional attainments.

It is considered professionally reprehensible to deny or hold for special advantage, special learning or skill, from either your patients, your colleagues, or the public at large. They are a public trust, held only fleetingly in the hands of the individual practitioner, before being added to the cumulated store.

Section 3.

Practice Scientific Medicine

"A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle."

Modern medicine is based on scientific principles, the result of study, observation, research and experience. It is true that many procedures used in the past have been formulated on faulty premises. Much has been the result of trial and error. Some important discoveries have come about through accident. So that while medicine is a science, it is still an inexact science. All of the advances made in medicine, however, have come about as a result of the primary concept of medicine as stemming from known scientific principles and laws. No single contribution to the progress of the healing art has ever come from any of the cults whose schools are engaged in the dissemination of twilight medical thought.

Inasmuch as these schools have been founded primarily in an effort to circumvent the standards of medical practice, and to allow their graduates the advantages of practice without the qualifications necessary to insure good practice, it is self-evident that their primary concern is not the public weal, but the advantage of their own cult.

No doctor, therefore, may practice any system of medicine based on this premise, or use any adjunctive skill acquired through these means in

the ethical conduct of scientific medical practice. Nor may he voluntarily associate professionally with cultists either, by referring patients to them, by consulting with them, or by associating with them in practice.

There are many conceivable problems that you may expect to occur as a result of this dictum. There are areas in the state where licensed practitioners of fringe systems of healing are legally qualified for membership on municipal hospital staffs and other tax supported institutions. There are some rural and small urban areas in which there are no regular practitioners but that are served by cultists. In these cases, it will be noted that your association with them is forced upon you by law and is, therefore, involuntary. The yardstick to be used by you in measuring the degree of association to be ethically allowable under these circumstances is the good of the patient. To whatever degree you may add to the proper treatment of the patient who is so situated by environment as to have been under the care of a cultist, so may you proffer your services.

Section 4.

Safeguard the Public

"The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose without hesitation illegal or unethical conduct of fellow members of the profession."

Here again it is held that it is the obligation of the medical profession to protect the public not only against others, but also against those members of their own profession who have been found to be deficient in moral character or professional competence. Each of you must accept the responsibility of adding to the standard of ethical conduct, as established among the doctors in the community in which you live. You are equally responsible for maintaining those standards by exposing, without hesitation, the illegal, immoral, or otherwise unethical conduct of any member of the medical profession. In any situation in which you have knowledge of evil-doing by any member of the profession and do not take steps to correct or curtail such action, you are equally guilty with the culprit. Ill conceived actions by any member of the pro-

fession reflects upon the public estimation of the whole profession.

Section 5.

Free Choice of Physician and Patient

"A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients."

As the patient may select a physician of his choice, so may the doctor choose the patient he feels most qualified to serve. There is no responsibility of the physician to accept for treatment any or all cases applying or referred to him. He may refuse his services for any or no reason, except in an emergency. Once having accepted a patient for treatment, however, it becomes the continuing responsibility of the practitioner to exercise his best judgment and skill in the pursuit of a successful conclusion to the case. He must not neglect the patient or in any

other way interrupt his care. He may only discontinue his services if he has been discharged, or if he has given adequate notice that he wishes to terminate his service, either requesting the patient to secure another physician, or recommending one to take his place.

No doctor may solicit patients, either by direct approach or by any other method. The physician-patient relation must be dependent upon the patient's own judgment of his needs. When it is interfered with by a commercial approach by a doctor or his agent, this relationship is destroyed. In the event that there is a contractual arrangement between a patient and a third party, the third party being obligated by the contract or by law to furnish the physician services, then the same ethical relationship will exist between the third party and the physician as between the patient and physician. In this case it is believed by many physicians that there may be lacking a proper physician-patient relationship, and that by reason of the interposition of a third party the patient has lost his prerogative of free choice of physician. While in most instances now extant this is undeniable, still it



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is not considered under our present principles to be an unethical relationship.

Section 6.

Terms or Conditions of Service

"A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care."

There are continuing instances where corporations or other institutions or groups have employed physicians on a salary basis, but have then made charges to the patient on a fee for service basis. This practice can be considered as exploitation of the physician since the more patients to whom he is compelled to minister, the more profit will accrue to his employer. This would inevitably result in a deterioration of the quality of care given by the physician. It is unethical for a doctor to enter into an employment agreement with any individual, group, or corporation under these circumstances. In some states it is specifically proscribed by law.

There are other instances in which this principle may be involved. Occasion will undoubtedly present itself to each of you to examine or treat a litigant to some legal action or suit in which it will be implied that your medical judgment will be influenced by the partisanship of your employer. You will be asked to be advocate to your patient's cause and so shape your judgment as to diagnosis, prognosis, and treatment, as to advance his pleading rather than to speed his cure. The acceptance of employment under these circumstances would certainly result in deterioration of the quality of medical care, and would be unethical. So also, would be the acceptance of a case on a contingent fee basis—that is, payment for your services to be contingent upon the amount of the judgment or award he might get as the result of a legal action.

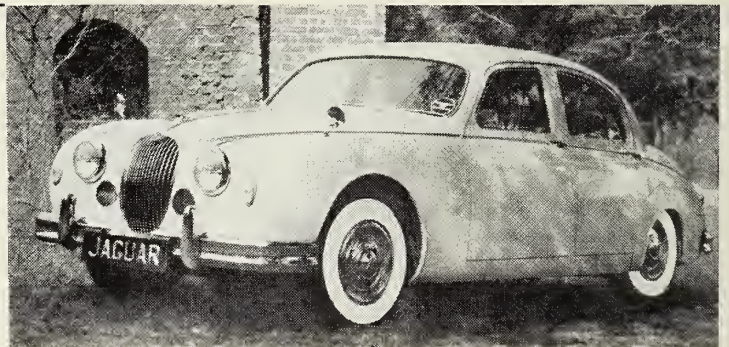
Section 7.

Limitation of Income for Professional Services—Commissions—Dispensing

"In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or

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under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient."

This section appears to be so specific that not much comment is required. There is no injunction made against independent income from investments or other non-professional sources. The doctor's professional income, however, should be limited to fees for medical services actually rendered by him or under his direct supervision. The amount of his fee for service should be determined by the doctor and evaluated by his consideration of the actual worth of his services, the usual fees for like procedures prevalent in the community, and after prior discussion with the patient relevant to his appreciation of the worth of the service and his ability to pay. In those cases in which a total fee is set by contract or fee schedule agreement, the doctor is of course not obligated to accept

the patient for treatment, but if he does so accept him, he is obligated to accept the fee proffered under this agreement.

He should neither pay nor receive a commission for the referral of patients. Under this guise comes the practice of division of fees, splitting fees, ghost surgery, or any other scheme for the circumventions of the actual payment of a commission. It applies also to the practice of accepting "kick-backs" from druggists, appliance salesmen, optical companies, or others to whom patients may be directed by the physician.

Drugs, appliances and other supplies may be furnished by the physician if it is in the best interest of the patient. It is not expected that the physician should sell these items at a profit or mark-up, but that he may furnish them as an adjunct to his services if they are not readily available through ordinary commercial channels. The selling of these adjunctive items at a profit would most certainly result in over or excess selling, or in the substitution of items for the purpose of making a sale and realizing a profit, and would thus not be in the interest of the

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J.A.M.A. **166**:129, Jan. 11, 1958.

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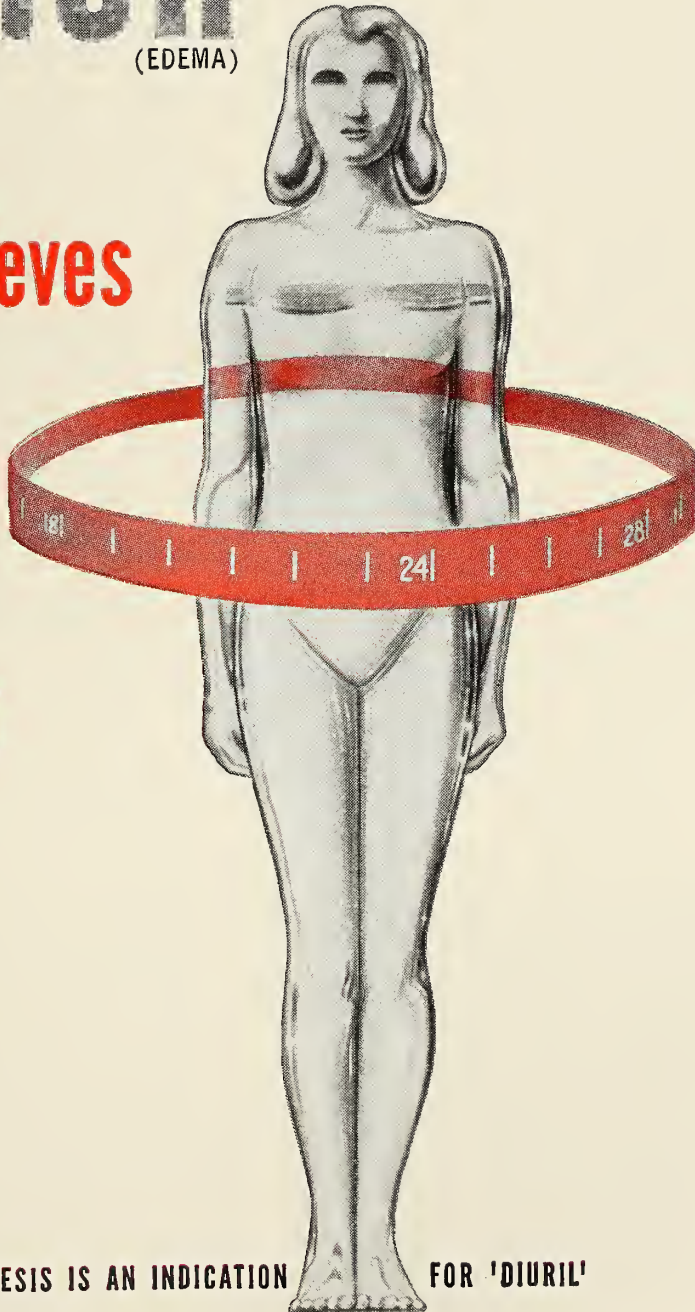
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patient and would affect the quality of medical care.

Section 8.

Consultations

"A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby."

The request of a patient for consultation should not be regarded as a reflection on your ability, but as the natural desire of the patient to avail himself of all reasonable channels of medical care. Such a request should always be honored regardless of your personal feelings of its necessity. This not only to maintain the good will of your patient, but also to protect yourself from possible charges of negligence in not making consultation available. In the event that consultation is not requested or even if it is demurred against, it should be proffered in all doubtful or difficult cases. In many cases consultation is required by hospital rules. In those cases in which it has been made mandatory, and the patient does not request or sanction same, the consultation should be made as a service of the hospital's physician staff.

In those cases in which consultation is deemed advisable by the attending physician because he feels that the case warrants specialized treatment or techniques with which he is unfamiliar or not as adept as another, he should not fail to so advise his patient, so that he can avail himself of these enhanced services.

The consultant is obligated to report to the attending physician his findings and recommendations. He should not institute treatment except

in emergency, without discussion with the referring doctor. In no case should the consultant take over treatment or refer the patient to another doctor without the consent of the attending physician. Fees for consultation should be set according to the principles set forth in Section 7, and should be made by the consultant as a direct charge for service to the patient.

Section 9.

Confidences

"A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community."

Everything learned by the physician during his examination or treatment of a private patient is considered to be privileged. The same restrictions apply to knowledge of a patient acquired by the attending physician as applies to knowledge gained by the priest in the confessional. You will have frequent requests to divulge this knowledge. It should never be given unless the request is accompanied by a specific release of this information from the patient or his legal guardian. The physician is directly responsible for the actions of his employees or other agents in this respect, and you should so instruct them so they will not discuss or otherwise make available information they have learned through their employment.

There are instances in law when the rule of privilege is waived. This is true in cases before the industrial board, and in cases affecting the



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public health. In these cases, and in others in which the law requires the divulgence of such knowledge, or in the event that it can be shown that the proper divulgence of information learned by the physician is in the best interest of the individual or of the community, then it is the duty of the physician to so report it.

Public statements regarding the health or other medical aspects of public or otherwise prominent individuals should never be offered without personal observation of the patient by the physician, followed by the individual's express permission to publish or otherwise make public his findings. It is beneath the dignity of the medical profession to issue such public statements as a basis for altercation or disagreement with other members of the profession.

Section 10.

Responsibility to Society

"The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both health and well-being of the individual and the community."

This section re-affirms the physician's obligation to the improvement of the health and well-being of society. His responsibilities are directed not only to the care of the individual, but also to the public health. He should not only display interest but insofar as he is able, actively participate in those functions of a citizen which have to do with public health matters.

In conclusion, it can be said that the high calling of the practice of medicine implies as a

first objective service to humanity. All relations between the physician, his patients, his colleagues, and the public are dependent upon this premise. If any problem in ethics presents itself that has not been specifically covered above, you may use this premise as a yardstick and I am sure that you will arrive at a proper solution.

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Present Status of Chemotherapy in Tuberculosis

Report of the Committee on Chemotherapy and Antibiotics, American College of Chest Physicians.*

AS IN PREVIOUS YEARS this report is not intended as a detailed treatise for chemotherapy of tuberculosis, but rather as a progress report or statement on currently accepted principles and practice to serve as a guide to the physician treating tuberculosis.

GENERAL CONSIDERATIONS

At this writing there is no generally accepted optimum regimen in the chemotherapy of pulmonary tuberculosis. Streptomycin (SM), aminosalicylic (PAS) formerly para-aminosalicylic acid, USP XIV, and isoniazid (INH) are the three most commonly used drugs, but there is no unanimity of opinion as to which combination of these is most effective. However, it is emphasized that the best results are obtained when two or more drugs are combined and given continuously for a prolonged period of time. In general, it is probably unwise ever to treat a case of clinically active tuberculosis with one drug alone unless other drugs are contraindicated. Chemotherapy should be given for at least a year even in minimal cases and in advanced cases for a total of 18 to 24 months or at least until the stage of inactive disease is reached.

In all cases of tuberculosis, efforts should be made to culture the tubercle bacilli initially and to determine drug susceptibilities. This is essential in re-treatment cases. Susceptibility studies are especially important if cultures remain positive for changes in drug therapy may be based on changes in susceptibility.

SPECIFIC DRUGS

The following drugs are useful in treating tuberculosis:

Isoniazid is a potent drug. It is effective at low concentrations, is readily absorbed, and penetrates all tissues of the body. It is easily administered and is relatively nontoxic with good patient acceptance. The most commonly accepted dosage of INH at the present time is 4 to 5 mg. per kg. of body weight daily, in two or three divided doses. It is estimated that some individuals will have inadequate serum levels of INH as measured by bio-assay on this dosage level. Evidence is at hand that about 85 per cent of patients with new tuberculosis will do well on standard doses of INH (300 mg. per day) in combination with other effective drugs. In the other 15 per cent, particularly in patients with more advanced disease with large or multiple cavities, it is probably advisable to individualize the dosage of the drug with consideration given to higher dosage. Toxic effects of this drug, particularly peripheral neuritis, are commoner at the higher levels and pyridoxine (100 mg. per day) must be administered concurrently whenever the higher dosages are to be used. Hypersensitivity reactions may occur in the use of this drug as with streptomycin or PAS.

There are two major facts to be kept in mind in the use of INH: (1) As with most of the other effective drugs the tubercle bacilli readily becomes resistant to this drug when it is administered alone; (2) Isoniazid is degraded in human subjects into several derivatives such as acetylisoniazid which are biologically inactive; such inactivation varies significantly from individual to individual. Serum levels of this drug determined by the standard chemical methods will not reveal the inactivation, but it will be evident if bio-assay methods are used.

Streptomycin and Dihydrostreptomycin continue to be among the most effective antituberculosis agents at our disposal. Each has the same

* Indiana's representative on the 31-man committee is Dr. Philip A. Boyer, Jr., Indianapolis.

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**Summary of published clinical studies.*



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1. Weinberg, A., and Werner, W. E. F.: *Am. Pract. & Digest Treat.* 6:580 (April) 1955.
2. Codling, J. W., and Lowden, R. J.: *North-west Med.* 57:331 (March) 1958.



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therapeutic value and the dosage is the same for both. They are generally administered in a dosage of at least 1 gm. twice weekly by intramuscular injection. In this dosage streptomycin rarely causes vestibular damage and dihydrostreptomycin rarely results in deafness. In an effort to avoid these rather remote possibilities some physicians prefer a combination of streptomycin 0.5 gm. and dihydrostreptomycin 0.5 gm. In studies reported by the British Medical Research Council it was evident that, when administered in combination with daily INH, streptomycin was more effective in preventing the emergence of INH resistant organisms when given in daily dose of 1 gm. as compared with dose of 1 gm. twice weekly. Preliminary reports are appearing indicating that in some patients, particularly those with advanced disease, intermittent streptomycin may be less effective than daily administration of 1 gm. of this drug. It may be advisable to give streptomycin in doses of 1 gm. daily for at least 30 days to a patient severely ill on admission before reverting to intermittent therapy. Hypersensitivity to streptomycin occurs occasionally and is manifested by fever, rash and sometimes exfoliative dermatitis. In patients with less severe reactions desensitizations may be accomplished by starting with a very small dose and gradually increasing; with more severe reactions desensitization may be hazardous and probably should not be attempted. Occasionally, a patient hypersensitive to streptomycin may be able to tolerate dihydrostreptomycin and vice versa.

Aminosalicylic Acid remains an important agent in the antimicrobial therapy of tuberculosis due to its ability to prevent or postpone resistance to streptomycin and INH; and to its ability to enhance the serum levels of active INH. Many forms of this drug are on the market from the acid product to sodium, potassium and calcium salts of the acid, a buffered product, and other forms. The dosage for all of these must be adjusted to the dose of the acid. In other words, 15 gm. of sodium PAS is the equivalent to 12 gm. of acid PAS. Many patients will have less gastrointestinal intolerance on some one of these products than on others. There is some difference in blood levels produced with these drugs. Sodium and potassium PAS being rapidly absorbed have rapid peaking and falling off of blood levels, while with other forms a more

prolonged peak may be attained. The clinical significance of this is undetermined at the present time.

PAS preparations of all types if stored too long or exposed to undue heat, light or moisture, deteriorate and discolor, resulting in increased intolerance or actual toxicity. PAS should be prepared fresh if given in solution. Under best conditions, side reactions of anorexia, nausea and diarrhea are not uncommon with all forms of PAS, but are not necessarily indications for discontinuing the drug. Occasional patients develop more severe reactions with fever, rash and rarely with severe systemic reactions simulating infectious mononucleosis.

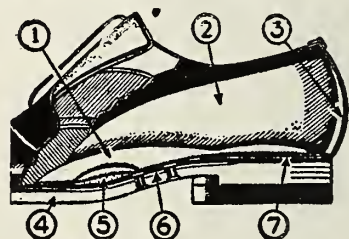
PAS alone is relatively not very effective as a treatment for tuberculosis and should always be used in combined therapy. It has been shown recently that PAS, when administered concurrently with INH, will enhance the level of free INH in the serum of patients who rapidly inactivate INH. In Europe intravenous PAS is being used extensively and claims have been made for its value by this route.

The standard dose of PAS in this country

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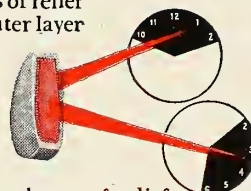
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is 12 gm. daily in three divided doses, although some studies have indicated that smaller doses of the active substance may well be useful, particularly if full dosage is not tolerated.

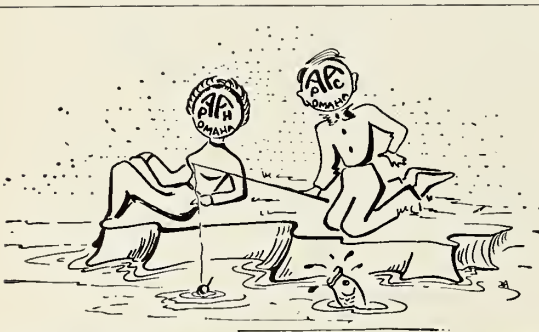
Viomycin has a useful though rather limited place in the treatment of the patient whose organisms are resistant to isoniazid and streptomycin and for whom an umbrella is desirable for resectional surgery. The usual dosage is 2 gm. (IM) twice weekly for two or three weeks before surgery and eight to ten weeks or more postoperatively. When feasible it should be combined with another drug to which the organisms are sensitive. Renal toxicity precludes the daily use of this drug, but is less evident when used twice weekly.

Pyrazinamide (PZA) is now undergoing clinical investigation by the Veterans Administration—Armed Forces group, the USPHS group, and others, particularly in combinations with isoniazid. It has been found to be effective in combination with INH when administered to patients who have never received either drug before. There is some evidence that this drug

may be effective for short periods of 30 to 60 days when used alone, particularly to cover resectional surgery in patients resistant to the other major drugs. In most studies reported, there has been a significant factor of toxic effect on the liver; approximately 10 per cent of the patients receiving pyrazinamide have shown abnormal results in liver function studies and about 3 per cent have shown frank jaundice. When this drug is administered liver function studies should be done periodically to estimate any liver toxicity. Most of the toxic conditions resulting from the use of this drug, however, revert to normal when the drug is withdrawn. PZA should be discontinued promptly if significant disturbance in liver function is noted and invariably if jaundice appears. At the present time, due to severe toxicity of the drug, it should be administered only to patients in the hospital. This drug is ordinarily administered in dosage of from 30 to 40 mg. per kg., orally administering no more than 3 gm. daily. Hyperuricemia has been reported in conjunction with the use of PZA.

Cycloserine as a relatively new antibiotic under investigation for use in the treatment of tuberculosis. Preliminary studies have shown that this drug used alone is not as effective in the treatment of tuberculosis as are the various combined drug regimens now in use. At present, studies are in progress to determine the effectiveness of this drug when used in combinations with INH. Reports of toxicity, particularly to the nervous system, have continued such as tremors, drowsiness, convulsions and psychoses. Most investigators originally used this drug in dosage of 1 gm. daily, orally, in divided doses. Newer studies indicate a maintenance of therapeutic effectiveness and nearly complete absence of toxicity when administered in doses of 0.25 gm. twice daily in combination with isoniazid.

Recommended Regimens: Though there is no generally accepted optimum chemotherapy regimen for pulmonary tuberculosis at the present time recent reports of the Veterans Administration—Armed Forces Group and of U. S. Public Health Service sponsored studies indicate that the following regimens give approximately the same clinical results in most cases of tuberculosis: (1) Isoniazid, 300 mg. daily plus PAS 12 gm. daily; (2) Isoniazid 300 mg. daily plus SM



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1 gm. twice weekly, and (3) Isoniazid 300 mg. daily plus SM 1 gm. twice weekly plus PAS 12 gm. daily. The Veterans Administration and U. S. Public Health Service studies indicate that the regimen of streptomycin 1 gm. twice weekly and PAS 12 gm. daily is not quite the equal of the other three regimens, and that in far advanced disease with large cavities INH-PAS is superior to intermittent SM-INH.

As has been pointed out above, there is increasing evidence that the drug regimens must be individualized in certain patients, particularly in those with more advanced disease, with larger doses of INH and daily SM being administered as indicated.

ACUTE MILIARY TUBERCULOSIS

Isoniazid has proved to be very effective in the treatment of miliary tuberculosis with survival rates of 90 per cent and higher being reported. Any standard INH containing combined regimen should be adequate in treating this condition, but due to the serious nature of miliary tuberculosis many still advocate the use of triple drug therapy with higher dosages of isoniazid such as 10 mg. per kg. per day being used. The drug therapy should be continued for at least 18 months.

TUBERCULOUS MENINGITIS

Reports during the past several years indicate that survival rates of 80 per cent to 90 per cent or higher are possible in tuberculous meningitis when INH, SM and PAS are administered for a minimum of 24 months. The Committee suggests a dosage schedule similar to that for miliary tuberculosis. Intrathecal medication is not recommended. It is of the utmost importance to start the treatment immediately if the history, physical examination or spinal fluid findings strongly suggest a diagnosis of tuberculous meningitis. If the patient's condition does not permit oral medication, the INH and PAS may be given parenterally, initially.

GENITOURINARY TUBERCULOSIS

Genitourinary tuberculosis responds very well to combined drug therapy including INH, SM and PAS in dosage as recommended for pul-

monary tuberculosis. The drug should be administered for 18 to 24 months. Recent reports from the Veterans Administration—Armed Forces study indicate that long-term therapy with INH, SM and PAS is very often definitive in such cases and the need for surgical intervention is becoming surprisingly less frequent.

TUBERCULOSIS IN CHILDHOOD

The Committee recommends that all children with active primary tuberculosis should receive antimicrobial therapy. The complications such as miliary and meningeal tuberculosis which sometimes occur in primary disease have sharply declined since the advent and use of INH. Consideration should be given to the treatment of recent tuberculous converters, particularly in children under four years of age. In children with active tuberculosis, the physician should always be on the alert for the development of miliary or meningeal tuberculosis. The approximate dosages of the antituberculosis drugs for children are as follows: SM 30 to 40 mg./kg. twice weekly, INH 10 to 16 mg./kg./day and

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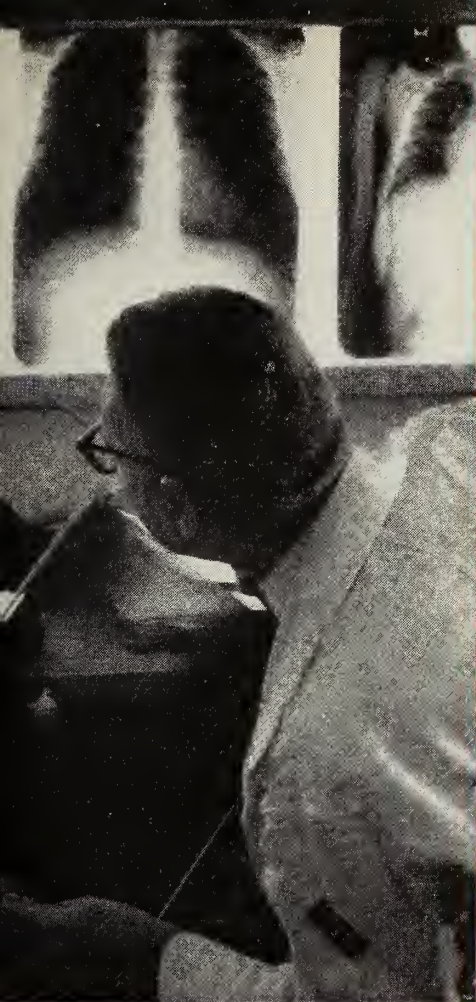
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CONDITION	PATIENTS
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STUDY 2² Herniated disc Ligamentous strains Torticollis Whiplash injury Contusions, fractures, and muscle soreness due to accidents	
STUDY 3⁵ Herniated disc Acute fibromyositis Torticollis	
STUDY 4⁶ Pyramidal tract and acute myalgic disorders	
TOTALS	



TE SKELETAL MUSCLE SPASM^{1, 2, 5, 6}

RESPONSE			
ked"	moderate	slight	none
6	6	1	—
unced"			
5	13	—	1
4	4	—	—
3	—	—	—
2	1	—	—
3	2	—	—
llent"			
6	2	—	—
8	—	—	—
—	—	1	—
icant"			
7	—	2	1
4	28	4	2
3%)	(20.3%)		

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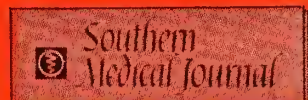
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References: 1. Carpenter, E. B.: Southern Medical Journal 51:627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Little, J. M., and Truitt, E. B., Jr.: J. Pharm. & Exper. Therap. 119:161, 1957. 4. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: J. Am. Pharm. Assn., Sci. Ed. 46:374, 1957. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Truitt, E. B., Jr., and Patterson, R. B.: Proc. Soc. Exper. Bio. & Med. 95:422, 1957. 8. Truitt, E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: J. Pharm. & Exper. Therap. 119:189, 1957.

Robins

PAS 200 mg./kg./day. Children tolerate higher dosages of INH well and administration of pyridoxin is usually not needed to prevent toxicity.

OTHER FORMS OF TUBERCULOSIS

When the disease involves such organs and tissues as the larynx, mouth, lymph nodes, trachea, bronchi, GI tract and bone it is best treated by long term combined chemotherapy using one of the regimens recommended for pulmonary tuberculosis.

TUBERCULOUS PLEURISY WITH EFFUSION

This condition should be treated as a case of active pulmonary tuberculosis with long term continuous combined chemotherapy for a year or more. This recommendation also applies to the so-called idiopathic pleurisy with effusion patients with a positive Mantoux even though careful studies fail to reveal presence of tubercle bacilli in the pleural fluid. Experience has shown that in such cases the etiology is usually tuberculous and should be treated as such in order to avoid reactivation later.

Steroid Therapy in Tuberculosis

The exact role of cortisone and related compounds in the management of infectious diseases is undefined. However, the greatest difference of opinion regarding the place of steroids exists in the field of tuberculosis. Some have felt that this form of therapy is always contraindicated while others have recommended its use under certain specific circumstances. Some of the tissue damage and clinical manifestations in tuberculosis are due to an exaggerated interaction between sensitized tissue and tuberculo-protein. Corticosteroids may suppress this overactive defense mechanism with a resulting decrease in the manifestations of illness. In patients seriously ill with tuberculosis of long duration there is evidence of adrenocortical hypofunction. Steroid therapy used with concomitant antituberculosis chemotherapy often effects striking symptomatic improvement. Thus, without anticipating any change in the ultimate outcome, the use of steroids would appear to be justified, if only for its symptomatic effect, in patients hopelessly ill with advanced tuberculosis. In acute forms of tuberculosis associated with

severe clinical illness, steroids may be helpful. This is especially true of miliary and meningeal tuberculosis. In the latter condition, prevention and relief of cerebrospinal fluid block has been attributed to steroids.

Indiana Hospitals Receive New Hill-Burton Grants

Six projects in Indiana have been approved by the Department of Health, Education and Welfare under the Hill-Burton Act provisions.

Hospitals which will receive federal assistance under the ruling are listed with estimated cost of project, federal share, and additional beds, where provided.

George Ade Memorial Hospital, Brook, \$744,150, (\$240,000); 38 beds.

Protestant Deaconess Hospital, Evansville (2 projects), \$3,771,411 and \$1,426,100 (\$493,857 and \$106,143).

Scott County Hospital, Scottsburg, \$694,600 (\$217,599), 36 beds.

William S. Major Hospital, Shelbyville, \$1,390,000 (\$450,000).

Methodist Hospital, Gary, \$417,383 (\$73,783).

Forty-five projects have been approved for Indiana but have not been started; 22 are now under construction. Seven projects have been completed supplying an additional 278 beds.

AMA Prepares Guide For Committees on Aging

"Suggested Guides for Medical Society Committees on Aging" is the title of a new booklet being prepared by the AMA's Committee on Aging for use by state and county medical societies. The booklet contains suggestions as to (1) purposes of a medical society committee on aging; (2) membership and format; (3) tenure of members; (4) meetings and (5) activities. Copies of the pamphlet will be available from the Council on Medical Service.

Accident Prevention, Care of Injured

Goal of New National Program

A JOINT ACTION PROGRAM aimed at preventing accidents and improving care of accident victims was announced here by the American College of Surgeons, the National Safety Council, and the American Association for the Surgery of Trauma.

The announcement was made by Dr. I. S. Ravdin of Philadelphia, chairman of the Board of Regents of the American College of Surgeons, following a Board of Regents meeting at which plans for the Joint Program were approved by the College.

As outlined by the representatives of the three participating organizations, the Program will include:

1. Public education in accident prevention and handling of the injured.
2. Employment of joint state and local committees of the American College of Surgeons and National Safety Councils, together with other interested surgeons, safety engineers, and public officials to formulate safety plans for local communities.
3. Possible registration of unusual cases of injury.
4. Proposed investigations of emergency care of traffic injuries.
5. Model legislation to require adequate training in first aid and transportation of the injured for ambulance attendants, policemen and firemen.
6. Cooperation in the production and improvement of training materials and instructional aids dealing with problems in handling the injured.

"The National Safety Council is concerned with the prevention of accidents, and the American Association for the Surgery of Trauma and the American College of Surgeons through

its Trauma Committee, have been concerned primarily with salvage after accidents have occurred," said a joint statement signed by Dr. Ravdin, Dr. William L. Estes, Jr., of Bethlehem, Pa., President of the American Association for the Surgery of Trauma and also currently President of the American College of Surgeons, and Gen. George C. Stewart of Chicago, Executive Vice-president of the National Safety Council.

"These two aspects of the trauma problem cannot be separated," the statement continued. "The problems of prevention and restoration are interlocking. Together, the National Safety Council and the surgical organizations principally concerned with trauma can do much to minimize accidents and the serious effects of accidents."

Educational activities in the program will include meetings to be conducted in conjunction with national, regional and local activities of the participating organizations, it was explained. In addition, courses of instruction in first aid and transportation of the injured will be developed, and available materials will be reviewed for the purpose of emphasizing surgical aspects of the problem.

Surgeons are especially concerned today about the care of patients with multiple injuries involving different parts of the body, Dr. Ravdin explained, because proper care of such patients may cross the lines of demarcation between the various medical and surgical specialties.

"Survival of these patients often depends directly on a coordinated, carefully planned regimen based on the concept that all treatment is a team problem and all who see or handle the patient are actually or potentially members of the team," Dr. Ravdin said. Improvement at every point in the approach to such multiple injury victims is a goal of the Joint Action Program, he added.

Another aspect of the program, registration

of unusual cases of trauma, has yet to be worked out and approved but, as proposed, would be conducted primarily by the surgical organizations, it was reported. Physicians and hospitals would be asked to report unusual cases to the College, it was explained, and this information would then be evaluated and reported back to physicians by a special committee of the College and the American Association for the Surgery of Trauma.

Under the program, the annual inventory of traffic safety activities now conducted by the National Safety Council may be expanded to include data on the transportation of injured persons, Gen. Stewart said. With the help of surgeons, inventory questions relating to the transportation and emergency care of traffic injuries would be formulated and included in inventory procedures followed by state and city council organizations, it was explained. Data thus collected would be studied by surgeon members of the group and council recommendations would be based in part on the surgeon's recommendations.

Resources of the three organizations will be

used in the effort to advise and assist civic groups to obtain passage of local ordinances requiring adequate training in handling of the injured by ambulance attendants, policemen and firemen, the joint statement said. Under a proposed model ordinance, ambulance attendants are required to have completed standard and advanced first aid training and additional training as recommended by local health departments, to carry cards indicating their qualifications and to be re-examined and certified annually for their fitness to serve.

Cities named as having such ordinances now were San Francisco; Minneapolis; Syracuse, N. Y.; Cincinnati; Philadelphia; Flint, Mich.; Kansas City, Mo. and Butte, Mont.

Members of the Joint Policy Committee named by the three participating organizations to conduct the Joint Action Program are:

Representing the American College of Surgeons: I. S. Ravdin, M.D., Chairman of the Board of Regents; William L. Estes, Jr., M.D., Bethlehem, Pa., President; Preston A. Wade, M.D., N. Y., Chairman of the Committee on Trauma, and Paul R. Hawley, M.D., Chicago, Director of the College.

Representing the American Association for the Surgery of Trauma: Charles G. Johnson, M.D., Detroit, Past President; Warren H. Cole, M.D., Chicago, a member of the association's council; Dr. Estes and Dr. Wade.

Representing the National Safety Council: Lowell B. Fisher, Urbana, Ill., Vice-president for schools and colleges; Walter K. Koch, Denver, Vice-president for state and local safety organizations; George M. Wheatley, M.D., N. Y., Vice-president for homes; and Gen. George C. Stewart, Chicago, Executive Vice-president.

Dr. Eldon E. Baker, who will be discharged from military service on August 1, has rented the offices of Dr. John Byrne in Delphi and plans to begin the general practice of medicine about September 1. Dr. Baker is a native of Rossville, was graduated from the University of Kansas School of Medicine, and served his internship in Kansas City. He is married and has one small son.

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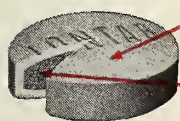
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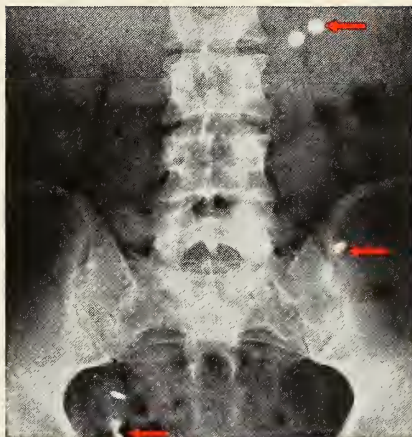
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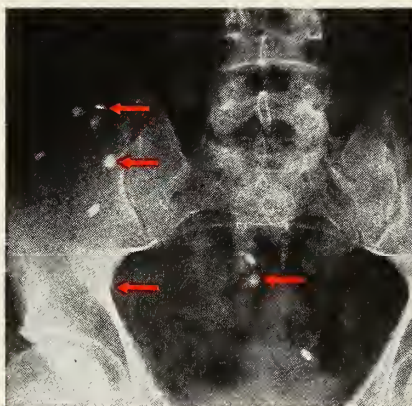
2/2562MHK

C I B A SUMMIT, N. J.

2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



4 hours Lontabs are in the ileum and cecum as core has steadily eroded.



8 hours Lontabs are still visible as substance of core continues to be released.



Deaths . . .

Dr. John H. Bowles, 59, a Muncie physician almost 30 years, died May 3 at his Muncie home of a fractured spine received from falling down a flight of stairs.

A native of Sheldon, Ill., Dr. Bowles began his practice in Muncie in 1929. He received his bachelor of science degree from the University of Wisconsin in 1922 and his M.D. degree from Rush Medical School, Chicago, in 1925. He interned at St. Joseph Hospital, Chicago, in 1926 and took his residency at Mayo Clinic.

Dr. Bowles' special interest was in industrial medicine and he served as plant physician in several Muncie industries. He was certified by the American College of Surgeons in 1936 and was a member of the Indiana State Medical Association.

Dr. John C. Bradfield, 79, physician and surgeon of Logansport more than half a century, died May 9 at his home. He had been seriously ill more than two years.

He was born in Deer Creek and graduated from the University of Michigan in 1903. Dr. Bradfield was a member of the Sigma Nu Fraternity, a 50-year member of Tipton Lodge No. 33, F. and A. M. Chapter, Council, Episcopal church, St. John's Commandery, the Consistory of Indianapolis and the Logansport Shrine Club.

Dr. Bradfield also was a member of the American Medical Association, Indiana State Medical Association and the Cass County Medical Society. For a number of years he was chief of the surgical staffs of both Logansport hospitals.

Henry O. Bruggeman, M.D., 77, Fort Wayne surgeon since 1904, died in his home there April 17 just one week after being released from the hospital where he had been under treat-

ment for several days after suffering a heart attack.

Dr. Bruggeman, who pioneered in many surgical procedures, had received wide recognition for his professional skill.

A native of Logansport, he received his medical degree from Rush Medical College, Chicago, in 1903. He interned in St. Elizabeth's Hospital in Chicago for a year and then established his practice in Fort Wayne. Five years later he went abroad to study in Paris, Berlin and Vienna. He served as president of the Anglo-American Medical Association in Berlin in 1911.

Dr. Bruggeman went into active service in 1917 and served in France until the end of World War I. During World War II he was in charge of procurement for the Fort Wayne area.

In 1952 Dr. Bruggeman retired from his active surgical practice but continued to be available for consultation. He had served for many years with the Fort Wayne Board of Health, acting as secretary for several years.

Dr. Bruggeman was a member of Fort Wayne Medical Society, the Indiana State and American Medical Associations, the American College of Surgeons, and a fellow of the Western Surgical Association.

He was a devout church member, belonged to veteran, service club and other civic organizations. He was a bank director and an active member of the Chamber of Commerce.

Ralph B. Cochran, M.D., 52, died in his home in Washington on April 26 after being ill only a few minutes. He had suffered a fall from the roof of a house a week earlier.

He was a native of Washington. Dr. Cochran was graduated from Indiana University School of Medicine in 1929. He was in general practice in Vincennes for several years and more recently was on the staff at Indianapolis General Hospital for a time.

P. G. Damiani, M.D., 58, general surgeon and urologist of Peru, died May 19 of a heart attack at his home.

A Brooklyn, N. Y., native, Dr. Damiani graduated from Hahnemann Medical College, Philadelphia, in 1925. Following internship at Hahnemann, he served on the faculty, teaching surgery and neurology. He also taught at the University of Minnesota, Mayo Foundation. Dr. Damiani took his residency at Huron Road Hospital, Cleveland, in 1950.

He served as chief surgeon at Women's Homeopathic Hospital, Philadelphia, and had been a staff member at Children's Homeopathic Hospital, Philadelphia. He was a general surgeon at Valley Forge Heart Institution.

Dr. Damiani was a member of the Miami County Medical Society, Indiana State Medical Association, American Medical Association, Knights of Columbus, Elks, Eagles and Moose Lodges, Chamber of Commerce and Peru male chorus.

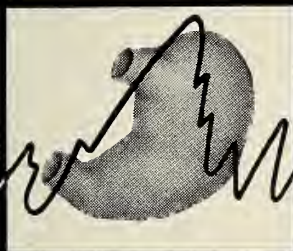
Erle O. Daniels, M.D., 76, died in his home in Marion on April 17. He had been ill since January 25.

A native of Marion, Dr. Daniels had practiced there since 1915. He received his degree in medicine from the Indiana Medical College at Indianapolis in 1906. After serving his internship at City Hospital, Indianapolis, he was a staff physician at the Marion Soldiers' Home for two years. He then opened an office for private practice in LaFontaine where he remained for six years.

During World War I, Dr. Daniels served in the Medical Corps both in the United States and in France where he was assigned to a hospital.

When he retired in 1957, Dr. Daniels had completed 40 years occupancy of the same offices in the Marion National Bank building. He had been a member of the Indiana State Medical Association for 52 years, was a member of its Fifty Year Club, and a senior member of both Grant County Medical Society and the ISMA. He was also a member of the American Medical Association.

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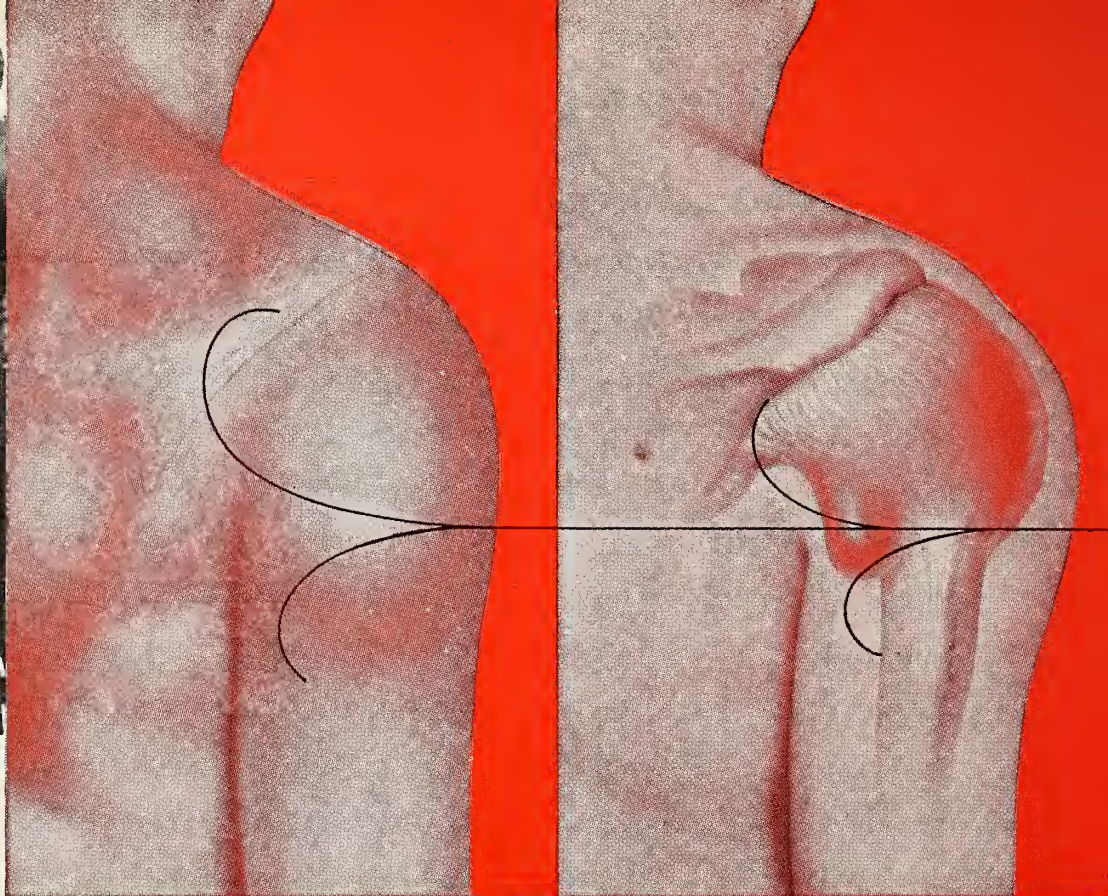
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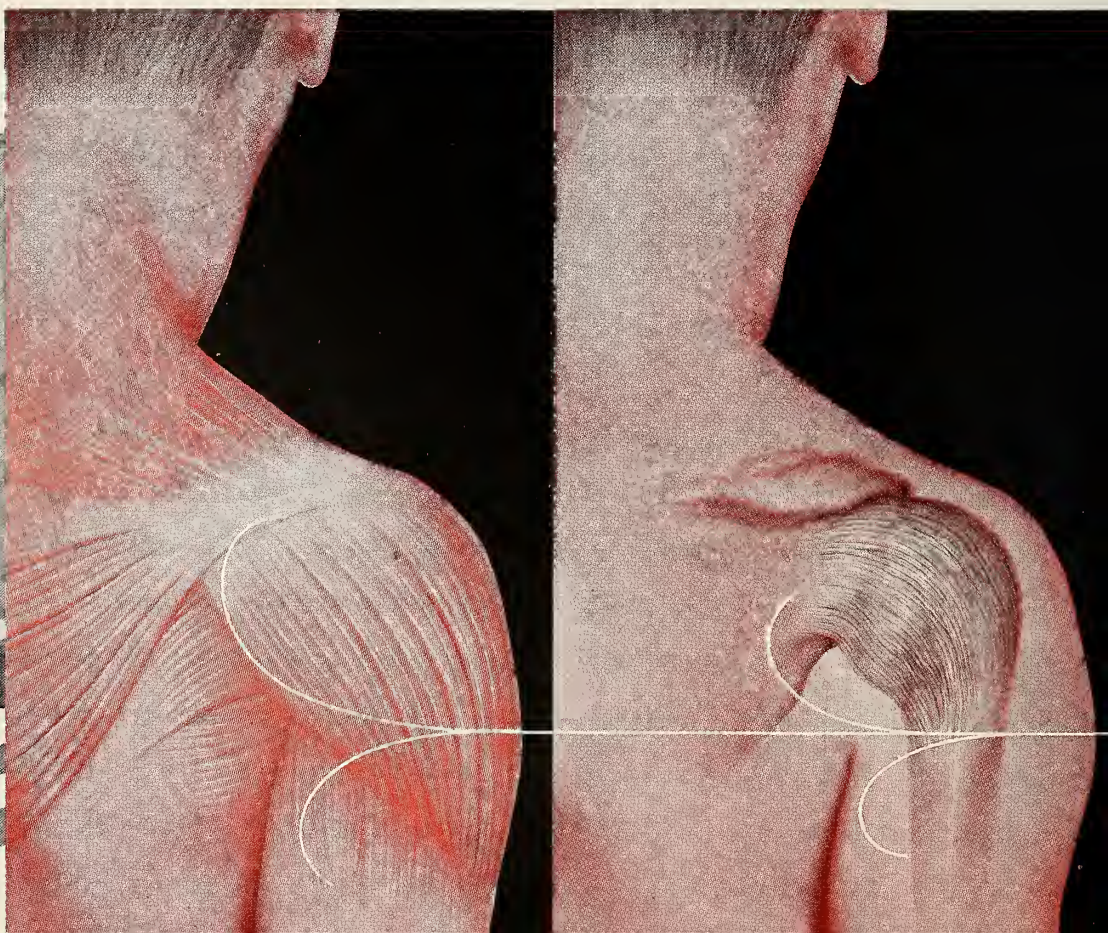
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1. Comroe's Arthritis: Hollander, J. L., p. 149 (Fifth Edition, Lea & Febiger, Philadelphia, Pa. 1953).

2. Merck Manual: Lyght, C. E., p. 1102 (Ninth Edition, Merck & Co., Inc., Rahway, N. J. 1956).



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Dr. Elmer Eifert, 73, a resident of Alfordsville, passed away May 13 at the Daviess County Hospital after being seriously ill for three weeks. He had been in failing health the past 10 years.

The doctor was a graduate of Indiana Medical College, 1907, and served Martin, Daviess and Dubois counties for 50 years. He was born in Dubois county.

He was a member of the Alfordsville Christian Church, F. and A. M. Lodge No. 461 at Glendale, Glendale O. E. S., American Legion Post 120 at Loogootee, Modern Woodmen of America and the Indiana State Medical Association. He was accorded military honors at the grave by American Legion Post 120 of Loogootee.

Russell Sheridan Galbreath, M.D., 70, Huntington physician and surgeon for more than 45 years, died April 20 in The Lutheran Hospital of Fort Wayne where he had undergone surgery March 27. He had been ill for two months.

A native of Whitley county, Dr. Galbreath returned to the Collamer community 10 years ago where he has since resided on the family farm. He had remained in active practice in Huntington until five weeks ago.

Dr. Galbreath received his medical degree from Northwestern University Medical School, Chicago, in 1911. He established his practice that year in Huntington. Except for service in the Medical Corps in World War I and time spent in postgraduate work in surgery in New York and Chicago he had been there continuously.

For many years he served as city health officer and was Huntington County coroner for 16 years.

He had a wide range of interests, ranging from geology to poetry to farming in addition to his professional activities. Several years ago the Exchange Club honored him with an award, "A Book of Golden Deeds," for meritorious service as citizen, soldier, physician and surgeon.

He was a church member, lodge member, was past president of the Cosmopolitan Club and a senior member of Huntington County Medical Society, the Indiana State Medical Association,

and was a former member of the American Medical Association.

William Garner, M.D., 83, died April 22 in his Indianapolis residence. He had been in practice in Indianapolis since 1911 when he opened an office at 2911 East 10th Street, where he was joined in 1941 by his son, Dr. W. Stanley Garner.

A native of Southport, England, Dr. Garner had lived here for more than 50 years. He worked his way through medical school, carrying newspapers to pay part of his expenses. In 1909 he was graduated from the Physio-Medical College of Indiana in Indianapolis. He then went to England where he was in practice for one year, returning to Indianapolis and his long years of service to his patients in 1911.

He was a lodge member and on the staffs of St. Vincent's and Community Hospitals. He was a member of Indianapolis Medical Society, the Indiana State and American Medical Associations.

Dr. James Price "Jack" Gilliatt, 57, Washington county health officer the past eight years and a prominent Salem physician, died at his home May 7 after being ill several months.

He had practiced medicine in Salem since 1941. The doctor graduated from the University of Louisville Medical School that year.

Dr. Gilliatt was a member of the Salem Christian Church, American Legion and VFW posts of Salem, Washington County Scottish Rite, Indianapolis Valley of Scottish Rite, Alendale (Ill.) Masonic Lodge, New Albany Elks, American Medical Association, Indiana State Medical Association and Washington County Medical Society.

Emory H. Hall, M.D., 58, died in his home April 29 following a heart attack. He had been ill for several months, but had continued to care for his patients.

Born in Crothersville, Dr. Hall attended Franklin College and Indiana University School

of Medicine where he received his degree in medicine in 1926. He began practice in Albany in 1927 and remained there until 1934 when he opened his office in Dunkirk. During World War II he served as a major in the Medical Corps.

He was active in community affairs and held membership in lodges, service club, veterans' organization, and was a church member.

Dr. Hall was a member of Delaware-Blackford County Medical Society, Jay County Medical Society, the Indiana State Medical Association and the American Medical Association.

Hugh A. Kuhn, M.D., 63, Hammond ophthalmologist and otolaryngologist, died April 17 of a heart attack in the Hotel Sheraton in Chicago where he was attending a convention.

Dr. Kuhn had become known internationally through work in his specialty, many talks to professional groups and numerous published works. He headed the Kuhn Clinic in Hammond

where he was associated with his wife, Dr. Hedwig S. Kuhn, and a son, Dr. Arthur Kuhn. Another son, Dr. Robert H. Kuhn, is a physician at Columbus, Ohio.

Dr. Kuhn was on the staffs of St. Margaret's, St. Catherine's, Our Lady of Mercy Hospitals in the Calumet area, and of South Chicago Community Hospitals. He was consultant on eye, ear, nose and throat problems to 85 industrial firms.

In 1952 he served as president of the American Ophthalmological Society, and in 1957 was vice-president of the American College of Allergists. He had served both American Medical Association and Indiana State Medical Association as a section officer and on numerous committees.

Born in Long City, Ohio, he received degrees from Muskingum College and the University of Cincinnati before obtaining his medical degree in 1921 from the University of Cincinnati College of Medicine.

Dr. Kuhn was a veteran of World War I, hav-

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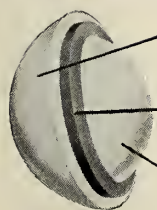
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ing served as a private in a machine gun battery.

He was active in many civic groups, heading fund drives, and held membership in Kiwanis Club, Masonic orders, Chamber of Commerce, veterans' organizations, and several social clubs.

Dr. Kuhn was certified by the American Boards of Ophthalmology and Otolaryngology, held membership in the American Academy of Ophthalmology and Otolaryngology, American Laryngological, Rhinological and Otological Society, International College of Surgeons, and American College of Allergists. He was a member of Lake County Medical Society, the state and national medical associations.

John Lansford, M.D., 64, who had been in practice in Redkey for 26 years, died of a myocardial infarction April 20 while attending a trapshoot at St. Henry, Ohio.

Born in Ireland in Dubois county, Dr. Lansford was graduated from Indiana University in

1921 and taught both grade and high school for 14 years before devoting full time to medicine. He received his degree in medicine from Indiana University School of Medicine in 1930, served his internship at Methodist Hospital, Indianapolis, and had been in Redkey since. He was the only active physician in that community.

During World War I, Dr. Lansford had served in the U. S. Navy. In World War II he was with the Army Medical Corps and attained the rank of lieutenant-colonel.

Active in civic affairs, he held church, lodge and veteran organization memberships as well as being active in the National Amateur Trapshooting Association.

Dr. Lansford was a member of Jay County Medical Society, Delaware-Blackford County Medical Society and the Indiana State Medical Association. He was a member of Phi Beta Pi medical fraternity.

Dr. Kenneth Lansford, I.U. Medical Center, is a son.

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A. L. MARSHALL, JR., M.D., *Director*

MONTHLY REPORT - APRIL 1958

Disease	Apr. 1958	Mar. 1958	Feb. 1958	Apr. 1957	Apr. 1956
Animal Bites	531	163	56	258	386
Chickenpox	562	487	395	832	537
Conjunctivitis	22	47	26	31	58
Diphtheria	4	6	2	3	11
Dysentery, Other, Unspecified	19	12	39	15	8
Impetigo	23	14	23	19	30
Infectious Hepatitis	27	22	33	58	64
Infectious Mononucleosis	2	5	2	31	5
Influenza	675	1547	1222	323	146
Measles (Rubeola-Rubella)	5130	3704	2064	1951	3969
Meningitis, Meningococcal	6	1	8	4	5
Meningitis, Other	14	14	16	3	4
Mumps	886	840	458	533	442
Pertussis (Whooping Cough)	64	42	36	41	49
Pneumonia	141	130	146	97	99
Poliomyelitis	1	1	0	5	-
Streptococcal Infections	674	663	555	813	365
Tinea Capitis	19	18	31	10	21
Vincent's Infection	7	1	0	0	4



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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

The Council

April 20, 1958

The Council of the Indiana State Medical Association convened for its spring meeting at 10:00 a.m., Sunday, April 20, 1958, in Room M-124, Indiana University Student Union Building, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Roll call showed the following present:

Councilors:

First District—William B. Challman, Mount Vernon
Second District—J. H. Crowder, Sullivan
Third District—Keith Hammond, Paoli
Fourth District—J. E. Dudding, Hope
Fifth District—Robert K. Webster, Brazil
Sixth District—Harry P. Ross, Richmond; W. R. Tindall, Shelbyville, alternate
Seventh District—Ralph V. Everly, Indianapolis
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate
Ninth District—Kenneth O. Neumann, Lafayette
Tenth District—James P. Vye, Gary; Ralph C. Eades, Valparaiso, alternate
Eleventh District—Max R. Adams, Flora
Twelfth District—Maurice E. Glock, Fort Wayne
Thirteenth District—G. O. Larson, LaPorte

Officers:

M. C. Topping, Terre Haute, president
Kenneth L. Olson, South Bend, president-elect
O. W. Sicks, Indianapolis, treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor
Stephen L. Johnson, Evansville, Associate editor

Executive Committee:

E. H. Clauser, Muncie, chairman
Don E. Wood, Indianapolis, member and chairman, Commission on Legislation
Albert Stump, attorney
Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Wayne Worick, assistant secretary
James A. Waggener, executive secretary

Guests:

Gordon B. Wilder, Anderson, AMA delegate
Earl W. Mericle, Indianapolis, AMA delegate
Glen Ward Lee, Richmond, chairman, Commission on Governmental Medical Services
Richard P. Good, Kokomo, chairman, Subcommittee on Miscellaneous Affairs of Commission on Medical Economics and Insurance

On motion of Drs. Vye and Crowder, the minutes of the January 19, 1958, Council meeting were approved as printed in the March 1958 issue of THE JOURNAL.

REPORTS OF COUNCILORS

The councilors announced the dates, time and places of their spring district meetings.

REPORTS OF OFFICERS

Dr. M. C. Topping, President: Since my report to you on January 18, I have managed to keep relatively busy. On January 30, I spoke to the Junior Class with Dr. Don Wood, on medical ethics. The two of us stimulated a most interesting and active discussion.

On February 2nd, I attended a meeting of the Council of the Wisconsin Medical Society at Madison, at which time the Medicare renegotiation policy of the Wisconsin group was formulated and methods of coordinating our efforts were explored.

The next two meetings of our Executive Committee were on February 5th and 26th. We were then concerned mostly with formulating our renegotiation policy and going over, item by item, some 1600 procedures upon which we were to determine usual and ordinary fees that are charged in each of the different districts of our Association.

On March 5th, Dr. Sicks, Mr. Hollowell, Jim and I, went to Washington and, because of the most excellent preparation mostly with had made and because of the fine documentation of our request for contract of fee changes prepared by Jim, our negotiation session was accomplished with ease and dispatch. I might say here that Jim Waggener is most highly regarded in Washington as the author of the Indiana Plan, and it was by his efforts largely that our session was so successful.

I have attended many of the meetings of the Commissions, not as many as I would have liked. The Commissions, in my opinion, are working most satisfactorily. They have turned out an enormous amount of work, as you will be able to judge for yourselves in reading their reports in the September and October JOURNALS. I will say it will take two issues of THE JOURNAL to print these reports. I commend these reports of these bodies for your perusal and I am sure that you will agree with me that the reorganization of our committee structure, so successfully accomplished during Dr. Clarke's administration, was one of the wisest things we have ever done.

On March 27, I attended the Evansville meeting and spoke and presented a plaque to the retiring president of the Vanderburgh County Medical Society.

On April 2nd, the Student Loan Committee considered the application of 11 students for loans from the Association. Dr. Ross is undoubtedly the most conscientious custodian of our Student Loan Fund that we could find. The exhaustive work that he does, preparing the reports of this committee, as well as investigating the individual applicants for the loans, is simply stupendous.

On April 16th, Jim and I went to Cincinnati where we attended the convention of the Ohio State Medical Association, returning to Indianapolis on the 17th. We were most graciously received and entertained in Cincinnati and learned much of our common problems not only by hearing Dr. Allman speak at the annual banquet, but by attending the House of Delegates final session the following morning. I guess we had scrambled eggs for breakfast. We returned to Indianapolis in time to attend the meeting of the Commission on Public Health.

Yesterday we attended the meeting of the Liaison Committee of the Medical School before the Executive Committee meeting last night.

I have traveled 8,319 miles and have had out-of-pocket expenses of \$678.65.

Dr. Kenneth L. Olson, President-Elect: Mr. Chairman, after listening to Dr. Topping list his duties I wonder if I should resign now! I have been making a groove in the road to Indianapolis to attend meetings of the Executive Committee and the Commission on Governmental Medical Services. The chairman of that Commission will be reporting today, so I won't say anything further about that.

There is one item I would like to discuss and that is the question of fluoridation. A very vocal small minority in South Bend have been able to delay fluoridation of water in our community and this thing is finally going to come up for vote at the election in the Fall. The AMA, as you know, in December of '57 did pass a resolution in favor of fluoridation. St. Joseph County Society has also passed a similar resolution and I am sure a number of other county societies in the state have also done so.

I would like to see the State Society pass such a resolution in favor of fluoridation of water. If you see fit, maybe the Council could pass a similar resolution in favor of fluoridation.

Dr. Vye moved that the State Medical Association go on record as approving the principle of fluoridation. Motion seconded by Dr. Neumann.

Dr. Wilder, in discussing the motion, said: "There was a lot of opposition to it at the AMA, but they had already gone on record as favoring it and, rather than back up on their decision, I think that they just went along with it again. A lot of men spoke against it on the floor of the House of Delegates. It was not a wholehearted endorsement. Since it is such a controversial thing, maybe the State Association may just as well stay out of it. That is my opinion."

Dr. Olson: I think you will agree that the problem of whether fluoridation reduces tooth decay is not a controversial issue. The controversial issue has nothing to do with the medical or the dental aspects of this thing. It is only a matter of whether the Government has a right to do this sort of thing or whether it is communistic. From a scientific issue there is no controversy, and that was brought out at the AMA meeting in December, 1957. Even the same fellows who opposed it at the AMA meeting admitted that there was no controversy in regard to the fact it does reduce tooth decay and that it does no harm. For my point of view, I don't think that is a controversy and I think, from that standpoint, nobody could object.

Dr. Vye's motion was put to vote, and carried.

Dr. O. W. Sicks, treasurer, reported total investments in bonds, U. S. Treasury Bills, and Certificates of Indebtedness of \$307,000.00, and a cash balance of \$27,951.36, making a total of \$334,951.36 of all assets, as of April 20, 1958, in the General

Fund, the Medical Defense Fund, and the Student Loan Fund.

Dr. Frank B. Ramsey, editor of THE JOURNAL: We are now working on the material for the July number and, in relation to the reference articles we always have in that, if there are any of you who think of any subjects that would be suitable for either the attorneys or anyone else to write reference articles about, if you will let me know today, we still have time to have those written. We have a very fine article written by Mr. Stump that I expect to put in the July number. It is dissertation intended to convince everyone, or at least part of the people, that they should will their bodies to medical and scientific institutions, not only for anatomical material, which is very short, but also to will their bodies in the unembalmed state so that corneas, skin, and bones, and aortas, and other spare parts can be used in surgery. I want to check this article very carefully with the Publicity Committee. Mr. Stump and I have the idea, if we have it published in THE JOURNAL, we should have some reprints and send it around to the newspapers over the state and see if it will pick up a little general interest. That is evidently the only way we are going to convince the people, is by having general publicity on the subject.

I have asked the Narcotics Department to write us a real complete, detailed article on the handling and dispensing of narcotics. I don't believe there is any article that has ever been published that covers the whole field and that request has been sent to the Commission in Washington with a statement that, if the Department doesn't write it, the Chicago office will and they didn't say when. Of course, we don't know whether that will be ready for July or not. We thought that would be a good subject to cover real carefully. If there are any other things, if you will let me know, we will work on those.

UNFINISHED BUSINESS

(1) *Resolution on Ophthalmologic-Optometric Relations*. On motion of Drs. Ross and Glock, the Council approved submission of the following resolution from the Indiana Academy of Ophthalmology and Otolaryngology on statement of policy to THE JOURNAL of the Indiana State Medical Association for publication:

WHEREAS, Optometry's practical ambitions reached a high point at its 1954 convention when the American Optometric Association officially adopted the resolutions which stated in so many words that

"The field of visual care is the field of optometry and should be exclusively the field of optometry."

and that, in respect to the optometry laws of the various states, the

"Exemptions be restricted, limited and ultimately eliminated."

WHEREAS, the above resolutions can mean only restriction against physicians and ophthalmologists, as they are the only ones who have been

granted exemptions from previous optometry laws, and

WHEREAS, refraction is and has always been considered an integral part of medical ophthalmology, and the enactment of such restrictions on medicine and ophthalmology would ultimately deprive the general public of the highest caliber of medical eye care, and

WHEREAS, in other states the optometric associations have secured the passage of laws which prevent the dispensing of glasses in an ophthalmologist's office unless such dispensing is serviced by the ophthalmologist in person, and

WHEREAS, in view of the foregoing attempts of optometry to harass the ophthalmologist and the dispensing optician to the eventual deterioration of medical eye care, and

WHEREAS, the hiring of optometrists by physicians, or ophthalmologists, for the purpose of doing refractions oftentimes is misconstrued by the public and works to give weight to the above-mentioned legislative drive of the optometrists; now, therefore

BE IT FURTHER RESOLVED, that the Indiana Academy of Ophthalmology and Otolaryngology, in conformity with the resolutions of the Indiana State Medical Association and the American Medical Association, declare that it is unethical for a physician, or ophthalmologist, to employ the services of an optometrist to do refractions or render other services under the guise and protection of the practice of medicine, and

BE IT FURTHER RESOLVED, that the Indiana Academy of Ophthalmology and Otolaryngology alert all its members and others practicing ophthalmology to the efforts of optometry to further their avowed restrictions on the practice of medicine, and

BE IT FURTHER RESOLVED, that a committee of the Indiana Academy of Ophthalmology and Otolaryngology be appointed to work with the Indiana Association of Dispensing Opticians in the formation of suitable legislation to be presented to the General Assembly of the State of Indiana for the proper attainment of the relative spheres of Ophthalmology, the Dispensing Optician, and the Optometrist, and

BE IT FURTHER RESOLVED, that this committee be authorized and directed to further such legislation before the General Assembly of the State of Indiana.

(2) *Matters referred to Council by Commission on Medical Economics and Insurance.* Dr. Richard P. Good, chairman of the Subcommittee on Miscellaneous Affairs of the Commission on Medical Economics and Insurance, presented the following matters for consideration of the Council:

a. *Relative Value Schedule for Indiana.* Dr. Good: One of the things referred to our subcommittee was to begin the study on relative values for Indiana. We have studied that at several

meetings, and, as you know, California is the only state that has adopted a relative value scale. . . . On studying this relative value of California, it just doesn't completely fit our situation in Indiana. There is a different relationship between values of practice of medicine there and here. . . . On that basis we felt that it would be proper that a relative value scale be established for Indiana.

We also feel that it would take at least two years to work out a relative value scale that could be adopted by the House of Delegates before it could become effective. Should we wait until next Fall, at the annual convention, to ask permission to go ahead, it would extend it another one or two years. So we are coming before the Council, asking their permission to start on the establishment of a relative value now within the State.

Following discussion by Drs. Neumann, Olson and Everly, Dr. Crowder moved "that this Committee be empowered to study a relative value schedule by submitting the schedule in sections to different specialty groups, including the Academy of General Practice, and so forth, and then arrive at some kind of a relative value schedule for Indiana that would be submitted by the different specialty groups, the schedule to be submitted to the House of Delegates after it is completed." Motion seconded by Dr. Hammond, put to vote, and lost.

b. *Liability Plan for Indiana.* Dr. Good discussed the relationship between the Association and the St. Paul Mercury Indemnity Company, as originally approved in 1946, and asked permission of the Council to invite a representative of the St. Paul Company to meet with his committee for further discussion of the malpractice insurance program. On motion of Drs. Topping and Ross the Council authorized the committee to meet with the St. Paul representative, for further study of the plan, and to report its recommendation to the House of Delegates in its report next Fall.

(3) *Matters referred to Council by Executive Committee:*

a. *New Headquarters Office Building.* On motion of Drs. Glock and Ross, the following resolution, presented by Dr. Clauser, chairman of the Executive Committee, was adopted:

Be it resolved that there be and hereby is created a separate special fund to be known as "The Building Fund."

Be it further resolved that there be transferred from the general fund to said separate special fund United States Government bonds or securities having a face value of Fifty Thousand Dollars. Said fund may be used for the following purposes:

1. Acquisition of land for the purpose of erecting thereon an office building to serve as headquarters and housing for the headquarters office

of The Indiana State Medical Association and such other uses as may be determined.

2. To employ an architect or engineer to prepare plans and specifications for the construction of such building.

3. For the development of such plans and specifications and other expenses incidental to all preliminary steps for the letting of the contract for the construction of such building.

4. Any remainder of said funds may be used for and applied to cost of construction of such building when and if needed for the purpose.

To carry out the above purposes said bonds or securities or parts thereof may be redeemed or sold or converted to cash from time to time as it may be so needed. Any and all interest or income received from or upon said bonds or securities in said building fund shall be paid to the general fund of the Association.

b. *Budget.* On motion of Drs. Ross and Crowder the budget for 1958, compiled by the Executive Committee, was accepted as presented by Dr. Clauser.

c. *Expenses of members traveling on Association business.* On the recommendation of the Executive Committee the Council increased the mileage allowance to members of the Association and others for attending meetings on business of the Association from five to ten cents per mile. This action was taken on motion of Drs. Ross and Crowder. (The Executive Committee, at its December 1, 1946 meeting, adopted the ruling that actual traveling expenses—railroad, Pullman, etc., or five cents a mile for auto—plus meals and hotel expenses, shall be allowed to Committee members and officers traveling at the expense of the Association.)

(4) *Student Loan Fund.* Dr. Ross, chairman, reported that up to the present time 31 loans had been made to 27 students, for a total of \$14,925.00. With a beginning fund of \$15,000.00, plus several donations to the fund, and interest income, plus the fact that one student has repaid \$350.00 of his \$500.00 loan, the balance in the fund at this time is \$785.29. One application for a \$500.00 loan is pending.

At Dr. Ross' request, and on motion of Drs. Ross and Vye, the Council rescinded the action taken at the January, 1958, meeting of the Council whereby an additional \$1,700.00 was appropriated to the Student Loan Fund. Dr. Ross explained that it was the feeling of his committee and also of the Budget Committee that they did not want to bring the capital investment of the Student Loan Fund up to \$16,700.00, but would prefer to keep it at \$15,000.00. Dr. Sicks, treasurer, called attention to the fact that a ceiling of \$15,000.00 for this fund had been set by the House of Delegates and the Council was in error in voting an amount above that figure.

(5) *Medical Care for Military Dependents.* Mr. Waggener reported that the Medicare contract had

been renegotiated and the new contract had gone into effect on April 1; also, that the Government had advanced \$82,000.00 to finance the program with Government funds rather than with State Medical Association funds as has been necessary in the past.

In the discussion of fees to be charged for Medicare, Mr. Waggener stated:

1. The Committee on Medicare has tried to develop a program which will allow the payment as nearly as possible of the usual charges made by physicians in the areas of the State of Indiana.

2. A book of nomenclature is to be published containing the rules and regulations, and nomenclature. If the physician will take a little more time in itemizing his services, many times he will be paid in full without any questions being asked. Medicare is entirely different in its operation than anything else, inasmuch as it pays for things which usually are lumped under a procedure in a commercial insurance or Blue Shield program. The big problem is to get the physician to itemize and explain, many times, some of his unusual charges, and usually there is a provision whereby these charges can be allowed.

3. The renegotiated contract fulfills the requirements of the Grant County resolution which was passed by the House of Delegates in October, 1957, in that under the new contract the surgeon submits his fee and the assistant surgeon submits his fee, in the manner of their local custom. The total of the two fees cannot exceed 120% of the surgical fee.

(6) *Report from the Liaison Committee between the Council and Blue Shield.* Dr. Challman, chairman, and Dr. Larson, a member of the Council Liaison Committee, reported that this group had held one meeting and would have a report to make at the next meeting of the Council.

(7) *Veterans' Fee Schedule.* Dr. Glen Ward Lee, chairman of the Commission on Governmental Medical Services, discussed the Veterans' Fee Schedule, which will come up for renewal on July 1, and presented the following recommendations from his Commission:

a. That the Council present to the Veterans' Administration the Medicare average fee schedule to be accepted *in toto* in lieu of a separate and different fee schedule for veterans alone. It is further recommended that representatives of the State Association, who already have an appointment with the representatives of the Veterans' Administration in Washington, take this matter up and push it to the utmost.

b. The Maternal Mortality Study Committee is asking for approval to continue their studies in the State. These studies entail discreet investigations by this Committee through selected members of the Association throughout the State to check on the cause of all deaths. They have resulted in a decrease in the mortality rate in the

State, and have the possibility of good teaching study for the Obstetrical Department. For these reasons, the Commission recommends to the Council that this study, which was set up by Dr. McCormick some time ago, be continued.

The chairman announced that the Executive Committee would meet with the Veterans' Administration in Washington the week of April 28.

It was taken by consent that the above recommendations of the Commission on Governmental Medical Services would be carried forward by the Executive Committee and the Committee on Maternal Mortality Study.

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OCTOBER 13, 14 AND 15, 1958**

Mr. Waggener reported that the Scientific Program Committee had met and the program had been outlined. The Conference on Physicians and Schools will be held this year as part of the Tuesday afternoon program during the annual convention.

Mr. Waggener also reported that most of the technical exhibit space had been sold.

LEGISLATIVE MATTERS

Dr. Don E. Wood, chairman of the Commission on Legislation, reported briefly on national and local legislative affairs.

(1) *The Forand Bill* is still active; also other social security bills that have riders attached, that would directly influence the practice of medicine, are before Congress.

(2) At the State Chamber of Commerce meeting on Social Security, where Dr. Wood discussed the stand of the State Medical Association, as well as the AMA, in relation to the various bills pertaining to health legislation, a resolution was adopted endorsing the State Chamber's opposition to socialized medicine. This resolution was to be sent to the State Chamber meeting, as well as to their National meeting.

(3) State-level legislative issues:

a. Primary election issues were discussed.

b. Nursing Education Bill, which will request the legislature to appropriate some \$200,000 to finance postgraduate nursing education; and

c. Legislation to give prior claim on all funds paid in to the various state licensing boards to these boards for operating expenses.

d. Optometry bill. Academy of Ophthalmology and Otolaryngology to report their findings to Commission on legislation.

e. Osteopathic problems.

NEW BUSINESS

(1) *Remission of state dues.* By consent, the Council voted remission of state dues of two members in Elkhart county, and one each in Lake and Marion counties, all of whom are in ill health and unable to practice.

On motion of Drs. Larson and Webster, the Council authorized the headquarters office to send each councilor copies of letters requesting remis-

sion of dues of members in his district, in order that he may have an opportunity to review these cases before the Council meets.

(2) *Admission Policies of the Veterans' Hospitals.* The secretary read a letter from the Oklahoma County Medical Society, Oklahoma City, containing recommendations on admission policies of Veterans' Hospitals. It was the consensus of the Council that the recommendations outlined by the Oklahoma Society were not new. By consent they were approved in principle.

(3) *Indiana University.* Dr. Don Wood, member of the Special Council Liaison Committee with Indiana University School of Medicine, reported that the Liaison Committee had met with Dr. VanNuys and his group on April 19 and discussed the following points:

a. Relation of the geographical full-time men to private practice. Records show that the full-time men have roughly one to three patient days as compared to men in private practice in the University, so far as their private patients are concerned.

b. Dr. VanNuys explained the new project for patient care, and discussed the affairs of the School of Medicine as they pertain to the members of the State Medical Association. He will summarize this discussion in an article for publication in *THE JOURNAL*.

e. Possibility of establishing a two-year School of Medicine in Bloomington, in addition to the present School as it is organized on the Indianapolis campus. (Dr. VanNuys appeared before the Council and presented some of the details in connection with this proposal, as a matter of information.)

d. Admissions Committee and the selection of students for admission to the Medical School.

(4) *Appointment of Director for Indiana State Chamber of Commerce.* The chairman announced that the State Medical Association may have the opportunity to name a director of the Indiana State Chamber of Commerce, for a two-year term and appointed the following nominating committee, to report to the next meeting of the Council: Drs. Dudding, chairman; Neumann, and Everly.

(5) *Special Meeting of House of Delegates.* On motion of Drs. Topping and Vye the Council approved the calling of a special meeting of the House of Delegates for consideration of the contemplated building program of the Association, and any other special business which the Executive Secretary may indicate should be considered at that meeting.

The time and place for this special meeting of the House of Delegates was left to the discretion of the Executive Committee, on motion of Drs. Glock and Challman.

(6) *Should Indiana Reintroduce the Cline Report on Osteopaths at the June AMA Meeting?* On motion of Drs. Larson and Vye, the Council approved investigation of the Kansas solution to the osteo-

pathic problem (which is consistent with the recommendations of the Cline report) and determine from that investigation what Indiana's stand shall be, and to so instruct the Indiana delegates to the AMA.

(7) *Nominations for Editorial Board.* On motions of Drs. Larson and Challman, Drs. Jene Bennett, South Bend (Pathology) and Harold D. Lynch, Evansville (Pediatrics) were nominated for membership on the Editorial Board. Members for the Editorial Board are voted on at the fall meeting of the Council.

(8) *Brain Research Foundation.* On motion of Drs. Glock and Ross, the Executive Secretary was instructed to contact the Better Business Bureau and the AMA concerning this organization, and to report back his findings to the next meeting of the Council.

(9) *Summer meeting of Council.* By consent, the next meeting of the Council will be held on Sunday, July 20, 1958, at the Indiana University Student Union Building, Indianapolis.

There being no further business, the meeting was adjourned.

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

April 19, 1958

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Albert Stump, attorney; James A. Waggener, executive secretary; W. W. Worick, assistant secretary.

Membership Report

Number of members April 15, 1958	3,984*
Number of members, April 15, 1957	3,861
Gain over last year	123
Number of members December 31, 1957	4,149

* Includes 60 in military service (gratis)

142—\$10 members (residents and interns)

371—senior members

42—members, dues remitted by Council

1—honorary member

Number who have paid AMA dues:

April, 1958	3,815**
April, 1957	3,734
Gain	81

** Includes 628 exempt members (gratis)

394 prior to 1/1/58

234 so far this year

further, particularly to determine if there are local firms who do this type of work, before presenting this matter to the Council.

Treasurer's Office

The treasurer reported he had purchased \$20,000.00 in Treasury Bonds at 2½%, at \$600.00 below par, carrying an expiration date of 1972, which are callable in 1967. This action was approved on motion of Drs. Olson and Owsley.

Legislative Matters

Dr. Wood, co-chairman of the Legislative Committee, reported on the Forand bill, the chiropractic issue, health insurance legislation, and financing nursing education.

1958 Annual Convention, Murat Temple, Indianapolis, October 13, 14 and 15

Report on sale of exhibit space was approved by consent.

Organization Matters

Statement for renewal subscription for two copies of the Washington Report on the Medical Sciences in the sum of \$55.00 was approved on motion of Drs. Wood and Owsley.

Letter from the Woman's Auxiliary was read, expressing the appreciation of the Auxiliary for the \$1,000.00 gift from the Association.

The secretary read excerpts from the minutes of the February 12, 1958 meeting of the Joint Liaison Committee with the Indiana State Dental Association, the Indiana State Hospital Association, and the Indiana Department of the American Legion.

Letter from the United States Chamber of Commerce calling attention to the fact that the Indiana State Medical Association is entitled to have a representative, known as a national councilor, was

Headquarters Office

Mr. Worick reported on the activities of the field staff, explaining the work with the various county society committees.

The secretary reported on the inquiry on a management survey firm, and upon motion of Drs. Owsley and Wood this matter is to be explored

read, and upon motion of Drs. Topping and Olson, Dr. Don Wood was named as national counselor.

Proposal from the Delta Air Lines, Inc., for an airline travel card for the Association, was presented, and no action was taken.

Refund of the dues of Dr. C. A. Burroughs, who died February 9, 1958, requested by the Clinton County Medical Society, was approved on motion of Drs. Topping and Wood.

Letter from the Yorktown Products Corporation regarding exhibit space at the convention and advertising space in *The JOURNAL*, was brought to the attention of the Committee, and the secretary was instructed to make an exhaustive investigation in regard to this firm and its products and report back to the next meeting.

The resolution requesting the Council to establish a building fund in the sum of \$50,000.00 was approved on motion of Drs. Wood and Owsley.

Request of Interstate Postgraduate Medical Association to use the Association mailing list was approved by consent.

Medicare

The secretary reported on the number of cases handled and the money expended and the completion of the financial arrangements for handling this program.

A letter from Washington was read regarding the subcontract between the Indiana State Medical Association and the State Medical Society of Wisconsin for handling the IBM, the letter pointing out that modifications in the existing contract would be necessary in view of the new contract with the Association. The attorneys are to prepare this contract in accordance with the letter, and when prepared, Dr. Topping was authorized to sign for the Association, upon motion of Drs. Olson and Wood.

New Business

The president brought up the question of calling a special meeting of the House of Delegates for

the purpose of clearing up any misunderstandings which might exist regarding the building program. This was discussed, and upon motion of Drs. Owsley and Wood the Committee approved the president's request, and the Committee is to ask the Council to call such a meeting.

The secretary reported on the President's Conference on Traffic Safety, the Junior-Senior Student Day program, which will be held on May 10, and discussed the possibility of receiving a grant of \$25,000.00 per year over a four-year period for the operation of the Indiana Foundation for Community Health. Upon motion of Drs. Wood and Olson the secretary was instructed to pursue this possibility.

Dr. Olson read a letter from the Woman's Auxiliary proposing that the Association supply copies of *TODAY'S HEALTH* to the junior and senior medical students. This action was disapproved by consent.

Future Meetings

The district meetings and the A.M.A. session were called to the attention of the Committee, as was the Auxiliary convention and the Indiana Association of Medical Assistants' meeting.

A letter from the A.M.A. inviting the attorneys and the executive secretary to attend a legal conference in Chicago on May 9 and 10 was read. On motion of Drs. Topping and Owsley, the Committee approved attendance of the attorneys and the executive secretary at this meeting.

The Journal

A letter from the State Medical Journal Advertising Bureau, proposing an increase in the advertising rates, effective with all new contracts on July 1 and thereafter, was approved.

There being no further business, the committee adjourned to meet again at 5:00 p.m., Saturday, June 7, 1958, at the Student Union Building, Indianapolis.

NEWS NOTES—from State and Nation

AMA President Addresses Junior-Senior Day Students

A doctor's service to humanity was emphasized by David B. Allman, M.D., president of the American Medical Association, in the principal address at the sixth annual Junior-Senior Day held May 10 in Indianapolis under sponsorship of the Sub-Committee on Rural Health of the Commission on Public Health, ISMA.

Dr. Allman told the junior and senior medical students who attended the six-hour program that they are the people who must pick up the wand of organized medicine and carry on. "The responsibilities are great, the compensations greater," he said.

"Medicine's purpose is to help people and the physicians are in the profession to serve patients," he emphasized. The AMA president brought out the importance of religious faith and reverence for life on the part of a physician. He gave as his goals and principles in his profession those of professional competence, the personality of medicine (a personal interest in the patient—"know the whole patient and treat the whole patient with warmth, friendliness and a certain amount of humility"), and empathy, the mutual transference of understanding through keeping the patient fully informed about his health and through reaching an agreement on fees.

The doctor is "a citizen first and a physician second," Dr. Allman stated. He also brought out the importance of joining medical societies to the future physicians.

Dr. Allman's address concluded a program which featured discussions of the responsibilities and problems facing students as they "pick up the wand" in medical science. Included on the program, in the order of their appearance, were W. L. Portteus, M.D., Franklin, past president of ISMA and emcee for the day; Lawrence C. Wells of Chicago, director of Promotion Services, Blue Shield Commission; Major Bedford Berry, M.C., Office of Dependents Medical Care, Washington, D. C.; John Steen, district manager, Mead Johnson Co., Cincinnati; Leo E.

Brown, director of Public Relations, AMA; and M. C. Topping, M.D., Terre Haute, president of ISMA.

Mr. Wells gave a brief history of medical plans, pointing out that Blue Shield and Blue Cross are the plans of the doctors themselves and stressing the importance of doctors' leadership in future success of the programs.

Major Berry described the Dependent's Medical Care Bill, Public Law 569, saying that Congress passed the bill because of the strength of active armed forces, the wide dispersion of troops and the impossibility of providing medical care to over 40% of military dependents. He indicated the importance of this program not disrupting local medical economy and gave some of the problems which have faced those responsible for program management, foremost of which have been the limitations set by Congress. Elective surgery, he said, was one of the most difficult problems under Bill limitations but they finally have been able to put on paper an interpretation which is being sent out to interested persons. "We're confident," the major said, "that as the program grows and dependents and doctors become more acquainted with it, the status of the military family will be improved."

In his discussion of medical public relations, Mr. Brown constantly emphasized the importance of doctor-patient relationships as the basis for all medical PR. "Medical public relations is prompt, courteous, efficient service rendered 24 hours a day and 365 days a year." He said that if he were given one wish in any one area of public relations, it would rest with the doctor's relationship with his individual patient. "Medical public relations is most difficult," he said, "for you are seeing people when they are physically ill and their mental conditions are poor; they have many fears." Mr. Brown told students that if they would follow the Golden Rule they couldn't go far wrong.

Dr. Topping discussed the great opportunities and responsibilities of the medical profession. Mr. Steen spoke on problems of a young physician selecting a place to set up his practice,

pointing out the hazards of not looking into all aspects of a community and giving the various organizations which would help him find the correct location for his practice and his family.

A cocktail hour in the afternoon was hosted by Mead Johnson Company, represented by Harvey Hallum, director of Professional Relations. The Indiana Blue Shield Plan hosted the fried chicken dinner.

Dr. John Stepleton, Richmond, recently became part-time pathologist at the Fayette Memorial Hospital, Connersville. Dr. Olin K. Wyland, pathologist at Reid Memorial Hospital, Richmond, also serves as pathologist on two days each week.

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Dermatology Postgrad Course Planned for July 10-12

A three-day postgraduate course on Dermatology will be offered at the University of Colorado Medical Center, July 10-12, 1958. It has been planned primarily for the physician in general practice, with emphasis placed on practical management which can be carried out in the home and office.

Ample opportunity for questions and discussion will be offered in conjunction with the lectures and demonstrations. One half-day will be spent at the Fitzsimons Army Hospital where there will be case demonstrations from the wealth of clinical material in this large Army hospital.

A short formulary will be distributed to the registrants. This will contain prescriptions recommended by the instructors in the course.

A complete program and further information may be obtained by writing to

The Office of Postgraduate Medical Education
The University of Colorado Medical Center
4200 East Ninth Avenue
Denver 20, Colorado

Doctors' Recent Speaking Engagements Listed

Dr. W. R. Van Den Bosch, Lafayette, was the luncheon speaker on April 29 at the annual regional meeting of the West Central District of Social Workers at the Purdue Union Building, West Lafayette.

Dr. John I. Nurnberger, professor and chairman of the Department of Psychiatry at Indiana University School of Medicine, was the speaker at a special meeting of registered nurses and licensed practical nurses in Bartholomew County Hospital, Columbus, on April 25. He discussed problems involved in providing psychologically sound nursing care for patients of various age groups.

Dr. A. D. Dennison, Jr., Indianapolis, spoke to a meeting of school principals in the Roberts Hotel, Muncie, on April 18. His topic was "Pot-pourri for Principals." Dr. Dennison also addressed a May meeting of the South Side Kiwanis Club in Indianapolis on "The Businessman and His Heart."

Dr. John B. Westfall, Indianapolis, was guest speaker at a luncheon meeting May 1 of the Florence Nightingale Association in the Warren Hotel, Indianapolis.

Dr. M. C. Topping, Terre Haute, president of the I.S.M.A., discussed "Health of the Community" at the regular weekly meeting of Terre Haute Rotary Club on April 22.

Dr. Irwin S. Hostetter and Dr. Lall G. Montgomery, both of Muncie, spoke on various aspects of medical education at a Kiwanis Club luncheon meeting in Hotel Roberts, Muncie, on April 23.

Dr. Earl W. Mericle, Indianapolis psychiatrist, and Dr. J. Theodore Luros, Indianapolis neurosurgeon, presented papers at the annual Fifth District Road Show of the Indiana Academy of General Practice in the Hotel Deming, Terre Haute, on May 2. Dr. Mericle discussed "Vascular Illness" and "Depression". Dr. Luros' papers were on "The Treatment of Vascular Lesions of the Brain" and "Congenital Defects of the Nervous System."

Dr. Robert A. Cornell, Crawfordsville, spoke at the regular business meeting of Byron Cox Post of the American Legion at Crawfordsville on May 1. His subject was "Hypnosis."

Southern Postgraduate Seminar

The Southern Postgraduate Seminar (formerly The Southern Pediatric Seminar) will be held this year in Saluda, North Carolina, in the heart of the Blue Ridge. It is designed as a school of general practitioners and carries Category 1 credit, 35 hours per week, acceptable by The American Academy of General Practice. Numerous recreational facilities are available in the immediate area for doctors and their families. The registration fee is \$35.00 per week. Advance registration is requested.

The first week from July 7 thru 12 will be devoted to pediatrics and internal medicine. The second week, July 14 thru 19, will be on pediatrics. The third week, July 21 thru 26, will cover obstetrics and gynecology. Inquiries may be directed to D. L. Smith, M.D., Saluda, North Carolina.

Course in Hematology Presented at I.U. Center

A comprehensive postgraduate course in hematology was presented by faculty members at Indiana University School of Medicine on May 14 and 15. The course was planned especially for general practitioners.

Faculty members were Drs. Paul J. Fouts, clinical professor of medicine; Robert J. Rohn, cancer coordinator and associate professor of medicine; Frank Vellios, associate professor of clinical pathology; William H. Bond, assistant professor of medicine; and David C. Gastineau, assistant professor of radiology.

Subjects covered in the lectures and discussions included thrombocytopenic purpura, lymphomas, leukemia, iron deficiency and aplastic anemias, hemolytic anemia I and II, and macrocytic anemias.

64 to Intern Here

Sixty-four of the 139 Medical School graduates to receive M.S. degrees from Indiana University this June have accepted appointments to the medical staffs of Hoosier hospitals, Dr. John D. VanNuys, dean of the School of Medicine, has announced.

The percentage of graduates accepting intern appointments in Indiana hospitals (46%) is the highest in recent years, Dr. Van Nuys said, and he anticipates that a majority of this group will remain in Indiana when their medical education has been completed. Of the group, 41 will join the staffs of Indianapolis General, Methodist, St. Vincent's and the I.U. hospitals July 1. Others will serve internships at East Chicago, Evansville, Gary and South Bend hospitals.

Negotiations are under way for the transfer by sale of the medical clinic building built by the Community Development Corporation of DeMotte to Dr. Robert Y. Lee, physician and surgeon, and Dr. William Kooy, optometrist, who were attracted to the community by the need for their services and the provision of a modern office structure. They have been in practice there since early 1957 and were joined several months ago by Dr. Charles Aton, dentist.

Registrants from 12 States Take I.U. Refresher Courses

April postgraduate courses presented by the Division of Postgraduate Education at Indiana University Medical Center in Indianapolis attracted more than 400 physicians, dentists and hospital technicians.

Among those enrolled for a course in bone fractures were Drs. W. E. Hardin, Ossian; Park Huffman, South Whitley; Allen D. Scales, Huntingburg; Ramon B. Dubois and George W. Marsh, Lafayette; Robert P. Acher and James C. Miller, Greensburg; George A. Tiley, Greenwood; Richard C. Datzman, Robert L. Haller, Donald Hickman, Orval J. Miller and John F. O'Brien, all of Fort Wayne.

A partial list of those taking a postgraduate course in diabetes mellitus were Drs. Fred Priebe, Hillsboro; Paul E. Burns, Montpelier; M. R. Scheetz, Lewisville; George A. Tiley, Greenwood; W. L. Portteus, Franklin; and Melville E. CaJacob, Terre Haute.

Dr. A. Wayne Ratcliffe, Evansville, enrolled for the course on clinical use of radioisotopes. Radiologists from 12 states and Canada were in Indianapolis for this postgraduate work.

AMA Issues Two New Leaflets

The personal, human qualities of medical practice are emphasized in two new American Medical Association leaflets designed for the general public. The first—"Do *You* Like to Make Decisions?"—states that the physician applies the "skill of his profession with the art of his understanding" in prescribing a specific treatment suited to the patient's individual needs. In selecting a particular treatment, the doctor is guided by his knowledge of the patient and his faith in his own judgment. The second leaflet—"The Fifth Freedom"—points out every American's basic right to choose not only where he will live or the church he will attend but also the physician in whom he has the greatest confidence. Free choice and mutual understanding are essential to the formation of a good doctor-patient relationship.

Both pamphlets are being distributed this month (May) to state and county medical societies for distribution at local fairs and similar public gatherings.

Foundation Offers Awards; Application Deadline Oct. 31

The Arthritis and Rheumatism Foundation offers predoctoral, postdoctoral and senior investigator awards in the fundamental sciences related to arthritis for work beginning July 1, 1959. Deadline for applications is October 31, 1958.

These awards are intended as fellowships to advance the training of young men and women of promise for an investigative or teaching career. They are not in the nature of a grant-in-aid in support of a research project.

The program provides for three awards:

- (1) *Predoctoral Fellowships* are limited to students who hold a bachelor's degree. Each applicant studying for an advanced degree must be acceptable to the individual under whom the work will be done. These Fellowships are tenable for one year, with prospect of renewal. Stipends range from \$1500 to \$3000 per year, depending upon the family responsibilities of the Fellow.
- (2) *Postdoctoral Fellowships* are limited to applicants with the degree of Doctor of Medicine, Doctor of Philosophy—or their equivalent. These Fellowships are tenable for one year, with prospect of renewal. Stipends range from \$4000 to \$6000 per year, depending upon the family responsibilities of the Fellow.
- (3) *Senior Investigator Awards* are made to candidates holding or eligible for a "faculty rank" such as Instructor or Assistant Professor (or equivalent) and who are sponsored by their institution. Stipends are from \$6000 to \$7500 per year and are tenable for five years.

A sum of \$500 will be paid to cover the laboratory expenses of each postdoctoral fellow and senior investigator. An equal sum will be paid to cover the tuition expenses of each predoctoral fellow.

For further information and application forms, address the Medical Director, Arthritis and Rheumatism Foundation, 10 Columbus Circle, New York 19, N. Y.

Industrial Medical Association Names Indiana Men to Board

Five industrial physicians were elected directors of the Industrial Medical Association at the Thirteenth National Industrial Health Conference in Atlantic City, April 19-25.

Dr. H. Glenn Gardiner, medical director of Inland Steel Company, East Chicago, who just completed a four year term as secretary of IMA, was elected a director; and Dr. Emmett B. Lamb, medical director of P. R. Mallory & Company, Inc., Indianapolis, and physician in charge, Indianapolis Works of International Harvester Company, was re-elected a director of the national association of physicians who are specialists in industrial medicine and surgery.

Elected president of the Industrial Medical Association was Dr. H. W. Lawrence, medical director of Proctor and Gamble. Dr. D. J. Lauer, medical director of Jones & Laughlin Steel Corporation, Pittsburgh, was named president-elect.

Indiana Orthopaedic Society Meets

The Indiana Orthopaedic Society, organized in 1957, is having its first Annual Meeting at the Marott Hotel, Indianapolis, on June 13 and 14.

The new organization is composed of 55 Diplomates of the American Board of Orthopaedic Surgery, all residing in Indiana. The membership represents all sections of the state.

Indianapolis members, acting as hosts, will present a Clinic of End-Result Studies in Orthopaedics at the Marott Hotel on Friday afternoon, and at the Empire Life and Accident Insurance Company building on Saturday morning, June 14. Approximately 75 cases will be presented and discussed briefly.

Dr. Harold O. Sofield, president-elect of the American Academy of Orthopaedic Surgeons, will address the society on Friday afternoon.

A banquet will be held on Friday evening, June 13, at the Marott. The meeting will close with a luncheon at noon on June 14.

Officers report the new organization is initiating its existence with great enthusiasm.

Need for Physician Prompts Added Civic Activity

Efforts to obtain a resident physician in Rosedale, Parke county, have been stepped up by the Rosedale Community Civic Club. A questionnaire to determine the attitude of citizens in the entire trading area has been circulated to 2,000 homes and response indicates there is a real need for someone to locate there. The club has sponsored several events to raise funds for use in carrying on the campaign to attract a doctor to Rosedale.

Physicians are reminded that the Indianapolis Diabetes Association will again sponsor the **James Whitcomb Riley camp for diabetic children**, August 3 through August 22. Applications for registration at the camp should be made as early as possible.

Located in Bradford Woods six miles north of Martinsville, the camp has been operated successfully for three years. Children from 8 through 16 years of age may enroll and registration must be for the full three week period. The fee is \$150. Some assistance is available for those families financially unable to pay the full amount.

Campers are under constant supervision of physicians and nurses. Dietitians supervise preparation of all meals, and a well equipped laboratory is operated to make necessary tests.

Applications may be obtained and inquiries addressed to: Indianapolis Diabetes Association, Inc., 821 Hume Mansur Building, Indianapolis 4, Indiana.

New Career Film

A little seven-year-old youngster is helping influence students to choose a career on the health team. She's Julie Morgan, the star of a new 16mm medical health career recruitment film produced by the American Medical Association, the American Hospital Association and E. R. Squibb and Sons. "Helping Hands for Julie" tells the dramatic story of the fight to save Julie's life. The helping hands aiding the doc-



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tors in finding the correct diagnosis of meningitis are those of the nurses, medical technologists, x-ray technicians and medical record librarians. With the diagnosis made, the drugs of the pharmacist, the nourishing food of the dietitian, the restorative work of the physical therapist and the care of the nurses bring Julie back to health.

Medical societies and auxiliaries may arrange for bookings of this 30-minute, black and white sound film through AMA's Film Library after July 1.

The Indiana Academy of General Practice has moved its offices to 1403 North Delaware Street, Indianapolis 2. Normal office hours will be 9 a.m. to 5 p.m. weekdays, closed Saturdays; however, because of staff vacations, during the period June 16 through June 27 office hours will be from 9 a.m. until noon.

Applications for certification by the American Board of Obstetrics and Gynecology, Part I, and requests for re-examination, Part II, are now being accepted by the office of the Board Secretary, Dr. Robert L. Faulkner, 2105 Adelbert Road, Cleveland 6, Ohio. Deadline for receipt of applications is September 1.

Candidates for admission to the examinations are required to submit with their application, an unbound typewritten list of all patients admitted to the hospitals where they practice, for the year preceding their application, or the year prior to their request for reopening their application.

Dr. J. B. Bennett, Warren, returned recently from a 17-day air cruise to Jamaica, Haiti, Guatemala, and Puerto Rico with Mrs. Bennett. Dr. Bennett was one of 9 winning physicians out of 2,500 entries in an essay contest sponsored by the United Fruit Company in which physicians were asked to recount their most gratifying discovery made about the clinical use of bananas.

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AMA Revises Prepayment Brochure

Copies of the new edition of AMA's booklet, "Voluntary Prepayment Medical Benefit Plans," will be available from the Council on Medical Service early in June. In addition to a description of plans having medical society approval, this edition of the brochure will contain data on the growth of such plans and a resume of new developments in the field. As in the past, a supplement of "Charts and Graphs" will accompany the brochure.

Three physicians from Northwestern University Medical School, Chicago, will serve 1958-1959 internships at The Lutheran Hospital of Fort Wayne under the National Intern Matching Program of the Council on Medical Education and Hospitals of the American Medical Association. They will assume their duties on July 1. The interns are Drs. John W. Beabout, Plymouth; Gene C. Loercher, Danville, Illinois; and Don K. Snyder, Payne, Ohio.

Two medical students, William Manax, London, Ontario, Canada, a student at the University of Western Ontario; and Charles A. Pollock, Jr., Downingtown, Pennsylvania, student at the University of Virginia Department of Medicine, will serve on the extern staff at Lutheran assisting in care of patients.

Dr. G. W. Stalter, North Webster, has been appointed a member of the Kosciusko county board of health by action of the county commissioners. He replaces Dr. C. C. DuBois, Warsaw, who resigned after seven years service on the board.

Dr. George B. DeTar, oldest practicing physician in Pike County, recently celebrated his eighty-seventh birthday at the close of a routine day of seeing patients in his office. He has been located in Winslow for more than 50 years.

Dr. Fred H. Priebe, Hillsboro, has been named to the new post of coordinator of clinics at Indianapolis General Hospital, which he assumed May 5. Dr. Priebe, a native of Waveland, is a 1945 graduate of the University of Cincinnati School of Medicine and served his internship at Indianapolis General, and residency in internal medicine at the Cold Spring Road VA Hospital.

The Department of Otolaryngology, University of Illinois College of Medicine, announces its **Annual Assembly in Otolaryngology** from September 29 through October 5, 1958. An intensive series of lectures and panels concerning advancements in otolaryngology, and evening sessions devoted to surgical anatomy of the head and neck and histopathology of the ear, nose and throat will be presented. Interested physicians should write direct to Department of Otolaryngology, 1853 West Polk Street, Chicago 12, Illinois.

Drs. Thomas C. Burger and **Gilbert J. Himebaugh**, who recently completed four years in surgical training at the Mayo Clinic, Rochester, Minnesota, have opened an office in the Medical Arts Building, Evansville. They will specialize in surgery.

Dr. Burger is a native of Tiffin, Ohio and a graduate of St. Louis University Medical School in 1949; Dr. Himebaugh was born in Speed, Indiana and graduated from Indiana University School of Medicine. Dr. Himebaugh had a general practice for seven years in Veedersburg before taking his Mayo residency. Both men are veterans. Dr. Burger is married and has three daughters; Dr. and Mrs. Himebaugh have four children.

Dr. Kingdon Brady plans to move into a new office building soon which he is building adjacent to his residence in Morocco. Of concrete block construction, the office unit will have two examining rooms, an emergency room, a laboratory and reception room.

Pennsylvania Surgeon Elected to Mead Johnson & Co. Board

EVANSVILLE, Ind., April 25—One of the nation's foremost surgeons and two top men in the fields of management and marketing were elected to the board of directors of Mead Johnson & Company at the firm's annual meeting of stockholders at Evansville College here today.

The new directors are Dr. Isidor S. Ravdin, surgeon-in-chief of the University of Pennsylvania Hospital, Philadelphia; Dr. Arthur M. Weimer, dean of the Indiana University School of Business, Bloomington, and Robert E. Sessions, a Mead Johnson Executive Vice-President.

In addition, these eight directors were re-elected: Austin S. Igleheart, New York, retired chairman of the board of General Foods Corp.; Anton Hulman, Jr., Terre Haute, Ind., president of Hulman & Co.; Thomas Kiernan, New York, attorney with the law firm of White & Case, and D. Mead Johnson, H. O. McCutchan, L. D. Johnson, Jr., W. P. Torrington and B. K. Harned, all of Evansville and executives of the firm.

Dr. Ravdin and Dean Weimer occupied new directorships created last January when the board voted to increase the number from nine to eleven. Mr. Sessions filled the vacancy created by the retirement of Gen. Robert W. Johnson, who is leaving the board because of his desire to curtail his business activities.

All proceeds from the dinner will go to the hospital development fund, with contributions being made in Dr. Rinne's name.

Doctors Cleon Nafe and Lester D. Bibler attended the Lake Logan Medical Management Conference held at Asheville, N. C., May 2-4, 1958. Industrial surgeons, doctors and leaders of industry and insurance participated in this unusual conference.

THE MONTH IN WASHINGTON

Continued from page 730

stretched in **event of nuclear attack**, the Office of Defense Mobilization has asked Public Health Service to survey 700 wholesale drug houses, surgical supply firms and chain drug store warehouses for an inventory of their stocks.

American Medical Association, among other groups, is supporting legislation that would request President Eisenhower to call a 1960 White House Conference on the **problems of the aged**. However, HEW sees no need for the conference, nor does it favor suggestions that a new bureau be set up to handle the problem, nor a commission created.

After conclusion of hearings, a **House subcommittee has under consideration legislation for "bricks-and-mortar"** U. S. grants to help medical and dental schools finance buildings and purchase of equipment; money could not be used for general operating expenses.

Dr. Thomas H. Alphin has resigned as director of AMA's Washington Office to become associate medical director of the Equitable Life Assurance Society at the group's main office in New York. Dr. William J. Kennard, deputy director, has been named acting director of the Washington Office.

VA is calling for bids on 12 construction projects estimated to cost a total of at least \$4.2 million. Locations include Murfreesboro, Tenn.; Tomah, Wis.; Columbia, S. C.; Bay Pines, Fla.; Newington, Conn.; Iowa City, Iowa; West Roxbury, Mass.; Rutland Heights, Mass.; Walla Walla, Wash.; Wood, Wis.; Wadsworth, Kan.

Town Fetes Doctor

Citizens of Lapel, Ind., honored a physician who tried twice to retire and twice was "re-called" by his patients.

Dr. J. I. Rinne was scheduled to receive a certificate, symbolizing a plaque that will be hung in a new hospital in his name, from Frank Allis, chairman of the Anderson Hospital Development Association, at the dinner.

A community physician of Lapel since 1910, Dr. Rinne graduated from Indiana University School of Medicine in 1909 and interned at General Hospital, Indianapolis. He has been called an expert diagnostician with the "hand-shaking prowess of a diplomat." Patients still come from miles away to seek his help.

News from the County Societies

Fort Wayne (Allen County) Medical Society members attended a May 6 scientific program of the Shrine Club, Fort Wayne. Guest speaker was Dr. Murray B. Ferderber, assistant professor of medicine, University of Pittsburgh School of Medicine.

Dr. Ferderber spoke on "Restorative Services for All Ages—Rehabilitation." He is recognized as an authority in the field of rehabilitation. Dr. Ferderber is past president of the Academy of Physical Medicine and Rehabilitation, is head of the Department of Physical Medicine and Rehabilitation at both Presbyterian and Columbia Hospitals in Pittsburgh and is chairman of the Pennsylvania State Commission on Physical Medicine.

The annual meeting and election of officers of the Fort Wayne Society was to be held in the Shrine Club on May 20.

The **Carroll County Medical Society** held a dinner meeting on April 16 in the Roth Park Hotel. This was the second annual affair at which nurses and office employees were invited as special guests.

Eleven members of **Clark County Medical Society** held a joint meeting with members of the Clark County Pharmaceutical Society in the New Albany Country Club, April 29. Following dinner there was a general discussion of suggestions made by the pharmacists regarding refilling prescriptions. No date was set for the next meeting.

Members of the **Delaware-Blackford County Medical Society** and the Delaware County Bar Association and their guests, the attorneys of Blackford county, held a joint dinner meeting April 29 in the Delaware Hotel, Muncie. It was the second annual meeting of the physicians and attorneys.

A film "The Doctor Defendant" was shown with general discussion of mutual interests and problems following.

"Pre- and Postoperative Care" was the subject of a paper presented by Dr. Manuel E. Lichtenstein, Chicago, before members of **Elkhart County Medical Society** May 1 in the Hotel Elkhart. Dr. Lichtenstein, a surgeon, is on the staff of Northwestern University Medical School.

Members of the Elkhart County Auxiliary met on the same date in the home of Mrs. George R. Bloom, Elkhart.

Dr. Cyril Taylor, anesthesia instructor at Indiana University School of Medicine, was guest speaker at the **Fayette-Franklin County Medical Society** meeting May 13. He presented a paper "Cardiac Arrest, Its Diagnosis and Treatment." A committee was appointed to study a new method of testing school children for tuberculosis. Meeting was held at the Connersville Country Club with 16 members present. Next meeting was for June 10 at the Mounds Restaurant, Brookville.

Eight members of **Fountain-Warren County** held a dinner meeting in the home of Dr. Edward M. Humphrey, Covington, on May 1. Principal business was the adoption of a typical fee schedule to be presented to the county welfare department.

The next meeting of the society was scheduled for June 12 in the home of Dr. Lowell R. Stephens, Covington.

"Rheumatic Fever and Streptococcal Infections" was the paper presented by Dr. C. William Goebel, Fort Wayne pediatrician, at the **Huntington County Medical Society** April 6 meeting held at the Hotel LaFontaine, Huntington. Twenty members were present. On departure of the president, Dr. E. D. Plasterer, for residency, Dr. Lawrence C. Webb will preside.

A resolutions committee was appointed con-

sisting of Doctors Paul M. Gray, Robert G. Johnston and Wallace S. Grayston to form a resolution on the death of Dr. Russell S. Galbreath in April. Two members were appointed to attend the Huntington Chamber of Commerce meeting at the request of the Chamber. Next meeting will be the first Tuesday in September, Hotel LaFontaine, 6:30 p.m.

Jasper-Newton County Medical Society met May 14 at the Hazeldon Country Club, Brook, and saw a movie on anal-rectal diseases. Seven members were present. Next meeting will be the second Wednesday in September.

Dr. John H. Olwin, assistant professor of surgery at the University of Illinois College of Medicine, Chicago, was the guest speaker on April 15 at a dinner meeting of **LaPorte County Medical Society** in Michigan City. He discussed "Practical Aspects of Vascular

Problems." Thirty-two members of the society attended.

During the business session formation of the Northern Indiana Branch of the American Psychiatric Association was announced and action proposed to secure a psychotherapist for LaPorte county.

The May 20 meeting was to be held in Norman M. Beatty Memorial Hospital at Westville.

Five new members were elected to **Indianapolis Medical Society** at the regular meeting April 22 in Empire Life Auditorium. They are Drs. Paul J. Ditmyer, Jr., Robert David Deitch, Robert James Yingling, Paul Raymond Overhulse and Wesley Allen Kissel.

Dr. Harry Pandolfo, president, presented Dr. Glen Ryan, member of the board of directors of Blue Shield, who discussed the background of the plan and introduced L. E. Converse, director of physicians' relations for Mutual Medical Insurance, Inc., who discussed problems of Blue Shield and possible future developments.

Dr. Pandolfo announced details of the annual

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doctors-druggists party which was to be held April 30.

At the May 6 meeting of the Indianapolis society, Dr. Barnes Woodall, professor of neurosurgery, Duke University, was the guest speaker. He discussed "Cervical Disc Injuries and Differential Diagnosis of Upper Extremity Pain." Dr. Woodall was introduced by Dr. Robert F. Heimburger, associate professor of surgery, Indiana University School of Medicine.

A report of the April 29 meeting of the Council was given by Dr. Hunter F. Kennedy, chairman. Applications for membership were received from four physicians.

A meeting of the Indianapolis delegation and the Telephone Exchange committee followed the regular session.

Dr. J. Stanley Battersby, associate professor of surgery at Indiana University School of Medicine, was the guest speaker at **Montgomery County Medical Society** meeting on April 17 in Culver Union Hospital, Crawfordsville. He presented a paper on "Esophageal Lesions." Twenty-five members attended the evening meeting.

The May 15 meeting was a dinner meeting in the hospital.

"Hypnosis in Medicine" was the title of a paper presented to 14 members of **Putnam County Medical Society** by Dr. Robert A. Cornell, Crawfordsville. The dinner meeting was held April 11 in the DePauw Union Building, Greencastle.

Dr. Robert K. Webster, Brazil, councilor, attended the meeting and spoke briefly.

The **Shelby County Medical Society** met April 2 for dinner in the W. S. Major Hospital, Shelbyville, and a meeting and program in the nurses home.

A film "Disorders of the Heartbeat" was presented by Dr. V. Brown Scott as the scientific program.

In the absence of Dr. J. O. Alden, president, Dr. James Tower presided at the business session. Members were informed the Elks Club had agreed to permit their building to be used as a second or emergency hospital in the event of a catastrophe. Progress of talks on fluoridation and routine correspondence were reported.

Dr. Norman Richard reported that a joint meeting of Shelby County Medical Society and the Shelby County Bar Association was planned for May and disclosed tentative program plans.

Dr. Paul R. Tindall discussed legislation and suggested the members report any information to him or to members of the legislative committee.

Dr. William R. Tindall made a progress report on hospital expansion plans, saying contracts would probably be let in early May.

A disaster drill was placed in motion during dinner at the regular monthly meeting of **Wayne-Union Medical Society** on April 8. Police cars picked up the doctor members of the Mobile Medical Unit and escorted them to Civic Hall where casualties had been collected by the Civil Defense organization, police and fire departments. These doctors then screened, classified and tagged the "casualties" who were then transported to the emergency room of Reid Memorial Hospital by police ambulances and ambulances of the Undertakers Association. There the collecting and sorting teams took over, separating the cases, and starting initial treatment and dispersal to the shock and burn and surgical teams.

All of the teams held conferences and discussions as to their functions and problems. Each was summarized and a report submitted to the general committee and chairman in charge of the drill.

Dr. James Z. Logan discussed the disaster drill in which 42 physicians, the police and fire departments and Civil Defense Corps participated.

Vanderburgh County Medical Society members held a joint dinner meeting with members of the Vanderburgh County Bar Association in the McCurdy Hotel April 22. Mutual medical-legal problems were discussed by a panel with Edwin Holman, executive secretary of the Judicial Council of the American Medical Association, acting as moderator. The 125 members of the two professions felt the meeting was most constructive and suggestion was made to make the joint meeting an annual affair.

On May 13 the society was to meet again in the Hotel McCurdy when the program was to be devoted to action on committee reports.

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EDITORIAL AND ADVERTISING INFORMATION

All articles must be typewritten, double-spaced with margins of one inch.

Photographs should be printed on glossy paper. Negatives cannot be used.

Only a limited number of illustrations can be used with original articles. The cost of extra illustrations must be borne by the author.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

Articles are accepted for publication only with the understanding that they are submitted for exclusive publication in THE JOURNAL of the Indiana State Medical Association.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 2, Indiana. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 1019 Hume Mansur Building, Indianapolis 4, Indiana.

Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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2—	J. H. Crowder, Sullivan.....	Dec. 31, 1960
3—	John M. Paris, New Albany.....	Dec. 31, 1959
4—	Joseph E. Dudding, Hope.....	Dec. 31, 1959
5—	Robert K. Webster, Brazil.....	Dec. 31, 1960
6—	Harry P. Ross, Richmond.....	Dec. 31, 1958
7—	Ralph V. Everly, Indianapolis.....	Dec. 31, 1959
8—	Guy Owsley, (Chairman), Hartford City	Dec. 31, 1960
9—	K. O. Neumann, Lafayette.....	Dec. 31, 1958
10—	J. P. Vye, Gary.....	Dec. 31, 1959
11—	Max R. Adams, Flora.....	Dec. 31, 1960
12—	Maurice E. Glock, Fort Wayne	Dec. 31, 1958
13—	G. O. Larson, LaPorte.....	Dec. 31, 1959

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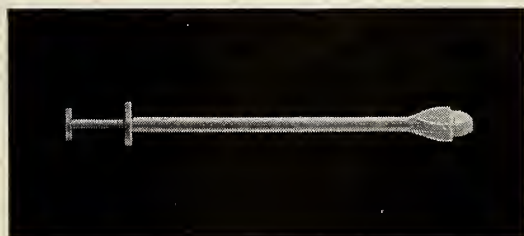
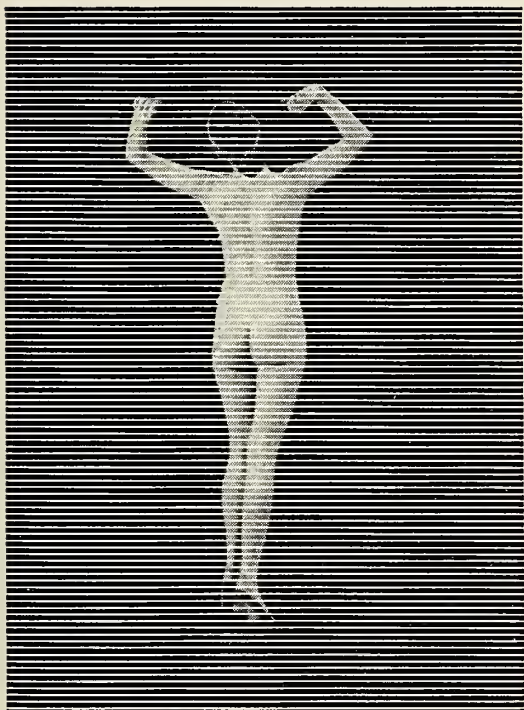
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2.	Sam I. Rotman, M.D., Jasonville.....	J. S. Brown, M.D., Carlisle.....	Bloomington, June, 1958
3.	Robert LaFollette, M.D., New Albany.....	Daniel H. Cannon, M.D., New Albany.....	New Albany, 1959
4.	Robert O. Zink, M.D., Madison.....	Frank W. Hare, M.D., Madison.....	Madison, May 20, 1959
5.	James Richart, M.D., Terre Haute.....	Roy Pearce, M.D., Terre Haute.....	1959
6.	Frank Lewis, M.D., Liberty.....	John H. Smith, M.D., Greenfield.....	New Castle, 1959
7.	Malcolm O. Scamahorn, M.D., Pittsboro.....	Arthur W. Records, M.D., Franklin.....	Indianapolis, May 20, 1958
8.	B. D. Wagoner, M.D., Union City.....	Howard W. Koch, M.D., Winchester.....	Muncie, June 11, 1958
9.	R. K. Kincaid, M.D., Tipton.....	A. E. Stouder, M.D., Kempton.....	Tipton, May 22, 1958
10.	George N. Lewis, M.D., Gary.....	George A. Carberry, M.D., Gary.....	Crown Point, May 7, 1958
11.	Robert M. Brown, M.D., Marion.....	Charles L. Wise, M.D., Camden.....	Peru, 1958
12.	F. B. Kantzer, M.D., Garrett.....	Max M. Gitlin, M.D., Bluffton.....	No Date Given
13.	R. L. Bender, M.D., Elkhart.....	James M. Wilson, M.D., South Bend.....	Michigan City, Nov. 12, 1958

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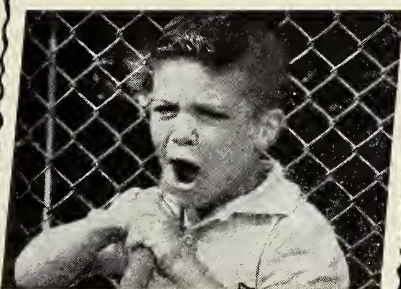
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fire"



"He couldn't
swing a bat
without
hurting"



"But Doctor
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some nice
pills---and
the pain
went away
fast"



"Dad said
we'd play
ball again
tomorrow
when he
comes home"



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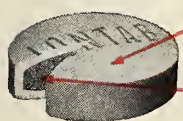
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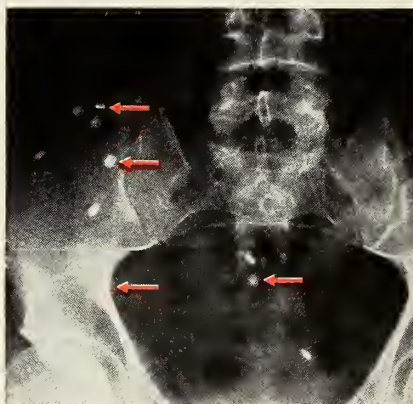
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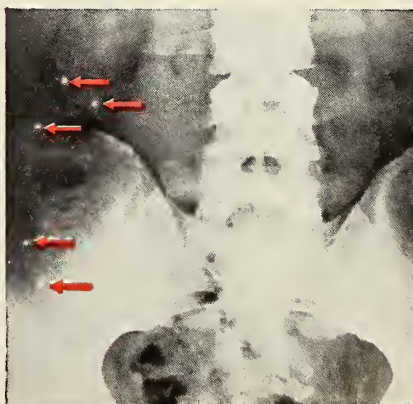
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—After five months of almost no action whatever on health-medical bills, Congress turned toward them late in the session, with the result that quite a number may be passed before the expected mid-August adjournment.

Most important, the House Ways and Means Committee held two weeks of hearings on the Forand bill and other social security issues. The Forand bill is a highly controversial piece of legislation that first came before Congress in another form six years ago but on which no action has been taken. The bill, strongly opposed by the American Medical Association and most other professional groups, would offer up to 120 days a year of hospital-nursing home care plus surgical services to social security beneficiaries.

Critics of the Forand bill list among their principal objections that the age line couldn't be held once the program were set up, and that the result eventually would be total national compulsory health insurance.

There was no indication from the committee whether it really was serious about the Forand bill or was admitting testimony on it merely because there was no easy way to stop such testimony once it was decided to open up the social security program. There was evidence that the committee probably would give priority to increases in public assistance payments, in view of the unusually large numbers of unemployed.

There was also an unexpected flare-up over Medicare, the military dependent medical care program that has been in effect for 18 months. Here the House Appropriations Committee, acting on misinformation, decided it would save tax money by cutting down on funds for the civilian phase of Medicare, thereby forcing more

dependents to use military hospitals, which already care for about 60% of them.

However, before the money bill passed the House, proponents of the cut were convinced that they might have gone too far. They agreed to adopt in conference any reasonable amendments that might be worked out with the Senate.

American Medical Association, American Hospital Association and other professional groups carried on the fight to save Medicare.

Late in the session, Senate committee decided to approve FHA-type mortgage insurance for proprietary nursing homes. This proposal had been supported by the American Medical Association. Speaking for the Association, Dr. R. B. Robins told the Senators that most of the aged population needs a certain amount of skilled nursing and medical care, but not necessarily expensive hospital care. He said that if more and better nursing homes were built, one of the major problems of the aged population would be solved.

Congress also indicated it would enact a number of other health bills, including the following:

- A three-year extension of the Hill-Burton hospital construction program, with an amendment to allow loans in place of grants to institutions that objected to direct government aid for religious reasons.
- Salary increases for medical personnel in Veterans Administration and general pay raises for the military, which would benefit doctors in uniform.
- Authorization for grants totaling \$1 million a year to the nation's schools of public health; this was amended to rule out use of the money for ordinary operating expenses.
- A public works program, under which com-

Continued on Page 806

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Month in Washington

Continued from Page 862

munities would be eligible for grants to build schools, hospitals, nursing homes and other facilities.

NOTES

Congressmen frequently sound out voter sentiment through the well-used poll method. A recent one by Rep. Harold Collier (R., Ill.), who comes from Chicago, turned up some interesting views on the question of whether the social security system should be used to finance medical care to all those under the program. Opposed were 73%, favoring were 26%, and only 1% had no opinion. On the question of expanding mandatory social security, the response was 47% yes, 48% no and 5% no opinion.

The National Health Survey has found in a preliminary study that 25 million persons in the country were injured badly enough in the second half of 1957 to require medical attention or to limit their activities for at least a day. Home accidents led the causes of injuries, 40.3%; work accidents, 16.7%; motor accidents, 9.8%, and others (including violence), 33.1%.

The AMA has gone to bat for the post of Assistant Secretary of Defense for health and medical affairs. Under proposals of the administration and Congress, the job would be downgraded to that of special assistant. Dr. F. J. L. Blasingame, AMA general manager, told Congress the best interests of the military, the medical services and the country would be served by continuing the post.

Dr. James V. Lowry has been named chief of the Bureau of Medical Services. He has served as deputy chief under the late Dr. John Cronin. Dr. Lowry is a graduate of the University of Wisconsin Medical School.

Rep. Thomas Jenkins (R., Ohio), who is planning to retire from Congress, has been praised by Senator Bricker for his important contribution in the field of legislation for the self-employed. He is the author of a bill to permit physicians and others to defer income tax payment on funds paid into annuity plans.

The Fourth Estate Looks at Medicine

This section of **THE JOURNAL** is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

YOU ARE A PEDESTRIAN!

We have grown so used to going places in our cars, says Indiana Traffic Safety Foundation, that most of us forget that we are pedestrians. We are inclined to think of pedestrians as a group apart, but instead it is the universal group. When we cross the street to visit with our neighbor, go to corner drug store, park and walk three or four blocks to and from the office, go downtown to shop, visit someone at the hospital, go to church, to school, to the park or the ball game, we make part of the trip on foot.

Pedestrian messages, then, are meant for all of us. The very young and those past middle-age are the worst offenders. The young can't remember and the old won't listen.

... Don't walk or play in the street.

... Don't run or walk from between parked cars.

... Don't cross in mid-block, unless your city has special lanes there. (Kokomo does have them,

in the downtown business district. Avoid mid-block crossing elsewhere.)

... Yield to cars even when it's your turn.

... Wait for a new green before starting to cross at signals.

Remember, you are one of the pedestrians you are always talking about!

—Kokomo Tribune

THE DRAMATIC CANCER BATTLE

It was fitting that the Indiana Division of the American Cancer Society recognizes the efforts that Dr. Marvin Golper of Kokomo has made in the cause of fighting cancer. The division last week conferred awards on the Kokomo man for his work as state chairman in raising funds to carry on the cancer organization's program of research and education.

While the nation is intensely occupied with American efforts in the field of rockets and missiles, it is likewise keenly interested in the continuing work in the search for causes and cures of cancer. This is one of the dramatic battles of our time.

Hope should not be built up too much over reports of gains made in the battle, but some of these

Continued



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The Fourth Estate

Continued

reports nevertheless are thrilling. Dr. John Heller, director of the National Cancer Institute, said the other day, for example, that the long-anticipated breakthrough in research may come soon. He believes the development of vaccine for humans may be just around the corner, and if that happens cancer may become preventable.

Dr. Kenneth Endicott, speaking before the Indiana Division this week, described the work that is going on in testing chemicals as a cancer weapon. He said more than 45,000 different materials are submitted to his laboratories annually by research groups, universities and companies for testing. These materials are tested against mouse tumors, and some progress is being made.

In New York several days ago Dr. Jane Wright of Bellevue Medical Center reported that a young woman, dying four months ago of an inoperable breast cancer that burst through her skin and spread to the lungs, is alive today and free of any sign of cancer. This was accomplished when she was fed a potent drug, amethopterin. The drug has been used in other cases to bring about temporary remission of blood cancer. It doesn't wipe out all traces of leukemia, but in the young woman's case it shrank up the ulcerating breast tumor and the cancer that had invaded her lungs disappeared.

With the devoted work that is going on in this battle, it should be a privilege for the average citizen to help. He can help by supporting his local cancer organization with financial donations.

—*Kokomo Tribune*

HUMAN RELATIONS IN OUR SCHOOLS

The public schools of this country are truly public in organizational structure, with board members either elected directly or appointed by someone who is, and with every citizen having an inherent right to an interest and voice in their operation. Yet it is not often that a school superintendent or board invites public expression on anything except a bond issue.

Now, however, and until May 15, the Chicago board of education is asking for suggestions that might be useful to it in a study of human relations in the schools. This invitation should be widely accepted. Here are a couple of suggestions from us:

(1) Encourage school pupils to work, and to work with their minds. Remember always that the American government rests on universal suffrage, which requires maximum development of mature understanding and right reason in every voter. Our society has bet heavily on the intelligence

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DIMETANE Extentabs (12 mg. each, coated) provide antihistamine effects daylong or nightlong for 10-12 hours. Tablets (4 mg. each, scored) or pleasant-tasting Elixir (2 mg./5 cc.) may be prescribed t.i.d. or q.i.d., or as supplementary dosage to Extentabs in acute allergic situations. A. H. ROBINS CO., INC., Richmond 20, Virginia. Ethical Pharmaceuticals of Merit Since 1878.

*Sea food—source of highly potent allergens. Typical are: lobster; tuna; sturgeon roe; fish oil used to prepare leather, chamois, soaps; cuttlefish bone for polishing material and tooth powder; glues made from fish products.



and knowledge of the rank and file citizen. It is the primary business of the public schools to develop the intellectual possibilities of all their pupils. The more firmly the schools keep that objective in view, the healthier and happier human relations will be in them. If everyone is using what brains he has both in school and out of school, the less idleness and deviltry, the more ambition and achievement there will be. This goes for all children, not just for a college-bound elite.

(2) Let justice be done. One of the highest terms of praise for a teacher or principal is the word "fair"—that is, just. This does not mean that the fair teacher treats everyone alike, trying to hide individual differences in endowment or industry. It means that visible distinctions are made, but that the bases of distinctions are visible also. Only if the students and faculties of the public schools believe that they are being treated fairly are good human relations possible.

Advice such as this is never impertinent, even when suggestions are not requested. Optimum intellectual development and just administration are goals that can never be fully attained, so it is no reflection on any school to urge that it strive without ceasing to approach these goals more closely than before.

—Kokomo Tribune

PREVENT POWER MOWER ACCIDENTS

The director of the American Public Health Association has spoken up for the preservation of fingers and toes—when using power mowers.

Dr. Berwyn F. Mattison urged "caution" when using any type of power mower on the lawn.

He also said in an interview that all power mowers are engineered with safety in mind and that the loss of fingers and toes usually stems from carelessness—a human error. The interview follows:

"We don't have complete statistics on the number of persons injured by power mowers in a year, but the number has been going up each year and is of concern to us because we are interested in accident prevention," he said. He added that there are so many accidents because of a lack of caution when handling a potentially dangerous piece of equipment.

Lawn mowers themselves are not faulty in design, Dr. Mattison states. They have built-in safety devices, but these do not compensate for misuse or carelessness.

He believes these accidents can be prevented by the new owner of a power mower by reading the instructions and understanding them before attempting to operate the machine. Don't let small children operate a power mower, but it's all right

Continued



In a recent 140-patient study¹ DIMETANE gave "more relief or was superior to other antihistamines," in 63, or 45% of a group manifesting a variety of allergic conditions. Gave good to excellent results in 87%. Was well tolerated in 92%. Only 11 patients (8%) experienced any side reactions and 5 of these could not tolerate any antihistamines.

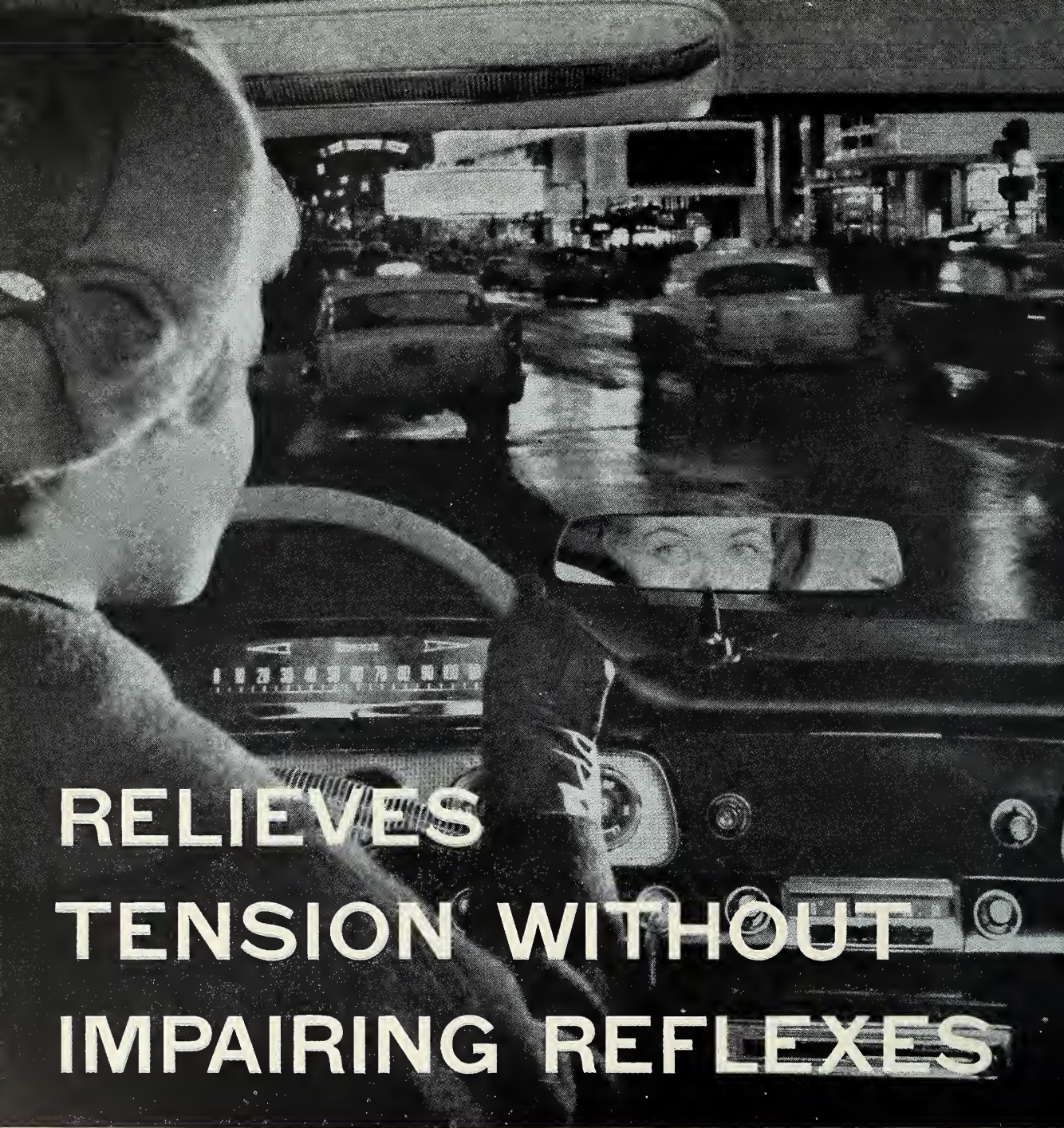
1. Thomas, J. W.: Ann. Allergy 16:128, 1958



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400 mg.
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*Marquis, D. G., Kelly, E. L.,
Miller, J. G., Gerard, R. W.
and Rapoport, A.:
Ann. New York Acad.
Sc. 67: 701, May 9, 1957.



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CM-7261

The Fourth Estate

Continued

for older children to do so, if properly instructed, and if they know how to handle the machine.

To prevent a rotary mower from tipping over a slope it may be best to let it roll down the slope, rather than pushing it up the slope, especially if the grade is steep, the doctor said. When the grass is damp, there should be special caution, for when it's slippery, tipping and falling may occur quite suddenly.

When working on the blade or motor the first caution is to make absolutely sure that the motor is off. Sometimes it is possible to disengage a spark-plug—as a special safety measure.

Power mower accidents, then, are preventable, and this is a good time to be reminded of it.

—Kokomo Tribune

COMMENDABLE MEDICAL SERVICE

The establishment of "poison control centers" in the general hospitals in South Bend and Mishawaka is reassuring for the public and technically constructive.

This is a credit to the hospitals and the St. Joseph County Medical Society. It is a clear manifestation of determination to give ever better medical service to the people in this area.

The growing reputation of this community as a medical center serving northern Indiana and southern Michigan is enhanced by this kind of planning and acting.

As a result of the establishment of the "poison control centers" the chances are better than ever before that lives will be saved, that recovery of victims of poisoning will be speeded.

The wisdom of setting up such centers is more fully appreciated when it is considered that the American College of Pediatrics estimates that 1,500 children die annually in the United States from accidental poisonings.

The establishment of the centers doesn't, however, relieve adults of responsibility to keep poisonous materials out of the reach of children. Whenever possible, poisonous materials should be kept locked up. The tendency of small children to swallow anything they can put into their mouths has given many parents bad times.

If the "poison control centers" save but one life they will have been more than worth all the time and effort that has gone into their establishment.

The hospitals and the medical society have acted with the safety and well-being of all the people in this area, but especially children, uppermost in mind.

—South Bend Tribune

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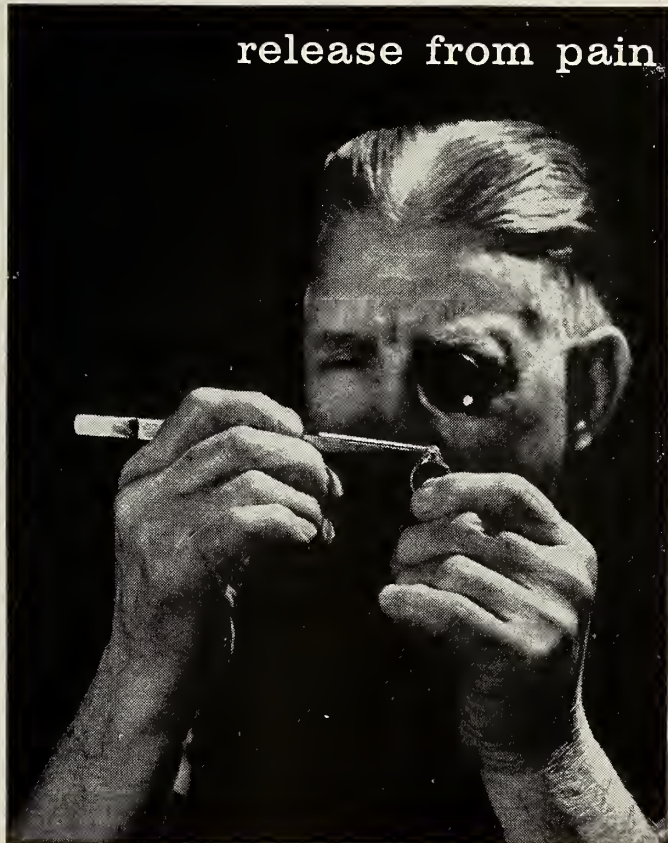
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Reference: 1. J.A.M.A. 158:386 (June 4) 1955.

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Abstract:

PRESENT STATUS OF ORAL THERAPY FOR DIABETICS

Duncan, Garfield G.: *Pennsylvania M. J.*, 61:46, January, 1958.

This condensed article presents all of the essential knowledge, to date, in regard to the use of Tolbutamide (Orinace), as an effective, oral hypoglycemic. A brief note is made concerning the historical development of this compound and the essential information concerning its mode of action is discussed. The author's experience in the use of this substance in over 130 diabetics is essentially in agreement with findings of others.

He re-emphasizes that it is effective only in adult diabetics who have acquired the disease after the age of 40. The substance cannot be used as a substitute for weight reduction but is effective in over 80% of the cases that fall within the criteria he outlines for its use.

Control of glycosuria is the best proof of its effectiveness and a brief trial in which Ketonuria develops within the first twelve hours shows its clinical ineffectiveness.

Of advantage is the fact that hypoglycemia rarely develops and that side effects, such as skin rashes and leukopenia, occur in less than 3% of the cases. He emphasizes the fact that diet and urine testing

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Dr. Henry Coleman, Odon physician, has moved to Salem where he will occupy the offices of the late Dr. J. P. Gilliatt in the Mitchel Building.

are essential and that all patients on this drug should have a thorough knowledge of the use of insulin for complications which may develop.

This concise article should be of interest to anyone attempting to use Tolbutamide as an insulin substitute.

Herbert Frank, M.D., South Bend, Indiana

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Wanted: PHYSICIANS LOCATIONS

Physicians are needed in several Indiana communities according to requests from citizens and physicians in those localities.

In addition 16 general practitioners and 16 specialists asked for information about possible openings in the state.

The Physicians Placement service of the Indiana State Medical Association has sent information to both groups in the hope that locations will be found and physicians obtained.

SEEK PHYSICIANS

HILLSBORO—Fountain County, population 600. General practice. Fourteen miles from hospital. Booster Club will help. No other physician in community. Contact Dr. Fred Priebe, General Hospital, Indianapolis, Indiana or Marion Osborne, Booster Club, Hillsboro.

BRUCEVILLE—Knox County, population 800 with a radius of five miles. No physician in the Community. Community Club is willing to help physician get started. Contact Mrs. Glenn Hill for further information.

CLAYPOOL—Kosciusko County, population between 400 and 500 and a very good surrounding community. Several small towns located nearby without a physician. Contact Frank C. Sanders, Claypool.

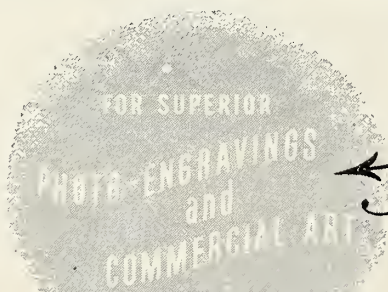
WARSAW—population 6,700. Seventy-five bed hospital, open staff, complete with laboratory, registered technician and radiologist available. Office space is available and financing of office equipment can be arranged. There are only six physicians under age fifty in the entire county. Contact H. J. Murphy, Murphy Medical Center, Warsaw.

There are several openings for young energetic personable physicians in Warsaw and Kosciusko County. The county is located in the heart of the middle west vacation area with many lakes, beaches, playgrounds, golf courses and excellent hunting and fishing. Contact Dr. Ryland Roesch, Warsaw, Dr. Robert D. Dormire, Warsaw and Dr. P. H. Pierson, Silver Lake for further information.

DARLINGTON—Montgomery County, population 700. Farming community located ten miles from Crawfordsville and 25 miles from Lafayette where hospital facilities are available. Contact Mr. A. E. Budd, Darlington, for details.

ROSEDALE—Parke County, population between 750 and 850. Population increasing with several new industries located in Terre Haute. A plot of ground has been set aside for a clinic. Town has a new school and new water system. The Civic Club is in a

Continued on Page 878



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Continued

position to help a doctor get located and render financial aid. A brochure has been prepared and can be obtained by contacting Mr. Hubert C. McHargue, Principal, Florida Township School, Rosedale, Indiana.

HEBRON—Porter County, population 1,400 with a total surrounding area of 4,000. Hospital facilities located at Valparaiso—15 miles from Hebron. The staff is open to physicians in the area. Joint home and office available. Contact Hyman L. Cohen, M.D., 310 Eighth Avenue S. W., Rochester, Minnesota, for details.

Also contact Marcella J. Mason, Secretary, Hebron Chamber of Commerce for further information.

The Shelby County Medical Society on March 5, 1958 voted to extend an invitation to any interested physician to visit Shelby County with the purpose in mind of either

locating at Waldron or in Shelbyville proper. Population of Shelbyville is 11,809. Contact W. L. Dalton, M.D., 117 W. Washington St., Shelbyville, secretary of the Shelby County Medical Society, for further information.

SHELBURN—Sullivan County, Community is considering the formation of a non-profit corporation to raise funds for the use of any doctor who will locate there. No physician in town; several small surrounding towns without a physician. A new Indiana & Michigan Power plant now under construction. New coal mine opening up. New high school. Twenty miles from Terre Haute where hospital facilities are located. Contact Richard McHugh, Shelburn and Dr. J. S. Brown, Carlisle, Indiana, secretary of the Sullivan County Medical Society.

WABASH—Wabash County—for details contact Mrs. E. K. Black, 209 Linden Lane, Circleville, Ohio.

INTERESTED PHYSICIANS

The following general practitioners have asked about openings for general practice in Indiana:

George E. Underwood, M.D., 1130 E. McDowell, Phoenix, Arizona.

Wilbur J. Boulet, M.D., 41 West Street, Clintonville, Wisconsin.

George G. Morrison, Jr., M.D., 307 Mitchell Blvd., Reese Village, Lubbock, Tex.

Harry L. Davis, M.D., 4701 Saxon Street, Bellaire 101, Texas.

Walter Bianconi, M.D., Myron Manor Apts. 7BB2, Columbia, S. Carolina.

Bob R. Cagle, M.D., 209 Winding Lane, Rantoul, Illinois.

R. H. Bibler, M.D., Hurley, Hospital, Flint, Michigan.

J. Mitteldorf, M.D., 144-C N. Poplar Ave., Montebello, California.

Robert J. Kaufman, M.D., 1424 W. Wood Street, Decatur, Illinois.

J. G. Yoder, M.D., 1204 S. 8th Street, Goshen, Indiana.

Chester Kroll, M.D., Cook County Hospital, Chicago, Illinois.

Daniel I. Schildkraut, M.D., 3302 Kenilworth, Berwyn, Illinois.

Helmuth Stahlecker, Jr., M.D., 10th Field Hospital, A.P.O. 800, New York, N. Y.

Continued



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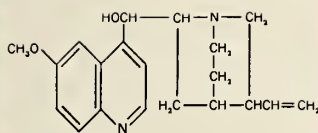
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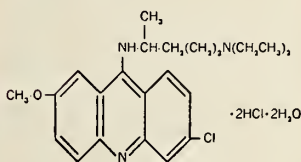
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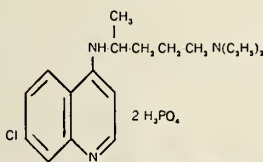
QUININE



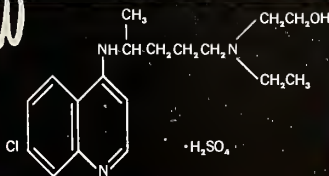
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SUPPLIED: Tablets of 200 mg., bottles of 100.

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REFERENCES:
 Scherbel, A.L., Schuchter, S.L., and Harrison, J.W.: *Cleveland Clin. Quart.* 24:98, Apr., 1957.
 Schoch, A.G., and Alexander, L.J.: The Schoch section, *Bull. A. Mil. Dermatologists* 5:26, Nov., 1956.
 Cornbleet, Theodore: *Arch. Dermat.* 73:572, June, 1956.

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Don W. Boyer, M.D., Pontiac General Hospital, Pontiac, Michigan.

Marion B. Wolf, M.D., 143 Park Street, Adrian, Michigan.

Richard R. Whereatt, 88 Monee Rd., Park Forest, Illinois.

SPECIALISTS

Walter J. Hughes, M.D. (obstetrics and gynecology), 2416 E. 28th Street, Apt. 3W, Kansas City, Missouri.

Lee H. Trachtenberg, M.D. (ophthalmology), 106 Parkwood, Beckley, West Virginia.

D. F. Monroe, M.D. (ophthalmology), 26 W. John Street, Lindenhurst, New York.

Luis Advincula, M.D. (radiology), Methodist Hospital of Brooklyn, 506 Sixth Street, Brooklyn, New York.

John D. Bonnet, M.D. (internal medicine, hematology), 1303 Fourth Avenue, S. W., Rochester, Minnesota.

Raymond W. Steblay, M.D. (internal medicine), 333 East Huron Street, Chicago 11, Illinois

Louis F. Bradley, M.D. (internal medicine), 1641 Flourney, Chicago 12, Illinois.

William W. Yang, M.D. (general surgery or thoracic surgery), U. S. Naval Hospital, Bremerton, Washington.

Patrick J. Creedon, M.D. (general surgery), 63 Northampton Street, Buffalo, New York.

William M. Perrige, M.D. (general surgery), 804 Rock Lane, Elkins Park 17, Pennsylvania.

Glenn M. Skallerup, M.D. (surgery), 611 Reed, Red Oak, Iowa.

John F. R. Gleason, M.D. (orthopedic surgery), 1416 Juneway Terrace, Chicago 26, Illinois.

Bruce L. Gargas, M.D. (general surgery), 2501 West 22nd Street, Sioux Falls, South Dakota.

Burgess A. Smith, M.D. (general surgery), 63 3rd Avenue Heights, Lehighton, Pennsylvania.

Robert L. Rudolph, M.D. (general surgery), 205 Olive Street, Denver, Colorado.

Rhodes W. Quisenberry, M.D. (general surgery), 4725 Rivers Avenue, Charleston Heights, South Carolina.

House Committee Action Limits Freedom of Choice in Medicare

AMA WASHINGTON OFFICE, May 29.—The House Appropriations Committee yesterday (May 28) voted a substantial reduction in funds for the civilian phase of Defense Department's Medicare program, from a requested \$71.9 million to \$60 million. The bill is scheduled to come up for debate in the House next Tuesday, June 3. Unless reversed on the House floor or in the Senate, the action means a limitation on the free choice of physicians and hospitals that has prevailed since Medicare was started in December, 1956.

To stay within the lowered budget ceiling, military officials will be forced to order civilians in the areas of most military hospitals to cease obtaining their medical care from civilian hospitals and physicians, and to go to military hospitals and consult military physicians. In the vicinity of military medical facilities, the effect probably will be to wipe out civilian Medicare.

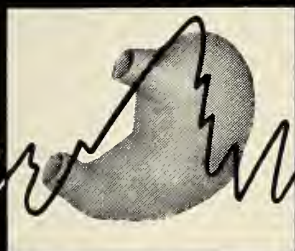
Nationwide, one out of every six dependents now receiving civilian care will be ordered to go to a military facility instead, inasmuch as civilian funds will be cut at least 17%.

The Committee and its Defense Department subcommittee voted for the change in the mistaken belief that more military beds must be used because care in military facilities is less expensive. This claim cannot be defended, as pointed out by AMA General Manager Blasingame in a letter to the subcommittee on April 25, because military cost figures omit many actual expenses, such as depreciation, fringe benefits, recruitment and training, etc., expenses which must of necessity be included in all civilian costs.

Following is the slightly condensed text of a letter sent to members of the Defense Department Subcommittee of the House Appropriations

Continued

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125 mg.

15 mg.

- *is an effective dual antispasmodic*
- *combining musculotropic and neurotropic action with mild central nervous system sedation.*

dosage: one tablet before each meal and at bedtime.

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running noses . . .



and other hay fever symptoms

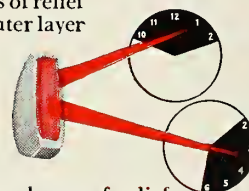
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Medicare Cuts

Continued

Committee in an effort to convince them that the civilian phase of Medicare should not be cut back. A similar but briefer appeal also was sent to all members of the full Committee.

"WE ARE DISTURBED"

"We are disturbed by a recent report that the Defense Subcommittee of the House Appropriations Committee is considering limiting the amount of civilian medical care military dependents may receive under the Medicare program. We understand economy is the motivation, namely that costs of the civilian phase of this program are described as exceeding budget expectations.

"We are convinced that this projected cutback in civilian medical care is based on insufficient and misleading information. We hope that the Subcommittee will therefore give serious consideration to the following facts.

"We have been reliably informed that some Subcommittee members were led to believe that when the authorization bill passed the House in March of 1956, the annual cost for civilian medical care was estimated at only \$53.8 million. That was not the case.

"The record shows that in the hearings and during debates in the House the estimated annual budget was repeatedly described as \$76 million. Here are some of the citations:"

(The letter then cites six separate times during hearings, House debate, and committee report when the figure \$76 million was used as the estimated annual cost of the civilian phase of Medicare. Title of the documents and page numbers are given.)

"Where, then, did the 'estimated cost' figure of \$53.8 million come from?

"Page 44 of the printed hearings on H. R. 9429 (Hearings before the Committee on Armed Services, United States Senate, April 12 and 13, 1956) carries a table prepared to show 'the estimated first year annual cost, using the medical service plan provided by Blue Cross-Blue Shield facilities.' There the estimate of \$53.8 million is given as the cost of caring for spouses and children of active servicemen. A comparable

figure is carried on Page 9 of Senate Report No. 1878 (To accompany H. R. 9429), 84th Congress, 2nd Session, in this sentence:

'... the Blue Cross-Blue Shield organizations estimate that the cost of providing care authorized by the bill for the incidence of illness that would occur among the 40% of the eligibles (who would use civilian care) is \$52.2 million.'

"AS AN ESTIMATE"

"The significant thing is that the 53 million dollar figure was used as an estimate not of the cost of the program that finally was approved by Congress and put into operation, but as the cost of a more limited medical care plan used by Blue Cross and Blue Shield as the basis of their cost planning before enactment of Medicare.

"At no time do the records available to us show that Congress anticipated the cost would be under \$53.8 million; the authorization was repeatedly stated to be \$76 million. . .

"Before any change is made in the matter of free choice in the Medicare program, we recommend that you call in the same people who made the original cost estimates and testified on them and who now are on the Department of Defense Advisory Committee established by the law authorizing Medicare—Dr. Donald Stubbs, Blue Shield Medical Care Plan; Mr. Steven D. Williams, of the American Life Convention and the Life Insurance Association of America; Mr. E. A. Van Steenwyk, Blue Cross Commission. They could establish beyond a doubt just what the figures 53.8 million and \$76 million did represent.

"At a meeting on May 9, 1958, this Advisory Committee commended the Defense Department for keeping Medicare within the budgetary limits set by the law. These consultants at the same time stated that the program was being administered the way the law intended it to be administered and was being held within the true cost estimate.

"For information on comparative costs of care in civilian and military facilities, see the letter of April 25 to you from F. J. L. Blasingame, M.D., General Manager of the American Medical Association.

Sincerely yours,

(signed) William J. Kennard, M.D.
Acting Director"

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References:

- 1 Griebble, H.G., and Jackson, G.G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958
2. Editorial: *New England J. Med.* 258:48-49, 1958.

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1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supplied: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

License Over 7,000 New Physicians in U.S.

CHICAGO—For the fifth consecutive year more than 7,000 new physicians entered the practice of medicine in the United States during 1957.

This was revealed in the 56th annual report of the American Medical Association's Council on Medical Education and Hospitals which appears in the current (May 31) *Journal* of the American Medical Association.

Of the 7,455 new doctors licensed to practice, 5,872 licenses were given as a result of written examination and 1,583 by interstate reciprocity or endorsement of credentials.

During the same period, 3,500 physician deaths were reported, which reduces the over-all gain in the doctor population to 3,955.

In all, state and territorial boards issued 15,090 licenses during the year, but 7,635 went to doctors already holding licenses from another state or to men who took examinations in more than one state.

The total number of licenses issued, both by written examination and reciprocity or endorsement of credentials, represents an increase of 547 over 1956.

In issuing 2,167 licenses, California led all other states. New York was second with 1,355, while Ohio and Pennsylvania were next with 831 and 744 licenses respectively. Florida, Illinois, Maryland and Texas each had in excess of 500. Nevada, with 15, licensed the fewest number of doctors.

During the year there were 9,116 applicants

for licensure by written examination. Of these, 7,769 passed and 1,347 failed.

Included among those who took the examination were: 6,244 graduates of approved medical schools in the U.S.; 185 from approved schools in Canada; 4 graduates of approved schools in the U.S. which are no longer in operation; 2,299 from foreign medical faculties; 42 graduates of unapproved medical schools in the U.S. no longer in existence, and 342 graduates of schools of osteopathy.

Three medical schools had graduates for the first time during the period. They were the University of Missouri, University of Saskatchewan, and the University of Mississippi. All of the graduates of the Mississippi school passed their written examinations.

Six other schools also had no failures among their graduates. They are Stanford University, University of California at Los Angeles and San Francisco, Yale University, Albany Medical College, and the University of Utah.

The graduates of foreign faculties of medicine include both American and foreign-born and the 1,345 who passed the examination represent an increase of 333 successful candidates over 1956.

The number of licenses issued on the basis of geographical areas were: New England, 459; Middle Atlantic, 1,718; East North Central, 1,466; West North Central, 708; South Atlantic, 1,262; East South Central, 480; West South Central, 751; Mountain, 147; Pacific, 380, and territories and possessions, 104.



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The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — July 1958 — Number 7

"If A Man Die—"

ALBERT STUMP, J.D., LL.D.

Indianapolis

MEDICAL SCIENCE today gives a new answer to the old question of Job, "If a man die, shall he live again?" The new answer could not have been given in any previous age. It is: that at last some parts of the man may live again and be very useful and valuable after he has died. But they will be useful only in someone else. Parts of the person who has died may live in some other person.

Medicine is suggesting a new and literal meaning to the copybook maxim, "To live in lives we leave behind is not to die." Originally that meant only that being remembered and emulated after one's death amounts to living on. But when medical skill transplants the blood vessels, or bones, or corneas, or other parts of the body of the dead to some living person to give him longer, fuller life, and those transplanted parts become new and living parts of the body of the living person, then at least those parts have been given life after death.

This possibility of survival of parts of the

body by being transplanted into someone else who can thereby live and see but otherwise could not, creates a new interest in the disposition of the bodies of the dead.

Most of our present customs, views and tastes in everything have come from long traditions, many of which have their roots in the primitive past of the race. When there was no writing nor reading, and the only learning acquired by one generation which it could pass on to the next had to be passed on by word of mouth, the facts attempted to be handed on from one generation to the next had a tendency to become distorted, to have additions made to it and to lose something of accuracy.

So facts gradually were transformed into myths within which the facts were so deeply hidden that only the scholarship of a Frazer or a Malinowski could find them any more. The dreams of those in the chain of tradition got mixed with the facts they meant to pass on to their children, and finally what really occurred

was so confused with what was only imagined, that the children could not distinguish between the true and the false even if they tried—and at last they solved that problem by just believing it all. Beliefs thus acquired ultimately became a part of the whole operative mythology that still constitutes part of the mental equipment of our day. That mythology constitutes an important part of the more or less fixed environment in which children of generation after generation grow up.

Conduct, customs and practices naturally assume forms consistent with the traditions and beliefs in the environment. Death is an event so mysterious and so disturbing to everyone's own little world consisting of his nearest relatives and friends, that every race and tribe—savage or civilized—have developed their own customs of disposing of the bodies of their dead. One feature common to all such customs comes naturally from the human heart. That is to treat the body with great respect and tenderness, and bestow upon it as their last tribute to the departed the most heartfelt demonstrations of the affections the living felt for the one they have lost from their world. The occasion that brings the contemplation of the loss is a solemn one. Levity has no place in it.

Enmities disappear in the presence of death, at least temporarily. Rarely under any circumstances—even in war—is hatred so furious that the bodies of even the dead enemies are not disposed of as decently as conditions allow. They are not willfully hacked and mutilated.

Considering all the emotions so profoundly disturbed by death, and all the heritage from the past in relation to that event, we must realize how strongly fixed become the practices of all races in disposing of the bodies of the dead in their families, and how slowly and with what difficulties changes in those practices are brought about.

For instance one of the changes England tried to introduce among the Hindus was the ending of the practice of suttee, a funeral rite in which the widow throws herself upon the pyre of her husband and is consumed by the same fire that consumes his dead body. Efforts to teach or persuade the Hindus to abandon that practice were unsuccessful. Finally a law was passed making suttee a crime, and even then it could

be stopped in many instances only by soldiers forcibly restraining the widow from following that fatal custom. Even yet after many years of trying to suppress suttee, it still occurs in some places. Nothing could more vividly illustrate the persistence of customs in regard to the conduct of funerals.

Among some primitive people when the chief of the tribe died, one or more of his slaves and a horse or a dog were either buried alive, or killed and then buried, with him to keep him company and serve him in the next world. Many shocking examples can be found in the literature of anthropology of the ways in which cruel ideas of death harden into enduring customs governing the disposition of dead bodies.

Our civilization has progressed so far past some of those gruesome customs that the contemplation of them fills us with horror. We think of them as practices indulged in by people that could have been no relatives of ours. Yet such practices occurred among our own ancestors a few centuries ago. Change is the rule of life, and through it we have come to the gentler, more considerate ways of our day in the practices that mark the departure of our friends and relatives, and the closing of the chapter in the lives of the survivors in which the departed played a part important, at least, to us.

We have now come to the place, however, in the long climb toward the light, where an acceleration of our progress can be made if we accept some new ideas in regard to the bodies of the dead and, thereby, make more useful to the living the knowledge which medical science has of the uses to which bodies can be put after the personality that dwelt within the bodies has abandoned them. The changes that have come in the funeral practices within the last few decades have not been significant. The few modifications here and there of the things that constituted a decent putting away of the deceased a few years ago do not indicate that the more extensive changes which will make medical science more effective will come rapidly unless a definite purpose of acquainting the public with those possibilities is diligently pursued.

To illustrate how insubstantial are the changes in the burial procedures that have occurred during the past half century—except for changes in the ritual consisting of religious exercises, the

procedure remains practically the same. And in many religions there has been no change, or practically none. Fifty years ago at the burial of the dead, particularly out in the country and in small villages, friends dug the grave and sat up through the nights from the time of the death until the time of the funeral. When the body was taken to the grave it was lowered in the casket by ropes, each of which passed under the casket and was held by two men on each side of the grave, who lowered the casket by letting the ropes slide slowly through their hands. The casket came to rest on a supporting plank at each end of the grave and the ropes were then pulled back up from under it. Then a wooden lid was lowered in the same manner and fitted upon the plank box into which the coffin had been lowered, after which the clergyman recited "ashes to ashes," sprinkling some earth on the lid—"earth to earth," sprinkling more earth upon the lid—"dust to dust," again sprinkling earth on the lid. After that the neighbors filled the grave from the mound of earth they had dug out of it. They heaped it up and then patted and smoothed it down with the backs of the shovels into a neat, long, symmetrical mound. No rugs or mats to simulate grass hid the bleak mound of earth. Nothing lined the earthen sides of the grave. The family and friends stood at the edge of the grave and watched it slowly filled and finally, when the mound had been patted down and smoothed, the mourners departed.

A year or so later the hollow in the ground where the grave had caved in showed that the box and the casket had decayed and the body had finally been resolved to earth again. Then the sexton of the church, as the keeper of the cemetery, filled in the hollow with the earth that had not been used in filling the grave on the day of the funeral. The richest top soil had been saved for this purpose. The place was smoothed over. Flowers and grass were planted and a monument was erected.

The same procedure continues except that the mound of earth is covered with a rug or mat to simulate grass. A tent is set up for the protection of the mourners. The grave is lined with something to make it appear less forbidding. The whole place is filled with flowers. And instead of sprinkling earth on the casket with the ritualistic words that begin "Earth to earth," petals of flowers are sprinkled upon it. The

casket is set upon belts of a machine by which it is lowered evenly. But it is not lowered until the religious exercises at the grave have been completed and the friends and relatives have departed. Then the hired grave-diggers complete the depositing of the casket into a concrete or metal box and fill the grave and haul the extra earth away.

But whatever may be done to make burial come with a softer impact upon the feelings of the living, the fact of the event is just as real and vividly present as when no art was used to conceal it. The answer to the questions of Thomas Gray remains unchanged:

"Can storied urn or animated bust

Back to its mansion call the fleeting breath?

Can Honor's voice provoke the silent dust

Or Flattery soothe the dull cold ear of death?"

The answer still is no.

One variation from this method of disposing of the body is by cremation. If that is done, the religious exercises in the church or funeral parlors generally terminate the entire funeral program. The body is then placed in a very hot oven and quickly reduced to ashes. The ashes may be treasured in an urn for a few generations, which may be kept at home or deposited in a columbarium; or they may be scattered on some river or mountaintop, or other place, which by that act is made more sacred to the surviving members of the family for the rest of their lives.

Another variation is in the depositing of the casket and body in some mausoleum or crypt or other place built and kept up for that purpose. Whatever method is used, it is generally preceded by embalming, which is done through the use of chemicals that preserve the body against the immediate beginning of decay.

Some one or other of the above methods has been followed so universally that to suggest any other method, particularly if it has not been thought of enough to get used to the idea, is likely to come to people as a shock—to appear gruesome—to be regarded as disrespectful to the dead. But consider the facts exactly as they are—whatever method is used the body soon disappears. Bryant in "Thanatopsis" has presented the facts of dissolution in poetic terms that make

them more acceptable. He describes the earth as man's last resting place in words that have in them much of the sublime and beautiful.

"* * *—nor couldst thou wish
Couch more magnificent.

* * * *

* * * The hills,
Rock-ribbed, and ancient as the sun ; the vales
Stretching in pensive quietness between ;
The venerable woods ; rivers that move
In majesty, and the complaining brooks,
That make the meadows green ; * * *."

No matter what disposal, though, is made of the body it is resolved into its original elements and goes back to the earth, or atmosphere of the earth, either through the slower processes that attend burial or the more rapid ones that attend cremation. The ultimate experience of the body is always the same. Again the words of "Thanatopsis" come to mind :

"* * * Earth, that nourished thee, shall
claim

Thy growth, to be resolved to earth again :
* * *, surrendering up

Thine individual being, shalt thou go
To mix forever with the elements ;
To be a brother to the insensible rock,
And to the sluggish clod, * * *."

No living thing is endowed with such earthly immortality as to avoid this final end. But with all the knowledge this modern age has through which to make the bodies of the dead useful to serve the needs of the living—possibly the needs of the very children of the departed—it should not be a shocking and unwelcome suggestion that the disposition of the dead be planned and carried out in a manner that would help to advance the purposes which motivated the person while he was living.

And these are some of the things which medicine can do to help the living, or those who may be born later, by the use of the body of the person who devoted the activities of his lifetime to that same purpose :

Give vision to the living by transplanting to their eyes the yet clear corneas of the dead ; remove the debilitating poisons from the living by substituting the kidneys of the dead ; make

muscles and bones function through transplantation of needed tendons ; give to the living an unimpaired aorta to take the place of the weakened one ; and in general, wherever possible, replace with sound organs and tissues those that are diseased or missing where transplantation procedures can be effectively performed.

Not all the tissues and organs of a human body are necessarily diseased and of no value at the time that death occurs. Death may result from a fatally defective condition of only one part of the body, with the other parts remaining sound and healthy and still retaining their possibilities of usefulness to some living human being. Medical skills in these fields will increase as opportunity for their useful employment increases. One cannot know what the ultimate limits of these possibilities may be.

Besides the use of the body as a source from which to obtain parts to supplant the parts that are defective or have been destroyed in the living, there is also the purpose of learning to which the body can be dedicated. The science of medicine is an exacting, difficult, and growing science. It cannot be learned by studying only books, manikins and charts. Anatomy, one of the cornerstones of the structure of medical science, requires for its reasonable mastery all the aids that are available, none of which excels in importance the dissection of human bodies. The same is true of physiology and of many of the other sciences that constitute branches, or may be regarded as the handmaidens, of medicine. So teaching and research, through which medical progress is made, cannot be carried on at their maximum efficiency and the progress that is possible cannot be realized, unless bodies go to medical schools for scientific purposes in sufficient numbers.

Close acquaintance with medical students and doctors will impress anyone with their earnest, serious and obsessive purpose to do their utmost to master the science of medicine in the interest of curing diseases, relieving pain, correcting defects and prolonging life. Knowing that that is true, should not one prefer for himself that his own dead body be the object of study in a medical school, and that its controlled dissolution take place there rather than in a heated oven or by the action of nature's agencies in the cold earth?

Poe's poem "The Sleeper," by a gloomy poetic

suggestion, brings to mind one of the facts of burial that makes that method of disposal of the body less attractive than dismemberment for study in the class room. Said Poe:

"* * * Oh, may she sleep!

As her rest is lasting, may it be deep;

Soft may the worms about her creep."

Dissection in a class room is done in a spirit of reverence for life which increases as the work of the class proceeds. The atmosphere in which that work is carried on is one of more than cold, unfeeling curiosity and interest. As students and instructors both acquire increasing familiarity with the profound mysteries of human life, their understanding and sympathy for human beings increases until they are finally transformed into the doctor who disregards danger of deadly contagion as he lays his ministering hand upon the victim of the plague.

Why should anyone regard the final use of his body after his death, which helps to instruct the physician, as something to which he would not commit it during his lifetime by whatever means he may have available under the law? It seems that no tenets of religion or morality, and no demands affection makes upon one's family, could be violated by that procedure.

As the dissection of the body goes on in the medical class, as the various parts are studied in the most minute detail and their relationship to all the other parts of the body are more clearly comprehended, and as the students see how the various functions of the separate parts combine to carry on the purposes of the personality that inhabited the whole body while it was living—the sentiment in "The Anatomist's Hymn," by Dr. Oliver Wendell Holmes, is felt by those who take part in that activity of learning about the human body.

"Not in the world of light alone

Where God hath built his blazing throne

* * *

Is all thy Maker's glory seen.

*

* * *

Look in upon thine inward frame—

Eternal wisdom still the same!"

Are some convinced that religion requires the

burial of the dead? That can be arranged for even if the body goes to the medical school first. As each member of the body has served its purpose there, all the dissected materials of it can be preserved until the whole body had gone through the process, and then all of it can be buried. Or do some view cremation more favorably? That method can be followed as the work goes on. Every sentiment of the living, and the dead, too—if his wishes can be ascertained and they are not in conflict with those of the living—can be respected in the final disposition of the body, even if it went first to the medical school.

There is no likelihood—and, in fact, no intention—that the publication and dissemination of this article will result in any large number of people at once making wills to give their bodies to medical schools. But if the reading of this article causes some people to think seriously of what they will do with their bodies, and in that connection to consider how valuable they may be to those who are living or to those who may be born hereafter, the article may contribute to the development of an attitude favorable to the use of bodies for the greatest benefit to the living. That is the purpose of the article. That attitude might grow stronger until the custom may be established of giving our bodies to medical schools—at least among those who are aware of how great the waste is through any other disposition of the body.

More and more people may come to see that the disposition of the body suggested in this article affords the final opportunity of people to contribute to what, with most people, is the general purpose of their life anyhow. Most people live and work for the benefit of their children. That comes natural. Maybe better knowledge of the disease that will prove fatal to you could be acquired if your body went to the medical school; and that better knowledge might be used to protect your children against the same disease that might be in the family heritage but whose descent to your children could be prevented by increased medical knowledge of it.

The giving of your body to the medical school could prove to be the final thing you could do "to live for those who love you, whose hearts are kind and true, for the Heaven that smiles above you and awaits your coming, too."

The Journal

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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AUTOMOBILE SAFETY

EACH YEAR The Travelers Insurance Companies publicize the problem of automobile injury by means of a booklet "The Road Toll."* The current issue is especially informative and attractively illustrated with cartoons which are grimly humorous and highly educational.

The mission of the pamphlet, that of improving highway safety, is highlighted by a special message by the governor of Connecticut, Abraham A. Ribicoff. His message with the original illustrations is reproduced elsewhere in this number of The JOURNAL.

The 1958 issue of "Road Toll" analyzes the

* This booklet is distributed free in the interest of street and highway safety. Single copies or quantities may be obtained from The Travelers Insurance Companies or their representatives as long as the supply lasts.

accident data for the years 1956 and 1957. The results are not encouraging. Despite country-wide safety campaigns the number of injured increased by 157,000 to a high total of 2,525,000. The number of fatalities decreased by 1300 to 38,700.

The fact of fewer deaths is not taken as indicative of improvement since built-in safety features in automobiles and better medical care may account for this much change. The total number of casualties with the accompanying physical suffering, property damage and loss of earning power is considered the only index by which the problem may be judged.

The time is past when such factors as poor roads, poor driving conditions and mechanically faulty cars may be cited as having any importance in the accident problem. Eighty-five percent of

fatal accidents occur in clear weather, and 80 percent occur on dry roads. Over 95 percent of cars involved in fatalities when examined afterwards are judged to have been structurally sound.

The driver is the basic cause of disaster. The accident rate is highest on Saturday and Sunday; more than 34 percent of the casualties occur on weekends. On any day of the week the toll rises sharply after 4 p. m. During the period from 1 a.m. to 6 a.m. when traffic is lightest, approximately 18 percent of the fatal accidents occur.

It is the nut who drives the car and not the loose nut in the machinery which must bear the blame. The big trouble is that in about one-third of the instances, a 200 or 300 horsepower car is driven by a one horsepower brain.

Commercial vehicles constitute about 20 percent of all autos, and are involved in 21 percent of fatal accidents and 14 percent of nonfatal accidents. This seems to be in proportion until it is realized that commercial vehicles travel four

times as many miles. Passenger cars on the basis of miles traveled are involved in more than four times as many fatal accidents and almost ten times as many nonfatal crashes.

Drivers of commercial vehicles are chosen on the basis of gumption and ability to accept responsibility. There are numerous bus or truck drivers who have driven for years and covered hundreds of thousands of miles without even so much as scratching a fender.

Drivers of passenger cars are selected on practically no basis at all. The solution to our automobile accident problem will depend on the proper education of these drivers, or upon the elimination of them as drivers if they cannot be reformed.

"The Road Toll" contributes each year to the educational effort which is a part of every safety campaign. It should be utilized whenever possible, together with every other safety aid, to help solve America's biggest public health problem.

PUBLIC WELFARE MEDICAL AID

OFTEN WHEN medical aid as provided by the Department of Public Welfare is reported upon and discussed, there is a tendency to attribute the entire cost of such aid to physicians' fees. Although the services of physicians constitute an important part of the program, the cost of providing such services is not a large portion of the total expense. Expenditures for hospital and nursing home care, dental services and drugs are necessary to round out a well-balanced system of medical care.

The Public Welfare monthly report for March 1958 listed 13,904 individuals as receiving medical aid from old age assistance funds. For that month the total cost of medical aid was \$499,-

985.52. Of this total only 22 percent was paid to physicians. Hospital and nursing home bills amounted to 59 percent and drugs were 13 percent.

Medical aid for assistance to the blind totaled \$22,767.89, of which approximately 28 percent was spent for physicians.

Assistance for dependent children included \$108,898.39 for medical aid. Thirty-four percent of this cost was in the form of physicians' fees. Hospital bills accounted for 28 percent and drugs 15 percent.

Of the entire total for the medical aid programs in all three categories, approximately 24 percent was paid to physicians.

Guest Editorial:

POLITICS WITH POLIO?

IN EARLY 1953, just five years ago, Dr. Jonas Salk announced the discovery of the first effective vaccine against polio. And this country was ready to begin its unparalleled campaign to vanquish this ancient scourge.

But there was a difficulty. The only vaccine available was a minuscule amount in Dr. Salk's laboratory. There was no plant for making any; no known techniques on how to make it in large quantities; no experience on how much it would cost to make it.

In this situation the United States Public Health Service, urged on by public opinion, called on the nation's drug manufacturers for a "patriotic effort" to produce the vaccine as fast as they could. Six companies responded and were authorized to make it, one of which later withdrew. No one needs to be reminded now of the fabulous story that followed. In a year the vaccine had been tested wholesale and proved successful. In another year mass vaccination began and by 1956 the Public Health Service could announce there was a plentiful supply for all.

This week the Justice Department indicted those five drug companies for a conspiracy in restraint of trade. All the companies have issued a flat denial.

The Government's bill of particulars has not yet been presented in open court, so we must wait to see if there is any substance in the charge. But since this is also the kind of case in which even an indictment can too readily become a conviction before public opinion, people ought not to forget what the companies did and the circumstances under which they did it.

The Government charges that there was no "free market" in polio vaccine, that prices were uniform, that the terms of sale were the same by all companies, that wholesalers did not have an opportunity "to freely compete" and that no other company entered the business.

All this may be true. But there was no "free market" beginning in 1955 for the simple reason that there was in effect only one customer, the Government. The Federal Public Health Service took complete control of the then small supply, purchasing part of it with Federal funds and

allocating the remainder as it chose among state and local public health authorities. In the beginning no private citizen, no private physician, could buy any of it.

There being only one customer, there could be no market price, only a negotiated price. Further, if there are going to be different prices, one supplier must charge more than another. And it takes little imagination to recognize what a scandal it would have been if one manufacturer had tried to charge the Government more than another in that heat of summer, 1955.

As for the "terms and conditions," they were set entirely by public authority. The manufacturers delivered as the authorities told them to deliver.

Now we don't know whether the first price thus set was "too high" or "too low." Neither did the manufacturers. Nor the Government. This was not a product to be developed slowly; the public that summer would have no truck with delays to figure cost accounting or trim expenses. When it came to pricing there could be only a half-formed estimate based on inexact parallels with other experiences.

But we do know that in the summer of 1955 the polio vaccine cost about 80 cents a cubic centimeter and that today—after all this "conspiracy" the Government alleges—it costs 40 cents a cubic centimeter. This is a reduction of one-half within three years. Moreover, the trade has been so "restrained" that today the supply is so great several companies stand to lose large unsold quantities because of threatened spoilage. Five companies have thus brought us from nothing to plenty in five years.

And the risks to the companies in their endeavors is also a matter of record. One of the original band, Cutter Laboratories, lost millions when it ran into technical difficulties and had to withdraw. It, of course, is not included in the indictment. Only the five who succeeded are hauled into court.

We will wait patiently for this evidence the Attorney General says warrants criminal action against these companies and these men, if indeed it is forthcoming. But it will be shameful if it

turns out that he would make criminals of them to make a good political impression and on no other evidence than that they did, as their Government asked them to do, work together to finish the miracle that Dr. Salk began.

And no matter what the outcome of this case, we are not likely to forget this miracle that makes it possible for people to face with less fear the hot summer, 1958.

—*The Wall Street Journal*

GET TO THE BOTTOM OF THIS

THE INVESTIGATION of charges of irregularities in the issuance or denial of chiropractic licenses should be pushed hard and with all speed consistent with thoroughness. We commend Governor Harold Handley for moving promptly to put state police to work on it. This is a job which should not be left to county prosecutors, who are severely handicapped in dealing with a situation of this sort by the geographic limitations on their jurisdiction.

Judge Homer J. Boyd of Bluffton deserves praise for the courageous probing which pinned down some specific charges. The individual practitioners who have co-operated in the preliminary inquiry also have shown commendable courage in risking retaliation. Too often attempts to get at such charges as these are frustrated by un-

willingness of individuals to stick their necks out by talking.

The integrity of the State Medical Board in all of its operations is vitally important. If the public and professional people do not have confidence in the board, it might as well not exist and the licensing system might as well be junked. If a state license to practice in medical or other treatment fields is not genuine evidence of confirmation of a certain minimum of preparation and knowledge, then it is worth nothing at all.

The best way to keep all governmental activities on a high level of principles is to move promptly and effectively whenever any indication of possible abuse of office is found. The way to get high standards is to demand them.

—*The Indianapolis Star*

THE MEDICAL YEARBOOK

This twelfth edition of the Medical Yearbook published by The JOURNAL of the Indiana State Medical Association contains information which will be valuable on many occasions during the coming year. Not only is every physician member of ISMA listed but addresses were corrected, if reported to The JOURNAL, as late as June 5.

Many special medical organizations and health groups have listed their officers so that you may have access to information and services; hospitals and nursing homes which have been approved and licensed by the state are shown with their mailing addresses and names of their administrators. State agencies and boards which deal in any way with matters of public health have been listed.

A special article which pertains to the law and medicine is included.

The Constitution and By-Laws of the Indiana State Medical Association is included for reference by individual members and county societies.

Throughout the pages of this Medical Yearbook also appear the advertisements of the many firms with which The JOURNAL has grown during its fifty-one year span as a publication. Represented here, too, are newer friends who bring their advertising messages to our readers in this annual roster issue only. The JOURNAL policy from the beginning has been to accept and present to you only the advertising of reputable organizations and companies . . . patronize them with confidence.

Bold Action or Reproach?

By
ABRAHAM A. RIBICOFF,
Governor of Connecticut



SUPER HIGHWAYS and super automobiles stand today as symbols of our material progress. But bitter experience stands as a grim reminder that much too often they become instruments for an unforgivable waste of life, health and wealth.

To a governor, every accident, every loss of life and property is a personal concern. With his oath of office goes the responsibility of protecting the people who live, work and travel in his state. With it also comes the obligation to work for safe highways, effective laws and efficient agencies of law enforcement.

We cannot tolerate the violator, big or small. We cannot turn our backs on death.

While leadership in highway safety has to come from the top, effective safety programs will never get off the ground unless they receive active, day-by-day support of all public officials and every individual citizen.

How well are the public officials of your state shouldering the responsibility of maintaining law and order, of preserving life and property? How seriously are they taking highway regulations and enforcement procedures which are just empty words unless faithfully executed? And what about these regulations and procedures? Are they adequate to meet the needs of today's power packed cars and crowded speedways? Is the safety program of your state backed up with practical policies of driver improvement, education, and enforcement?

Those are questions every citizen should ask of the representatives of his local and state government. And if the answers do not satisfy him, it is his responsibility to elect officials who will make the road toll a primary target for improvement.

The national road toll shows that most casualties involve reckless speed. This is where every state's safety program should begin. This is

where citizens should ask their most pointed questions. How realistic are the speed limits on your roads? How vigilantly are they enforced? How rigorously are violators prosecuted?

Multiply the heartbreak of one violent death. Multiply the suffering of one broken body. Calculate the dollar cost of each day of slow, pain-racked recovery. It adds up to a shameful drain on our physical and economic resources. It represents a shameful waste of money that could be used to build schools, sponsor medical research, redevelop communities, strengthen national defense.

Here are a few steps you can take now in your community to put an end to this waste:

First, individually or through your citizens' organizations, make known to your legislators your determination to see a strong highway safety program enacted in your state. Demand the formation of a *working* safety committee which will survey needs, recommend improvements in regulations, and focus public attention on the urgency of the problem.

Second, insist on a program of safety education which begins in the grade schools and continues through a mandatory program of driver training before young people can receive their licenses.

Third, express your support of and willingness to abide by a program of motor vehicle law enforcement without "fix" or "favor."

Fourth, develop within yourself the habits of care, caution and courtesy behind the wheel.

What makes the tragic killing and maiming on our highways even more tragic is that it is needless and senseless.

There is ample evidence that the tremendous cost in lives and wealth can be reduced. In that evidence is a challenge that is a reproach to our society unless we meet it boldly.

Reprinted from "The Road Toll", published by The Travelers Insurance Co.



The Woman's Auxiliary

REPORTS TO I.S.M.A.

Dear Doctor :

This is the beginning of a new Auxiliary year. We have had "The Changing of the Guard," and most of our officers and chairmen are new in their field. We shall endeavor with your guidance and council to acquire knowledge in the many activities listed on our agenda.

Mrs. Craig, our national president, listed them as:

A—American Medical Education Foundation

R—Recruitment

T—Today's Health

S—Safety

We are also listing as continuing responsibilities, Legislation, Mental Health, Public Relations and several others. Our members are interested in these many fields and a chairman will have an article from time to time on this page during the coming year.

We would like more Doctor's wives as active members in the Woman's Auxiliary to the Indiana State Medical Association. Our goal this year is to increase our membership above previous years.

Please, dear Doctor, won't you urge your wife to be an ACTIVE member in the Woman's Auxiliary to the Indiana State Medical Association?

Sincerely,

Mildred Bailey

Mrs. Earl W. Bailey, President



JM

Science Fair A Look Into Future; Seven Hoosier Exhibitors Win Awards

By HARRY PANDOLFO, M.D.

*Chairman, Commission on Public Information,
ISMA*

THE NINTH National Science Fair held at Flint, Mich., for high school students in the 10th, 11th and 12th grades, was truly a look into the future with this group of future scientists supplying the crystal ball for that look.

We as members of the Indiana State Medical Association have, by our participation, helped to make a visit to the National Science Fair possible for the 20 Indiana entries—two from each of the regional fairs held throughout Indiana during April. The national fair this year was held at Ballenger Field House on the campus of Flint Junior College May 7-10.

Transportation costs for all the Indiana entrants and their teachers were defrayed by ISMA. The group met for an Indiana breakfast May 10, after the awards winners were known, to celebrate the grand event. Your representative

and host at the breakfast was Dr. Ralph Eades of Valparaiso, who has been a Science Fair fan for the past several years and who, through this interest, has been indirectly responsible for both AMA and ISMA participation in the event.

INDIANAPOLIS FOR 1960

Guests included all Indiana exhibitors and their teachers or parents. Also present were Watson Davis, director of Science Service; Joseph Krauss, Science Fair coordinator, and Margaret Patterson, executive secretary Science Clubs of America. The accompanying photo also shows the poster, "Indianapolis for 1960," which was used to promote Indianapolis as a site for the 1960 fair with success. In 1959 the fair will be held in Hartford, Conn., a site selected last year at Los Angeles.

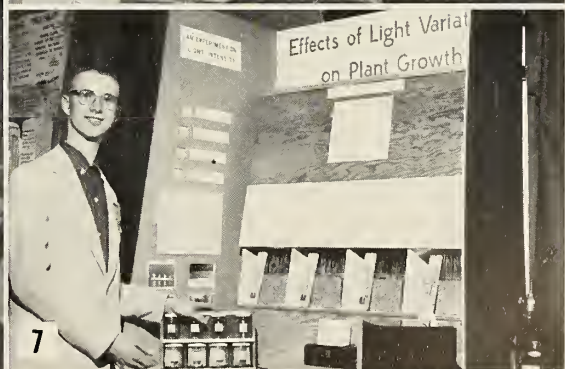
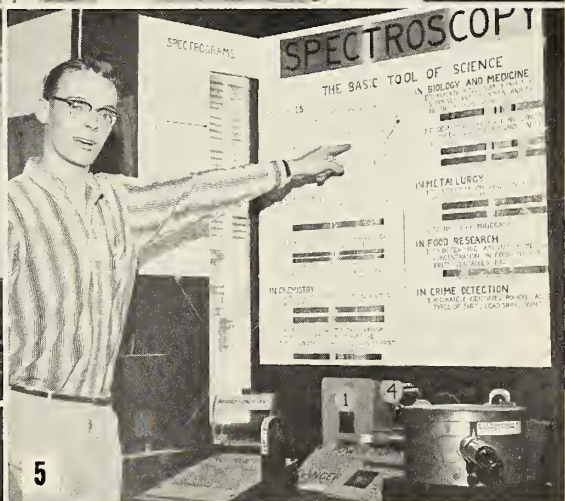
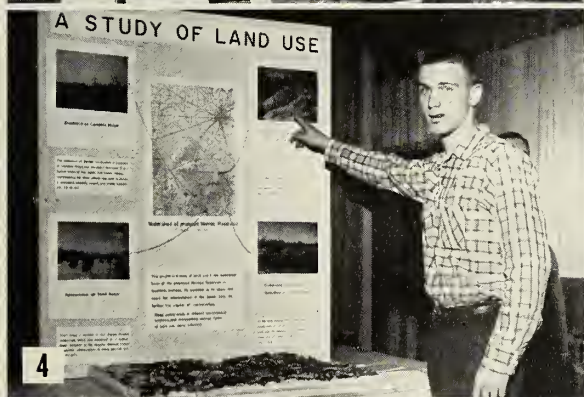
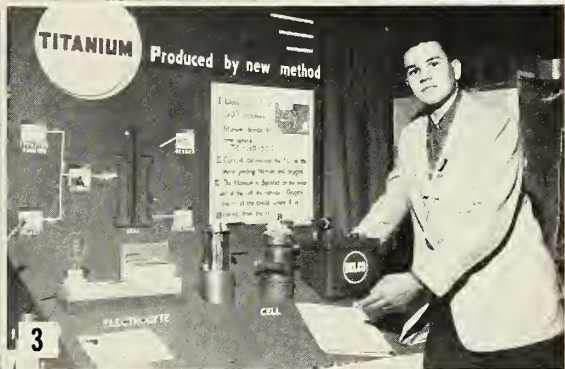
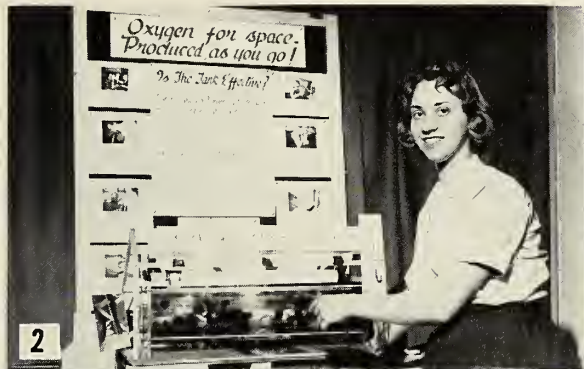
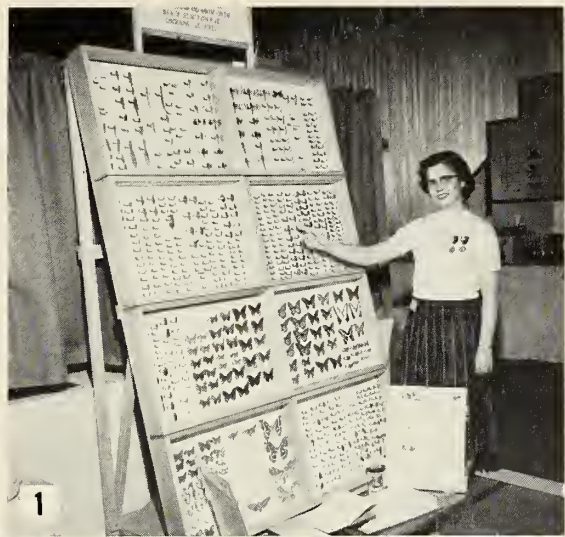
Continued on Page 910



National Science Fair exhibitors, their parents or teachers, and guests celebrated the winning of seven awards by Indiana youths at a "Hoosier" breakfast after the fair. Standing at the head table are (l to r): Joseph Krauss, Science Fair coordinator; Watson Davis, director of Science Service; Eileen J. Settle, Portland, Ind., first prize winner; Dr. Ralph Eades, Valparaiso, and Margaret Patterson, executive secretary, Science Clubs of America.

Seven Brought Back Awards

Seven young Indiana scientists came home from the National Science Fair in May with awards. They were as shown: (1) A first place award won by Eileen J. Settle, Portland-Wayne Township high school, Portland, (2) third place, Julia B. Freeman, Thomas Carr Howe high, Indianapolis, (3) another third place, James C. Hartman, Central Catholic high, Fort Wayne; and four fourth place winners, (4) Jan W. Van Wagtenodck, University School, Bloomington, (5) William B. Dress Jr., F. J. Reitz high, Evansville, (6) David P. Eartly, Bishop Noll high, Hammond, and (7) Thomas M. Church, South Side high, Fort Wayne.



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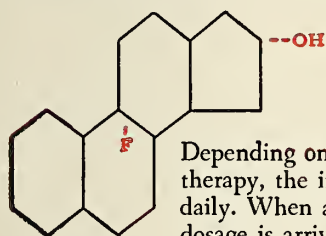
1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. 165:1821, (Dec 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

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Depending on the acuteness and severity of the disease under therapy, the initial dosage of ARISTOCORT is usually from 8 to 20 mg. daily. When acute manifestations have subsided, maintenance dosage is arrived at gradually, usually by reducing the total daily dosage 2 mg. every 3 days until the smallest dosage has been reached which will suppress symptoms.

Comparative studies of patients changed to ARISTOCORT from prednisone indicate a dosage of ARISTOCORT lower by about $\frac{1}{3}$ in rheumatoid arthritis, by $\frac{1}{3}$ in allergic rhinitis and bronchial asthma, and by $\frac{1}{3}$ to $\frac{1}{2}$ in inflammatory and allergic skin diseases. With ARISTOCORT, no precautions are necessary in regard to dietary restriction of sodium or supplementation with potassium.

ARISTOCORT is available in 2 mg. scored tablets (pink), bottles of 30; and 4 mg. scored tablets (white), bottles of 30 and 100.

Science Fair

Continued

An increasing interest in science was apparent by the large number of exhibitors—281 in all—representing entries from 40 states and from American schools in Japan, Alaska, Hawaii and Germany. The character of the exhibits was varied, but many dealt with rockets, rocket fuels and satellites. Medicine and allied biological sciences provided the theme for a large number of exhibits. I must admit I was truly thrilled by these fine exhibits and also confused by the vast display of scientific knowledge far beyond my comprehension in many instances.

INDIANA GIRL FIRST

Indiana can well be proud of the fact that seven of the 20 entries were in the awards category. Four first prize winners included two girls, one from Indiana: Eileen Jane Settle, age 17, a senior at Portland-Wayne Township high school, Portland, for her exhibit, "Insects On Our Farm." Eileen also was a finalist in the 1957 fair and she presented an extensive display of insects collected over a two-year period on her home farm.

Julia Berg Freeman, daughter of an Indianapolis physician, was one of the third place winners. Julia is a senior at Thomas Carr Howe high school, Indianapolis. Her exhibit, "Oxygen For Space-Produced As You Go," was one of the big attractions at the fair. Another third place winner, a boy, was James C. Hartman, age 17, a senior at Central Catholic high school, Fort Wayne, for his exhibit, "Titanium—Produced by New Method."

In the fourth place group four Indiana entries were honored: Jan W. VanWagendonk, age 18, University School, Bloomington, for a study of Land Use in the Watershed Basin of

the Proposed Monroe Reservoir and Recommendations Concerning Reforestation; William B. Dress, Jr., 18 F. J. Reitz high in Evansville, for an exhibit on Spectroscopy; Thomas M. Church, 15, South Side high, Fort Wayne, for an exhibit dealing with Effects of Light Variation on Plant Growth, and David P. Eartly, 16, Bishop Noll high, Hammond, whose exhibit was a self-made Electron Microscope.

LOCAL WINNERS NAMED

Remaining members of the Indiana group, all who were winners in their respective fairs, were: Frederick W. Craig, Jr., Greensburg Community high, The Honey You EAT; Wm. Harry Hatfield, Bainbridge, Atom Smasher and Ionic Drive Reaction Motor; Larry W. Shaffer, Wiley at Terre Haute, Rhythm in the ID; Joseph E. Mader, St. Meinards Seminary, Oxidation Answers Food and Energy Needs; Robert B. Lehman, Thornton Fractional Township, Thrust Stand and Rocket Fuels; Robert C. Calkins, Broad Ripple, Indianapolis, Catoptics—Real Image In Space; Jon M. Dunn, Jefferson at Lafayette, Tomato Tissue Culture; Donald G. Larrimore, Delphi, Model Earth Satellite; Daniel W. Bacon, Burris at Muncie, Sodium Water Retention; Frederick O. Roberts, Manchester, Developing Three Dimensional Geometric Visualization with Games; David C. Southhall, Elkhart, Historic Geology; Charles T. Hess, Isaac C. Elston at Michigan City, Radiation Hazard, and Norman E. Schumaker, Elston at Michigan City, Giberillic Acid.

ISMA can well be proud of these young scientists whose visit to Flint was a truly stimulating and enlightening experience. It is my hope that this sponsorship may continue in the years to come. Each fair is bigger and better and by 1960, when we in Indianapolis will be hosts, all who can possibly visit this fine event will be well pleased with what they see.

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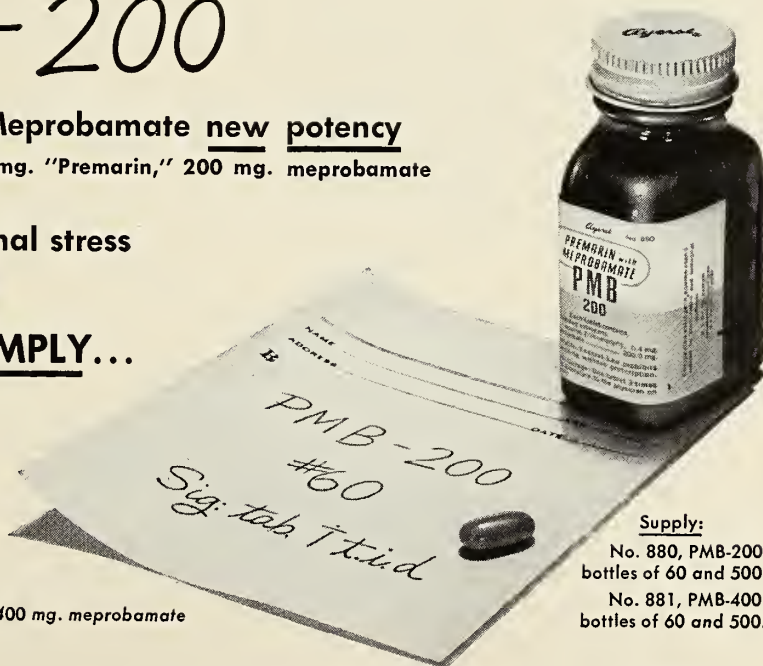
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Attorney General	Edwin K. Steers	R	219
Supt. of Public Instruction	Wilbur Young	R	227
Clerk of Supreme Court	Mabel Lyons	R	217
Reporter of Supreme Court	Virginia B. Caylor	R	416

* Incumbents 1958.

Rosters of Indiana State Medical Association officers, District and County Medical Society officers and other organizational information are listed on Pages 856, 858 and 860.

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Lutheran	Fort Wayne	Miss Marie Moehring, R.N.	300
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a St. Joseph	Fort Wayne	Sister M. Theodorita, R.N.	260
ab Methodist	Gary	Mrs. Dorothy M. Damewood, R.N.	240
a St. Mary Mercy	Gary	Sister Mary Lourdes, R.N.	274
bxxx Goshen College	Goshen	Miss Orpah B. Mosemann, R.N.	
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xxxa Indiana University	Indianapolis	Miss Emily Holmquist, R.N., Dean	444
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ab St. Elizabeth	Lafayette	Sister M. Huberta	249
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St. John's Hickey Memorial			
Hospital	Anderson		247
St. Joseph Memorial			
Hospital	Kokomo		146
Our Savior's Hospital,			
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Fairview Hospital Association, Inc.
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Wabash and Ann Sts., Michigan City.
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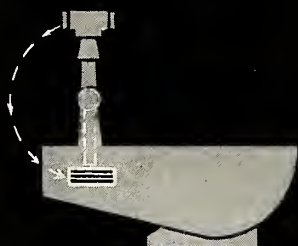
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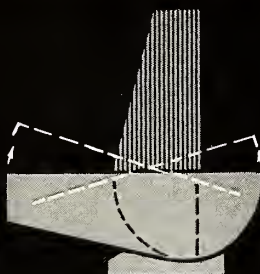
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Miss Anna G. Nelson, Adm.

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Ralph M. Haas, Adm.

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K. E. Comer, M.D., Adm.

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Mrs. Crystal L. LaBonte, R.N., Adm.

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Miss Marie Oling, Adm.

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Jack G. Fougereousse, Adm.

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North Columbia St., Union City.
Miss Kathryn E. Larrance, Adm.

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Miss Nina Basso, R.N., Adm.

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1021 S. 6th St., Terre Haute.
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Union Hospital, Inc.
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Wabash County Hospital.

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Mrs. E. A. Ford, Acting Adm.

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The Community Hospital.

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Mrs. Nellie O. Rudolph, Adm.

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Washington County Memorial Hospital.

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Harry M. Voyles, Adm.

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Reid Memorial Hospital.

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Frank G. Sheffler, Adm.
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Wells County Hospital.
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Mrs. Pearl Crater, Adm.

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Wayne
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Mrs. LeBeris, Adm.

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Mr. Walter C. Buuck, Adm.

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Wayne
Mrs. Maude M. Cole, RN, Adm.

Rock Hill Convalescent Home
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Mrs. Hazel Irene Myers, Adm.

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Chasteen Nursing Home
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Mrs. Niley Chasteen, Adm.

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Mr. and Mrs. Harvey Sharp,
Adm.

Shady Nook Rest Home
R.R. 8, Columbus
Mrs. Louanna Miemoeller, Adm.

Shanklin Nursing Home
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Mrs. Mildred Shanklin, Adm.

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Mrs. Mary Belange, Adm.

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Rolland W. Jackson, Adm.
Jackson Nursing Home
110 E. Huntington St., Mont-
pelier
Rolland W. Jackson, Adm.
Waldo House
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Hartford City
Mrs. Martha Waldo, Adm.

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Mrs. Ruth Davis, Adm.
Fultz Nursing Home
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Otis and Bertha Fultz, Adms.
Harris Nursing Home
210 S. Pearl St., Thorntown
Lewis and Maud Harris, Adms.

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Miss Ida Arzula Flora, Adm.
Cornell Nursing Home
R. R. 1, Cutler
Mrs. Victoria V. Cornell, Adm.
Deer Creek Nursing Home
R. R. 1, Camden
Miss Mabel E. Bechdolt, Adm.
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Corner Main and Monroe Sts.,
Camden
Mrs. Bertha Neibel, Adm.
Mamie Kennedy Nursing Home
404 South Center St., Flora
Mrs. Mamie J. Kennedy, Adm.
Restmor
Bringinghurst, Indiana
Mrs. Opal Short, Adm.

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Mrs. Irene L. Bird, Adm.

Douglas Nursing Home
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Mrs. Viola Douglas, Adm.

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Mrs. Elsie Laymon, Adm.

Flo Dodt Nursing Home
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Mrs. Flo Dodt, Adm.

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Jeffersonville

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ville
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Mrs. Pearl Sherman, RN, Adm.

HOWARD COUNTY

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613 E. Superior St., Kokomo
Mrs. May Kennedy, Adm.
Lucy Cole Nursing Home
332 W. Markland, Kokomo
Mrs. Lucy Cole and Miss Mary Henderson, Adms.
Randle's Nursing Home
630 S. Union St., Kokomo
Mrs. Fern Randle Haney, Adm.
Twilite Nursing Home
508 W. Taylor St., Kokomo
Mrs. Jewel Novinger, Adm.
Twin Oaks
1200 W. Morgan St., Kokomo
Mr. and Mrs. Davenport, Adms.

HUNTINGTON COUNTY

Davis Nursing Home
207 Frederick St., Huntington
Mrs. Annette Davis and
Mrs. Imogene Goeglein, Adms.

Moore Home
425 Hasty St., Huntington
Mrs. Maud Moore, Adm.

Oak Park Sanitarium
743 N. Main St., Roanoke
Mr. Monroe Shephard, Adm.

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R. R. 8, Huntington
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Adms.

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Lowell E. & Marcia J. Martin,
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Roselawn Home Annex
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Mrs. Evelyn McGraw, Adm.

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Mrs. Irma Wells, Sec'y

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Glore Nursing Home
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Mrs. Louise Obertate, Adms.

Madison Nursing Home
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Mrs. Ella Shuell, RN, Adm.

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Mr. Raymond C. Brown, Adm.

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R. R. 2, Fry Rd., Greenwood
Mrs. Viola Van Sickle, Adm.

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Mrs. Janie Johnson, Adm.

Mickie Nursing Home
750 Madison St., Franklin
Mrs. Mildred K. Trogdon, Adm.

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Turner Convalescent Home
515 Perry St., Vincennes
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Mrs. Olive Beggs, Adm.

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Miss Ellen Jayne Bryant, Adm.

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Miss Ida Miller, Adm.

Mills Nursing Home
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Mrs. Audrey Mills, Adm.

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Henderson D. Hall, Adms.

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Kinder Nursing Home #1
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Kinder Nursing Home #2
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Mrs. Mabel Kinder, Adm.

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1402 Carrollton Ave.,
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apolis
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Hooper Nursing Home
3213 N. Illinois St., Indianapolis
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Allen Nursing Home #2
303 Howard Ave., Rockville
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Britton Nursing Home
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Layman Nursing Home
603 S. Washington, Montezuma
Mrs. Mildred Layman, Adm.

Sanders Nursing Home
Mecca, Indiana
Mrs. Edith Sanders, Adm.

Wabash Valley Nursing Home
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Mrs. Mary E. Phillips, Adm.

Wallace Nursing Home
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PIKE COUNTY

Fay's Convalescent Home
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Shady Lawn Nursing Home
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Conyers Convalescent Home
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Mrs. Helen Laisure, Adm.

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Dorsey Nursing Home
1714 S. Governor St., Evansville
Mrs. Laura Dorsey, Adm.

Evans Nursing Home
605 Oak St., Evansville
Mrs. Anna Evans, Adm.

Gee's Rest Home
807-11 S. E. 3rd St., Evansville
Mrs. Leona Gee, Adm.

Gertha's Nursing Home
605 Oakley St., Evansville
Mrs. Gertha Hendrickson, Adm.

Ingle Smith Home
521 S. E. 1st St., Evansville
Mrs. Della Ingle Smith, RN,
Adm.

Kueber Nursing Home
816 First Avenue, Evansville
Mrs. Catherine Kueber, Adm.

M & R Nursing Home
1100 N. Read St., Evansville
Mrs. Muriel Sprinkle, Adm.

Newton Rest Home & Annex
921-23 S. Elliott St., Evansville
Mrs. Gwendolyn Newton, Adm.

Pine Haven Nursing Home
340 Stocker Dr., Evansville
Mrs. Anita M. Stocker, Adm.

Pleasant Nursing Home
109 W. Maryland St., Evansville
Mrs. Maryetta Morris, Adm.

Regina Pacis Home
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Most Rev. Grimmelsman, Adm.

Stinson Rest Home
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Mrs. Mildred Stinson, Adm.

Stinson Nursing Home
203 W. Indiana St., Evansville
Mrs. Mildred Stinson, Adm.

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Butler Nursing Home
Dana
Mrs. Mildred Butler, Adm.
Layman Nursing Home
432 S. 5th St., Clinton
Mrs. Mildred Layman, Adm.

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Mrs. Oakie Lawson, Adm.

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Mrs. Grace E. Cook, Adm.

Emma Fields Nursing Home
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Mrs. Emma Fields, Adm.

Foos Nursing Home
418 S. 8th St., Terre Haute
Mrs. Lydia E. Foos, Adm.

Gano Nursing Home
501 N. 4th St., Terre Haute
Mrs. Anna Gano, Adm.

Hatfield Nursing Home
2111 N. 13½ St., Terre Haute
Mrs. Eliza Hatfield, Adm.

Hise Nursing Home
120 N. 12th St., Terre Haute
Mrs. Lillie Hise, Adm.

Jones' Nursing Home
606 N. 14½ St., Terre Haute
Mrs. Bessie A. Jones, Adm.

Kesler's Nursing Home
724 N. 8th St., Terre Haute
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Mary Etta Nursing Home
1524 Third Ave., Terre Haute
Mrs. Mamie Mason, Adm.

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Wallace Nursing Home
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Dunfee Nursing Home
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Mrs. Florence Dunfee, Adm.

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Adms.

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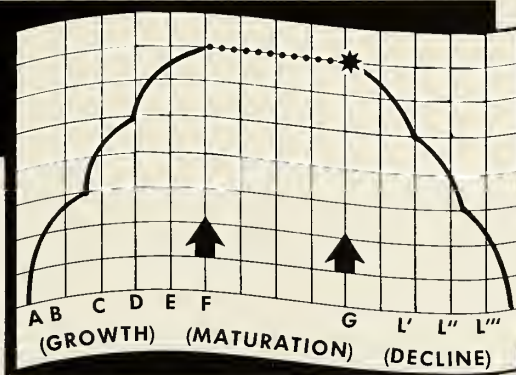
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*Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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Deaths of Indiana Physicians in 1957

(Compiled by James B. Maple, M.D., Neurologist)

(M) Member I.S.M.A.; (S) Senior Member; (R) Retired

Name		Age	Date of Death	Address	Cause of Death
Kellen, Ernest A. (M)	51	Jan. 8	Indianapolis	Congestive heart failure	
Young, Simon J. (M) (S)	89	Jan. 13	Kendalville	Coronary occlusion	
Baum, Harry (M)	53	Jan. 14	Indianapolis	Accidental death from burns	
Van Winkle, Arthur J. (M)	69	Jan. 20	Valparaiso	Carcinoma of the right lung	
Luthy, Karl R.	67	Jan. 29	Indianapolis	Coronary occlusion	
Kramer, Joseph A.	82	Jan. 31	Parker	Cerebral hemorrhage	
Utterback, Arnold (M)	71	Feb. 4	W. Terre Haute	Gastric hemorrhage. Esophageal varices	
Merchant, Raymond (M)	54	Feb. 9	Gary	Coronary thrombosis and infarction	
Stinson, Arthur E. (M)	78	Feb. 14	Athens	Coronary occlusion	
Paul, Daniel F., Jr. (M)	37	Feb. 22	Kentland	Killed in auto train wreck	
Erxleben, Walter O. (M)	48	Feb. 22	Batesville	Acute myocardial infarction	
Ehle, Amos E. (S)	87	Feb. 23	Centerville	Cerebral thrombosis	
Seitz, Charles L. (S)	87	Feb. 23	Evansville	Lobar pneumonia	
Prunk, Byron F.	90	Feb. 27	Indianapolis	Uremia. Carcinoma of the prostate	
Copeland, Samuel J. (M)	79	Mar. 2	Indianapolis	Coronary occlusion. Coronary atherosclerosis	
Rhoades, R. R.	93	Mar. 3	Hatfield	Senility	
Rinker, Earl B. (M)	66	Mar. 10	Indianapolis	Myocardial insufficiency	
Tweedall, Daniel G. (M)	76	Mar. 12	Evansville	Coronary infarction. C. V. R. D.	
Meyer, Keith T. (M)	65	Mar. 13	Evansville	Acute posterior myocardial infarction	
Brown, Edward A. (S) (R)	84	Mar. 15	Indianapolis	Congestive heart failure, arteriosclerotic heart disease.	
Hodges, William A.	80	Mar. 19	Oaktown	Carcinoma of the prostate	
Yarrington, Charles W. (S)	80	Mar. 25	Gary	Coronary thrombosis	
Hansen, Arthur H.	59	Mar. 26	Hammond	Acute coronary thrombosis	
Kaadt, Charles F.	84	Mar. 29	South Whitley	Pneumonia. Cardiac decompensation	
Walker, Melville F.	62	Apr. 3	Dillsboro	Acute myocardial infarction	
Warne, George H. (M) (S)	76	Apr. 5	Tipton	Carcinoma of the sinus	
Murphy, Edgar W. (M)	55	Apr. 6	New Albany	Acute myocardial infarction	
Millis, Robert J. (R) (M)	59	Apr. 8	Crawfordsville	Uremia, C. V. R. D., paralysis	
Green, Silva I. (R)	76	Apr. 8	St. Bernice	C. V. R. D.	
Van Osdol, H. A. (R) (S)	76	Apr. 10	Indianapolis	Coronary occlusion	
Jackson, Jesse L. (R) (M)	72	Apr. 21	Indianapolis	Acute myocardial infarction. Arteriosclerotic heart disease	
Stockl, Anton (M)	63	Apr. 28	Lansing, Ill.	Acute coronary thrombosis	
Beardsley, John F.	35	May 5	Frankfort	Diabetes mellitus	
Nahrwold, Elmer W.	58	May 5	Ft. Wayne	Carcinoma of the pancreas	
Mackenzie, Donald W.	88	May 6	Indianapolis	Myocardial failure	
Huber, John G.	82	May 10	Evansville	Arteriosclerosis	
King, Peter C. (M)	58	May 11	Swazee	Ruptured abdominal aortic aneurysm	
Morehouse, Frank L.	85	May 14	Ft. Wayne	Uremia	
Williams, Frederick N. (M)	79	May 15	Mount Vernon	Massive intestinal hemorrhage. Carcinoma of duodenum	
Weil, Harry J. (M)	76	May 19	Indianapolis	Coronary thrombosis	
Cooper, Thomas L. (M)	74	May 20	Logansport	Cerebral hemorrhage. Generalized arteriosclerosis	
Garber, Ervin C. (M)	75	May 28	Dunkirk	Uremia and auricular fibrillation	
Huckleberry, Carl D. (M)	38	June 4	Danville	Coronary occlusion	
Hermann, Francis F. (R)	81	June 4	Logansport	Hypostatic pneumonia. Cerebral accident	

Name	Age	Date of Death	Address	Cause of Death
Hewins, Warren W.	68	June 7	Evansville	Arteriosclerosis
Huffman, A. D. (R) (M)	73	June 15	Acton	Coronary occlusion
Ball, Thomas Z. (S) (R)	89	June 19	Crawfordsville	Inanition. Senility
DeWitt, Charles H. (M)	83	June 22	Valparaiso	Arteriosclerotic heart disease
Bickel, John E.	83	June 23	Fort Wayne	Coronary thrombosis. Myocardial infarction
Farnham, Waldo C. (R)	75	June 24	South Bend	Myocardial infarction. Coronary thrombosis
Mikesch, William H. (M)	78	June 25	South Bend	Cerebral vascular thrombosis
Helwig, Edward C. (R)	72	July 1	Indianapolis	Arteriosclerotic heart disease
Raibourn, Richard L.	79	July 7	Princeton	Virus pneumonia
Kelly, William M. (M)	39	July 7	Indianapolis	Congestive heart failure. Periarteritis nodosa
Bottorff, David C. (M)	50	July 22	Charleston	Coronary occlusion
Loftus, Michael E.	77	July 23	Indianapolis	Arteriosclerotic heart disease
Hosman, Fred L. (R) (S)	80	Aug. 5	Indianapolis	Hemorrhage of abdominal aneurysm
Spigler, James F. (M)	51	Sept. 2	Terre Haute	Chronic corpulmonale
Elsner, Lawrence W. (M)	53	Sept. 8	Seymour	Myocardial failure. Rheumatic heart disease
Veazey, William M. (M)	92	Sept. 8	Avilla	Coronary thrombosis. Arteriosclerosis
Boaz, John J. (S)	81	Sept. 11	Indianapolis	Uremia, pyelonephritis, carcinoma of prostate
Meiner, Joseph A. (S)	77	Sept. 11	Kokomo	Recurrent cerebral hemorrhage. Arteriosclerosis.
Hastings, William E.	90	Sept. 13	Mt. Vernon	Heart disease
Seymour, Theodore F.	79	Sept. 13	Mishawaka	Myocardial insufficiency. Generalized arteriosclerosis
Van Sandt, James W.	68	Sept. 19	Carbondale	Fracture of skull in fall. Brain contusions, upper G. I. bleeding
Thomas, Charles E. (S)	82	Sept. 22	Leesburg	Cerebral hemorrhage. Congestive heart failure
Gillespie, Charles E. (S)	80	Sept. 23	Seymour	Congestive heart failure
Reynolds, D. Monroe (S)	80	Oct. 3	Garretts	Coronary thrombosis
Friedrich, Louis M. (S)	85	Oct. 10	Hobart	Cerebral hemorrhage
Shields, Harry A. (M)	51	Oct. 17	Washington	Pneumonia
Denny, Frederick C. (M)	70	Oct. 19	Madison	Myocardial decompensation. Coronary disease.
Wright, J. William (M)	70	Oct. 23	Indianapolis	Upper gastric intestinal hemorrhage
Modjeski, Raymond J. (M)	46	Oct. 24	Hammond	Coronary attack
Gastineau, Frank M. (M)	63	Nov. 7	Indianapolis	Carcinoma transverse colon and liver
Robinson, John S. (M)	72	Nov. 7	Winchester	Coronary disease
Ives, Raymond J., Sr. (M)	82	Nov. 12	Francesville	Coronary occlusion
Kling, Victor F. (M)	49	Nov. 14	Michigan City	Myocardial infarction. Coronary thrombosis
Smith, Grover A. (M)	71	Nov. 17	New Haven	Cerebral embolism
Morrison, John S. (S) (R)	89	Nov. 20	Lafayette	Cerebral thrombosis, arteriosclerosis, gangrene right leg
Armington, John C. (M)	80	Nov. 26	Anderson	Cerebral thrombosis. Diabetes mellitus
Campbell, Guy G. (M)	67	Dec. 2	Dyer	Bronchopneumonia
Judy, Hubert E. (M)	31	Dec. 4	Indianapolis	Accidental carbon monoxide poisoning
Bowers, Donald D. (M)	55	Dec. 5	Indianapolis	Cerebral vascular accident
Palm, John M. (M)	48	Dec. 6	Brazil	Auto wreck, fracture of neck
Goodwin, Columbus B. (S)	95	Dec. 20	Kendalville	Coronary thrombosis. Fracture of femur
Wilson, Canby L. (M)	57	Dec. 26	Anderson	Coronary thrombosis and occlusion
McCormick, Charles O. (M)	71	Dec. 30	Indianapolis	Cerebral thrombosis. Generalized arteriosclerosis
Gould, Lyman K. (R)	68	Dec. 31	Fort Wayne	Cerebral thrombosis

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PRESIDENTS OF THE INDIANA STATE MEDICAL ASSOCIATION SINCE ITS ORGANIZATION

Medical Convention	Elected	Served	Medical Association	Elected	Served
*Livingston Dunlap, Indianapolis----	1849	1849	*Jonas Stewart, Anderson-----	1903	1904
Medical Society			*George T. MacCoy, Columbus-----	1904	1905
*William T. S. Cornett, Versailles----	1849	1850	*George H. Grant, Richmond-----	1905	1906
*Ashahel Clapp, New Albany-----	1850	1851	*George J. Cook, Indianapolis-----	1906	1907
*George W. Mears, Indianapolis-----	1851	1852	*David C. Peyton, Jeffersonville-----	1907	1908
*Jeremiah H. Brower, Lawrenceburg--	1852	1853	*George D. Kahlo, French Lick-----	1908	1909
*Elizur H. Deming, Lafayette-----	1853	1854	*Thomas C. Kennedy, Shelbyville----	1909	1910
*Madison J. Bray, Evansville-----	1854	1855	*Frederick C. Heath, Indianapolis---	1910	1911
*William Lomax, Marion-----	1855	1856	*William F. Howat, Hammond-----	1911	1912
*Daniel Meeker, LaPorte-----	1856	1857	*A. C. Kimberlin, Indianapolis-----	1912	1913
*Talbot Bullard, Indianapolis-----	1857	1858	*John P. Salb, Jasper-----	1913	1914
*Nathan Johnson, Cambridge City---	1858	1859	*Frank B. Wynn, Indianapolis-----	1914	1915
*David Hutchinson, Mooresville-----	1859	1860	*George F. Keiper, Lafayette-----	1915	1916
*Benjamin S. Woodworth, Ft. Wayne	1860	1861	*John H. Oliver, Indianapolis-----	1916	1917
*Theophilus Parvin, Indianapolis----	1861	1862	*Joseph Rilus Eastman, Indianapolis--	1917	1918
*James F. Hibberd, Richmond-----	1862	1863	*William H. Stemm, North Vernon---	1918	1919
*John Sloan, New Albany-----	1863	----	*Charles H. McCully, Logansport-----	1919	1920
*John Moffett (acting), Rushville----	1863	1864	*David Ross, Indianapolis-----	1920	1921
*Samuel L. Linton, Columbus-----	1864	----	*William R. Davidson, Evansville----	1921	1922
*Wilson Lockhart (acting), Danville--	1864	1865	*Charles H. Good, Huntington-----	1922	1923
*Myron H. Harding, Lawrenceburg--	1865	1866	*Samuel E. Earp, Indianapolis-----	1923	1924
*Vierling Kersey, Richmond-----	1866	1867	*Eldridge M. Shanklin, Hammond----	1924	1925
*John S. Bobbs, Indianapolis-----	1867	1868	Charles N. Combs, Terre Haute-----	1925	1926
*Nathaniel Field, Jeffersonville-----	1868	1869	*Frank W. Cregor, Indianapolis-----	1926	1927
*George Sutton, Aurora-----	1869	1870	George R. Daniels, Marion-----	1926	1928
*Robert N. Todd, Indianapolis-----	1870	1871	*Charles E. Gillespie, Seymour-----	1927	1929
*Henry P. Ayres, Ft. Wayne-----	1871	1872	*Angus C. McDonald, Warsaw-----	1928	1930
*Joel Pennington, Milton-----	1872	1873	*Alois B. Graham, Indianapolis-----	1929	1931
*Isaac Casselberry, Evansville-----	1873	----	Franklin S. Crockett, Lafayette----	1930	1932
*Wilson Hobbs (acting), Knightstown	1873	1874	*Joseph H. Weinstein, Terre Haute--	1931	1933
*Richard E. Houghton, Richmond----	1874	1875	*Everett E. Padgett, Indianapolis----	1932	1934
*John H. Helm, Peru-----	1875	1876	*Walter J. Leach, New Albany-----	1933	1935
*Samuel S. Boyd, Dublin-----	1876	1877	Roscoe L. Sensenich, South Bend...	1934	1936
*Luther D. Waterman, Indianapolis--	1877	1878	*Edmund D. Clark, Indianapolis-----	1935	1937
*Louis Humphreys, South Bend-----	1878	----	Herman M. Baker, Evansville-----	1936	1938
*Benj. Newland (acting), Bedford (v.p.)	1878	1879	*Edmund M. Van Buskirk, Ft. Wayne--	1937	1939
*Jacob R. Weist, Richmond-----	1879	1880	Karl R. Ruddell, Indianapolis-----	1938	1940
*Thomas B. Harvey, Indianapolis----	1880	1881	*Albert M. Mitchell, Terre Haute----	1939	1941
*Marshall Sexton, Rushville-----	1881	1882	Maynard A. Austin, Anderson-----	1940	1942
*William H. Bell, Logansport-----	1882	1883	Carl H. McCaskey, Indianapolis-----	1941	1943
*Samuel E. Mumford, Princeton-----	1883	1884	*Jacob T. Oliphant, Farmersburg----	1942	1944
*James H. Woodburn, Indianapolis----	1884	1885	*Neslen K. Forster, Hammond-----	1943	1945
*James S. Gregg, Ft. Wayne-----	1885	1886	*Jesse E. Ferrell, Fortville-----	1944	1946
*General W. H. Kemper, Muncie-----	1886	1887	*Floyd T. Romberger, Lafayette-----	1945	1947
*Samuel H. Charlton, Seymour-----	1887	1888	Cleon A. Nafe, Indianapolis-----	1946	1948
*William H. Wishard, Indianapolis----	1888	1889	Augustus P. Hauss, New Albany----	1947	1949
*James D. Gatch, Lawrenceburg-----	1889	1890	*C. S. Black, Warren-----	1948	1950
*Gonsolvo C. Smythe, Greencastle----	1890	1891	Alfred Ellison, South Bend-----	1949	1951
*Edwin Walker, Evansville-----	1891	1892	*J. William Wright, Indianapolis....	1950	1952
*George F. Beasley, Lafayette-----	1892	1893	Paul D. Crimm, Evansville-----	1951	1953
*Charles A. Daugherty, South Bend..	1893	1894	Wm. Harry Howard, Hammond-----	1952	1954
*Elijah S. Elder, Indianapolis-----	1894	----	Walter L. Portteus, Franklin-----	1953	1955
*Charles S. Bond (acting), Richmond	1894	1895	Walter U. Kennedy, New Castle----	1954	1956
*Miles F. Porter, Ft. Wayne-----	1895	1896	Elton R. Clarke, Kokomo-----	1955	1957
*James H. Ford, Wabash-----	1896	1897	M. C. Topping, Terre Haute-----	1956	1958
*William N. Wishard, Indianapolis----	1897	1898			
*John C. Sexton, Rushville-----	1898	1899			
*Walker Schell, Terre Haute-----	1899	1900			
*George W. McCaskey, Ft. Wayne-----	1900	1901			
*Alembert W. Brayton, Indianapolis--	1901	1902			
*John B. Berteling, South Bend-----	1902	1903			

* Deceased.

Constitution and By-Laws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSES OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members and Honorary Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the Indiana State Medical Association.

Sec. 3.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 4.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who,

upon their application, have been certified to the executive secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

All members who, previous to the adoption of this amendment to the constitution, were certified as honorary members on the basis of the above qualifications, shall hereafter be classified as senior members.

Sec. 5.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 6.—*Rights and Privileges of Members.*—Active members and senior members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates elected by the component county societies; (2) the Councilors; and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI.—COUNCIL

The Council shall consist of (1) the Councilors, and (2) *ex officio* the President, President-elect, and Treasurer with power to vote. Besides its duties mentioned in the By-Laws, it shall constitute the Board of Trustees of this organization, having full charge and control of all the property of the Association. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the By-Laws, and at all times shall be the finance committee of the Association. Seven Councilors shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Councilor District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Councilor districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place two years in advance for holding the annual convention. The time for the convention shall be fixed by the Council, and the Council shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, and thirteen Councilors, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Councilors and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Councilors shall be for three years and approximately one-third of the number shall be elected annually. No Councilor

shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Councilor fails, without reason acceptable to the Council, in any one calendar year to attend a majority of the meetings of the Council, he shall thereby cease to be a Councilor, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business of the last day of the Annual Convention, and no person shall be elected to any such office who is not in attendance on that Annual Convention and who has not been a member of the Association for the preceding two years.

Sec. 4.—The Councilors shall be elected by the respective district societies. If any district fails to meet and elect its Councilor by the time of expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Councilor district shall elect an alternate Councilor whose term of office shall be the same as the Councilor, namely three years. The alternate Councilor shall be elected in a year during which there is no Councilor elected.

The duties of the alternate Councilor shall be:

1. To represent the Councilor district in the absence of the regularly elected Councilor.

2. To vote only in the absence of the regularly elected Councilor either in the House of Delegates or in Council meetings where he represents the regularly elected Councilor.

3. The alternate Councilor shall not have the power of discussion if the regularly elected Councilor is present.

Sec. 6.—Any officer may be removed from office after a hearing before the Council, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Council.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Council shall become President pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected,

both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer shall be filled by an election by the Councilors at the next regular meeting of the Council following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district councilor, the duly elected alternate councilor from the same district shall succeed to the office of councilor in that district for the unexpired term of said councilor.

In the event vacancies occur in any councilor district in the offices of both councilor and alternate councilor, the vacancies shall be filled by an election by the members of the association within the councilor district in which such vacancies occur. A call for such elections shall be issued by the executive secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the State secretary's office of each component society within the district. Such call shall be mailed within ten days after the State secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Council, and the Council shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected by the component county societies in connection with the dues for such component societies. The amount of the dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Council for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all the members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BY-LAWS

CHAPTER I.—MEMBERSHIP

Section 1.—The term "Member" as used in these By-Laws unless otherwise indicated shall mean both active and senior members of component county medical societies who hold either the Degree of Doctor of Medicine or Bachelor of Medicine.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or

benefits of this Association, nor shall he be permitted to take part in any of its proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Committee on Scientific Work, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Council shall appropriate from the funds of the Association for such an amount as in the discretion of the Council shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Committee on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.

b. Medical.

c. Eye, Ear, Nose, and Throat.

d. Anesthesia.

e. General Practice.

f. Obstetrics and Gynecology.

g. Preventive Medicine and Public Health.

h. Radiology.

i. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a Chairman, a Vice-Chairman, and a Secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General or Section Meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and By-Laws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county.

The number of Delegates to which each Component Society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association annually on or before December first prior to the Annual Convention at which such delegates are to

serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

b. Divide the State into Councilor Districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5. — Funds may be appropriated by the House of Delegates, subject to approval by the Council, for such purposes as will promote the welfare of the Association and the profession.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than forty-five days prior to the meeting of the House of Delegates to which the resolutions will be presented for action:

Provided, that this sub-section of the By-Laws may be suspended with respect to any resolution upon a two-thirds majority vote of the House of Delegates.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to

elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, and the Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1.—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Councilors in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Council. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the Chairman of the Council. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and Journal offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Council, the Executive Committee, and the President of

the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Council, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Council.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed may be allowed by the Council, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII.—COUNCIL

Section 1.—The Council shall meet as follows:

1. January, April, and July of each year on dates and at places fixed by the Council. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a Chairman, and a Clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its Chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Council shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of councilors shall begin with the first meeting of the Council following the final session of the House of Delegates at the Annual Session.

Sec. 2. — Each Councilor shall be organizer, peacemaker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of *THE JOURNAL*

which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Councilor in the line of the duties herein imposed may be allowed by the Council on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Council shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Council shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Council shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Council shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7.—The Council shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 9.—The Council shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members,

to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Councilor, and its decision in all such matters shall be final.

Sec. 10.—The Council shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amounts of their salaries. The proceedings of the Council for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of **THE JOURNAL** which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association the Council shall be the executive body of the Association with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Council shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Council, who, with the President, the President-elect, the Treasurer, and the Chairman of the Council, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Council they shall not have the power of vote in the Council.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES.

Section 1. The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Council or of the House of Delegates, or by Special Committees created by the Executive Committee, the Council, or the House of Delegates, shall be performed by the following standing committees and commissions:

- The Executive Committee
- The Grievance Committee
- The Student Loan Committee
- The Medical-Legal Review Committee
- The Commission on Convention Arrangements
- The Commission on Constitution and Bylaws
- The Commission on Legislation
- The Commission on Public Information
- The Commission on Governmental Medical Services
- The Commission on Public Health
- The Commission on Voluntary Health Agencies
- The Commission on Medical Economics and Insurance

The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure

The Commission on Special Activities

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2. Unless otherwise provided in these Bylaws, the committees shall be appointed by the President with the chairman of each committee designated by him, and the number constituting each committee shall be as indicated in the section of these Bylaws pertaining to each particular committee.

Sec. 3. Each commission will consist of fifteen members appointed by the President, with at least one member from each councilor district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming president shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, resignation or otherwise.

Sec. 4. The President shall have the power, with the approval of the Council, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5. Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6. Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. Then this joint meeting will divide into meetings of the separate commissions, at which time the commissions and committees will organize by the election of chairman, vice-chairman and secretary, unless otherwise provided for in these Bylaws. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right

to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7. Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8. Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family; and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9. The President and Executive Secretary shall be ex officio members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE.

Section 1. The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Council held at the close of the last meeting of the House of Delegates in the annual convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the Chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Council, and shall report its actions to the Council.

Sec. 2. It shall prepare a budget for the ensuing calendar year; and all expenditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, com-

mission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual budget, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE.

Section 1. The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one councilor district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2. This provision regarding the constitution of the Grievance committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3. In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any councilor district of the Association, irrespective of the membership of the committee including another member or members from the same councilor district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4. The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Council of

the State Association. It shall, subject to the approval of the Council, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS.

Section 1. The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Council, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in *THE JOURNAL* and in the official programs, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2. It shall, with the approval of the Executive Committee, prepare a program for scientific work for the annual convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers of the various sections; and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the annual convention.

Sec. 3. The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE.

Section 1. The Student Loan Committee shall be constituted as follows:

- (a) The President of Indiana State Medical Association
- (b) One Councilor of the Association to be appointed by the President
- (c) One general practitioner to be appointed by the President
- (d) One specialist to be appointed by the President
- (e) The Treasurer of Indiana State Medical Association
- (f) The Dean of Indiana University School of Medicine
- (g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2. This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following

the annual convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Council. The secretary shall have the duty and responsibility of keeping minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE.

Section 1. The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE COMMISSION ON CONSTITUTION AND BYLAWS.

Section 1. The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XV.—THE COMMISSION ON LEGISLATION.

Section 1. The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVI.—THE COMMISSION ON PUBLIC INFORMATION.

Section 1. The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the Commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES.

Section 1. The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the Government, plans and programs of the Government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XVIII.—THE COMMISSION ON PUBLIC HEALTH.

Section 1. The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XIX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES.

Section 1. The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall

study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XX.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE.

Section 1. The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXI.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS.

Section 1. The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE.

Section 1. The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIII.—THE COMMISSION ON SPECIAL ACTIVITIES.

Section 1. The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXIV.—REFERENCE COMMITTEES.

Section 1. Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Ap-

pointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, the chairman to be specified by the President. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Council, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—The following Reference Committees are hereby constituted to which shall be referred all matters as indicated by the titles of the committees:

- (1) Sections and Section Work
- (2) Rules and Order of Business
- (3) Medical Education and Hospitals
- (4) Legislation
- (5) Public Relations
- (6) Hygiene and Public Health
- (7) Amendments to the Constitution and By-Laws
- (8) Reports of Officers
- (9) Credentials
- (10) Insurance
- (11) Miscellaneous Business

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference Committees as are necessary to cover all subjects included therein; or (b) to only one Reference Committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any Reference Committee shall be rejected on the ground that it covers something not included in the matters which such Committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXV.—COUNTY SOCIETIES.

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have

adopted principles of organization not in conflict with this Constitution and By-Laws, shall, on application, receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and By-Laws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Council and shall be signed by the President and Executive Secretary of this Association. The Council shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and By-Laws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Councilor for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Council, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Council, and its decision shall be final.

Sec. 6.—In hearing appeals the Council may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Councilors in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state his name, on request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the membership is proposed.

Sec. 8.—A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of

the society in whose jurisdiction he has his office or has the major part of his practice.

Sec. 9.—Each component society, shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before August first.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other information as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Councilor of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Councilor shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be the calendar year, and all dues shall be for the year and *payable in advance*. The secretary of each component society shall forward the dues for his society, together with the roster of officers and members and list of non-affiliated physicians of the county, to the Executive Secretary of this Association, on or before January 1 of each year and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such new members. The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however,

that physicians elected to their first membership in this Association during the first nine months of any year shall pay the regular annual dues for that year; and those elected to their first membership after October 1 of any one year shall pay \$10.00 as dues for the remainder of that year. Interns and residents shall pay \$10.00 a year annual dues during their term of service in the hospital. In the event the county society remits a member's dues for good cause, and the secretary of the county medical society recommends in writing the remission of the state association dues of said member of the society, and shows good cause why such recommendation should be granted, the Council shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and By-Laws, not in conflict with the Constitution and By-Laws either of this Association or of the American Medical Association, a copy of which shall be filed with the Executive Secretary of this Association; and furthermore, the Executive Secretary shall be notified at once of any changes or amendments that may be made from time to time.

CHAPTER XXVI.—MISCELLANEOUS.

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, when not in conflict with this Constitution and By-Laws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXVII.—MEDICAL DEFENSE.

Section 1.—One dollar and twenty-five cents out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to the medical defense features of this Association; with power to enter into agreement for the payment of fees of one attorney whom the physician sued shall have the right to choose, provided such attorney is of good reputation and standing at the bar, and to employ expert witnesses and incur such other expenses as in the judgment of the committee may be necessary in the defense of members against whom suits may be brought; provided, always, that the total expenditure in any single suit shall not exceed 25 per cent of the fund available at the time suit is filed; and provided further that this Association shall not be liable for attorney's fees in such suits unless this committee shall have first agreed in each case with the physician sued and the attorneys representing him in regard to the terms of such employment, including the fees to be paid.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the Chairman of the Council.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these By-Laws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any ac-

tion for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services which are the basis of the suit were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the President, Secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these By-Laws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXVIII.—DIVISION OF FEES.

This Association does not countenance or tolerate fee-splitting, division of fees, or commission

paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXIX.—INVESTMENT OF SURPLUS FUNDS.

Section 1. The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Council at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the By-Laws.

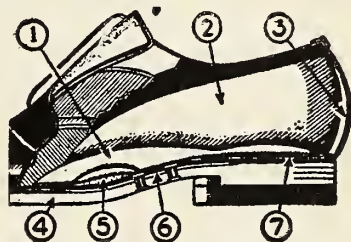
CHAPTER XXX.—AMENDMENTS.

Section 1.—These By-Laws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and By-Laws all previous Constitutions and By-Laws are hereby repealed.

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FUNERALS

DISEASE PREVENTION by Immunization and Chemoprophylaxis*

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Cholera	Cholera Vaccine	Adults	—0.5 cc. subcutaneously followed by 1.0 cc. in 7 days.	Active	6 months	0.12-1.0 cc. according to age every six months in endemic areas.
		Children: 6 months to 2 years 3-6 years 7-10 years 11 years and older	Three subcutaneous injections given 7-10 days interval. (1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. (1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. (1) 0.25 cc.; (2) 0.5 cc.; (3) 0.5 cc. Adult schedule			
Diphtheria	Diphtheria Antitoxin	All early cases	Usually intramuscular if seen within 48 hours of onset. Warning: Test for sensitivity to horse serum. May be used intravenously in severe nasopharynx cases. Dosage dependent on degree of toxicity rather than age and weight. 10,000 units to 75,000 units.	Passive	Short	Additional antitoxin given dependent upon illness and toxicity.
Diphtheria	Diphtheria Toxoid (fluid or alum precipitated or aluminum phosphate adsorbed, for adult use)	Children older than 11 years and adults	Two intramuscular injections of 0.5 cc. each, four to six weeks apart for primary immunization or if individual has not had a booster dose of vaccine for 3 years.	(If toxoid is given then active immunity develops.)	Indefinite	0.5 cc. every year.
Diphtheria	Diphtheria-Pertussis-Tetanus alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed diphtheria and tetanus toxoids; containing 12 protective antigenic units of vaccine per 1.5 cc. (DPT)	Children under 5 years	(1) First dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air. Given 1-3 months age. (2) Second dose of 0.5 cc. deep intramuscularly one month after first dose. (3) Third dose of 0.5 cc. deep intramuscularly one month after 2nd dose. (4) If 1st dose given earlier than 3 months of age, then give fourth dose 2-3 months after series completed.	Active	Indefinite	D. P. T. booster of 0.5 cc. at 12 to 18 months and 4-5 years. After 5 years booster dose of 0.5 cc. Diphtheria Tetanus Toxoid every 3 years to age 11 years.
Diphtheria	Diphtheria Tetanus Toxoid alum precipitated or aluminum hydroxide (or aluminum phosphate) adsorbed.	Children over 5 years and up to 10 years	(1) First dose of 0.5 cc. deep intramuscularly, follow injection with 0.1-0.2 cc. air. (2) Second dose of 0.5 cc. deep intramuscularly—follow injection with 0.1-0.2 cc. air.	Active	Indefinite	Diphtheria Tetanus booster 0.25 cc. to 0.5 cc. Caution: Do not give to children past 10 years of age.
Diphtheria	Diphtheria Toxoid Pertussis Vaccine Tetanus Toxoid Fluid	Rapid immunization of children under 10 years	Three doses of 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at one week intervals.	Active	Antigenic response lower than with the alum preparations and does not last	0.5 cc. every 2 years.

Diphtheria	Diphtheria Toxoid Tetanus Toxoid Fluid	Rapid immunization under 10 years	Three doses 0.5 cc. given subcutaneously at intervals of 3-4 weeks. In face of epidemic injections may be given at intervals of one week.	Active	Antigenic response lower than with alum preparations and does not last as long.	0.5 cc. every 2 years.
Hepatitis, Infectious (Epidemic)	Immune Serum Globulin (Gamma Globulin)	All exposed in house- hold, institution, etc.	Dosage: 0.01 cc. per pound of body weight. Given intramuscularly.	Passive	Brief	Repeat each exposure.
Influenza	Polyvalent Vaccine	Use during epidemics		Active (in 70% + immunized)	Short: 3-4 months	Repeat primary infection.
		Children	Give total of 1.0 cc. in the course of one week.			
		Adults	1.0 cc. subcutaneously. Warning: Precautions must be taken in indi- viduals sensitive to egg protein. (Note: There is less chance of local or systemic reaction if only 0.1 cc. is given intradermally.)			
Measles (Rubeola)	Immune Serum Globulin (Gamma Globulin)	Complete passive immunity children under one year; children ill with chronic disease or healthy child whose siblings are ill with chronic disease	Dosage 0.2 cc. per pound of body weight given prior to 6th day after exposure. Given intra- muscularly.	Passive	Very brief	Repeat each exposure.
		Incomplete immunity or modification in all other children	Dosage 0.05 cc. per pound of body weight before 6th day after exposure; if given after 6th day use dose of 0.1 cc. per pound of body weight. Given intramuscularly.	Partial passive. Child has modified disease and develops active immunity	For life if disease was modified and not prevented.	
Measles, German (Rubella)	Immune Serum Globulin (Gamma Globulin)	Pregnant females exposed during the first trimester	Dosage: 0.1 cc. per pound of body weight. Given intramuscularly.	Passive	Very brief	Repeat each exposure if pregnant.
Meningococic Meningitis	Sulfadiazine	Control of exposed persons in community groups Children up to 11 yrs.	0.5 m. twice daily for 2 days.	None Chemical prophylaxis only	Very brief—for one exposure only.	Repeat following each exposure.
		Adults (and children 12 yrs. or over)	1.0 gm. twice daily for 2 days.			
Mumps	Mumps Vaccine	Adults exposed to case and with negative history of having had mumps	Warning: Check on sensitivity to egg protein. Two injections given 5 to 10 days apart of 1.0 cc. each subcutaneously.	Active	Brief	Previously immunized persons may be given booster dose of 0.5 to 1.0 cc. subcutaneously.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Pertussis	Pertussis Vaccine saline suspended (See Double and Triple antigens under "Diphtheria")	Children during epidemic	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units (0.5 cc.) given subcutaneously at intervals of one week.	Active	Indefinite	1 year after primary series, 2 years after primary series and then every three years to 6 or 7 years of age.
	Pertussis Vaccine alum precipitated or aluminum hydroxide adsorbed (See Double and Triple antigens under "Diphtheria")	Routine immunization of infants when DPT is contraindicated	A total of 12 N. I. H. units divided into 3 equal doses of 4 N. I. H. units each (0.5 cc.) injected intramuscularly at intervals of 4 to 6 weeks.	Active	Indefinite	18 months—3-4 years. 6-7 years usually given as DPT.
		Exposure Recall		Active	Indefinite	4 NIH units (0.5 cc.) saline suspension subcutaneously if child has not had immunization past 2 years.
Plague	Plague Vaccine—a suspension of 2000 million killed Pasteurella per milliliter	Epidemics and areas with high endemic rate. Adults: 6 months-2 years 2 years-6 years 6 years-10 years	Two injections subcutaneously 7-10 days apart. First injection 0.5 cc.; second, 1.0 cc.	Active	Partial protection for period of 4-6 mos.	1.0 cc. every 4 months as long as danger of epidemic exists.
		Children: 6 months-2 years 2 years-6 years 6 years-10 years	0.06 cc.; 0.12 cc.; 0.12 cc.; 0.12 cc.; 0.25 cc.; 0.25 cc.; 0.25 cc.; 0.50 cc.	Active	Partial protection for period of 4-6 mos.	Booster dose for children is same as first dose of initial series.
Poliomyelitis	Poliomyelitis (Solk) Vaccine	All Ages	Two injections each 1.0 cc. given intramuscularly at interval of 1 month.	Active	Not known	Booster dose of 1.0 cc. intramuscularly given 7 months after second dose.
Rabies	Rabies—hyperimmune serum 1000 units per pound of body weight Rabies Vaccine 7-14 doses	Licks of abraded skin or mucosa by proven rabid, suspicious, escaped, killed or unknown animal	Hyperimmune serum within 24-72 hours of exposure. Follow within 24 hours with Rabies Vaccine.	Possive immunity from hyperimmune serum	Few weeks	Repeat initial dose hyperimmune serum.
		Bites of healthy animal, multiple, or face or head bites	Hyperimmune serum. Start vaccine but stop if animal remains normal for 3 days.	Active immunity from rabies vaccine	Indefinite	Rabies vaccine prepared according to Semple method—should not repeat full course—one to 3 injections probably sufficient. More hazardous Egg embryo vaccine—give one injection.
		<i>Rite of healthy animal</i>	<i>No treatment. If animal becomes suspicious</i>			

Rocky Mountain Spotted Fever	Rocky Mountain Spotted Fever Vaccine	Bites—animal rabid, escaped, killed, unknown or any bites by any wild animal	Start treatment immediately, using hyperimmune serum followed by 7-14 doses vaccine, depending upon whether single or multiple bites and location.	Active	One year	1.0 cc. booster annually
Smallpox	Smallpox Vaccine (Vaccinia virus)	Not routinely recommended since advent of specific antibiotic therapy. May be used in areas of high incidence among persons of high risk.	Adults: 3 injections each 1.0 cc. subcutaneously or intramuscularly at intervals of one week. Children—under 10 years three injections each 0.5 cc. subcutaneously or intramuscularly at intervals of one week.	Active	Indefinite, average 3 years	Repeat every 4th year.
Tetanus	Tetanus Antitoxin	Children and adults	Begin at 5-12 months. Administered by multiple pressure technique skin over insertion of left deltoid.	Active	10 days	Repeat with each injury. Because of hazard to horse serum active immunization with toxoid preferred.
	Tetanus Toxoid, depot (alum precipitated or adsorbed) (See Double and Triple antigens under "Diphtheria")	All cases of puncture wounds and animal bites when person has not been immunized or more than 2 years since last booster.	Caution: Skin test first for serum sensitivity. Intramuscular injection of 10,000 units antitoxin.	Passive	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
	Tetanus Toxoid, Fluid (See Double and Triple antigens under "Diphtheria")	All	Two doses, each 0.5 cc. given intramuscularly, at least one and preferably 2-3 months interval.	Active	At least 4 years	0.5 cc. end first year, then—booster every 2-4 years. Satisfactory recall response after 10 years but is too slow in case of injury. Emergency booster if injured.
Typhoid Fever	Typhoid Vaccine Triple vaccine containing 1000 million S. typhosa and 250 million each of paratyphoid A and B per cc.	All persons living in or traveling to areas where disease is endemic or insanitary conditions exist.	Adults Three doses, each 0.5 cc. subcutaneously not less than 7 days or more than 28 day intervals between doses. An alternate method is: 0.1 cc.; 0.15 cc. and 0.2 cc. given intradermally not less than 7 nor more than 28 days between doses. Children 6 mo.-2 yr.—(1) 0.06 cc.; (2) 0.12 cc.; (3) 0.12 cc. 2 yr.- 6 yr.—(1) 0.12 cc.; (2) 0.25 cc.; (3) 0.25 cc. 6 yr.-10 yr.—(1) 0.25 cc.; (2) 0.50 cc.; (3) 0.50 cc.	Active	Indefinite—usually at least one year	Persons traveling or living in insanitary areas should receive booster of 0.1 cc. intradermally or 0.5 cc. subcutaneously annually. Children's annual booster the same dose as initial dose of each series.

Disease	Agent Used	Recommended For	Method of Administration	Type of Immunity	Duration of Protection	Booster Injection
Typhus Fever	Typhus Fever Vaccine	All persons traveling to or living in areas where epidemic typhus exists.	<p>Adults Two doses, each 1.0 cc. at intervals of 7-10 days given subcutaneously. Allergy to egg or chicken protein only contraindication.</p> <p>Children Three doses each: 6 mos.-2 yrs.: 0.12 cc. 2 yrs.-6 yrs.: 0.25 cc. 6 yrs.-10 yrs.: 0.50 cc.</p>	Active	Relative 3-6 months	<p>Adults Routine every 6 months dose of 1.0 cc. given subcutaneously or whenever threat of outbreak occurs.</p> <p>Children Same dose as in initial series.</p>
Yellow Fever	Yellow Fever Vaccine* (Obtainable only at U. S. P. H. S. Hospital or Yellow Fever Immunization Depots. See footnote where obtainable in Indiana.)	All persons traveling in or through or living in endemic areas. Should receive vaccine 10 days before arrival in area.	<p>One dose 0.5 cc. of a 1:10 dilution of concentrated vaccine, freshly prepared. Given subcutaneously. Should not be given to person ill with virus disease or at same time cowpox virus is given.</p> <p>Children's dose—same as adult.</p>	Active	6 years or longer	As required at present every 6 years repeat immunization. In presence of epidemic repeat primary immunization.

*While many contraindications are listed for various biologicals it should be recognized that in the interest of brevity it was impossible to give all details. In case of doubt consult standard reference for detailed description of biological in question and/or pharmaceutical company's circular accompanying original package of biological.

All of the biologicals listed may be obtained through normal supply channels with the exception of Yellow Fever Vaccine. Because of hazards if yellow fever vaccine is improperly handled it can only be obtained from U. S. P. H. S. depots. In Indiana this depot is:

Elkhart County Health Department
200 Harrison Street
Elkhart, Indiana

1st or 3rd Wednesday each month 2 p.m.
Telephone 26525

Physicians having patients requiring yellow fever immunization should advise person to call or write the above, as inoculations are given by appointment only on one day a week. There is a fee to cover vaccine and administration.

(Revised)

A. L. MARSHALL, JR., M.D., *Director*
Division of Communicable Disease Control
Indiana State Board of Health

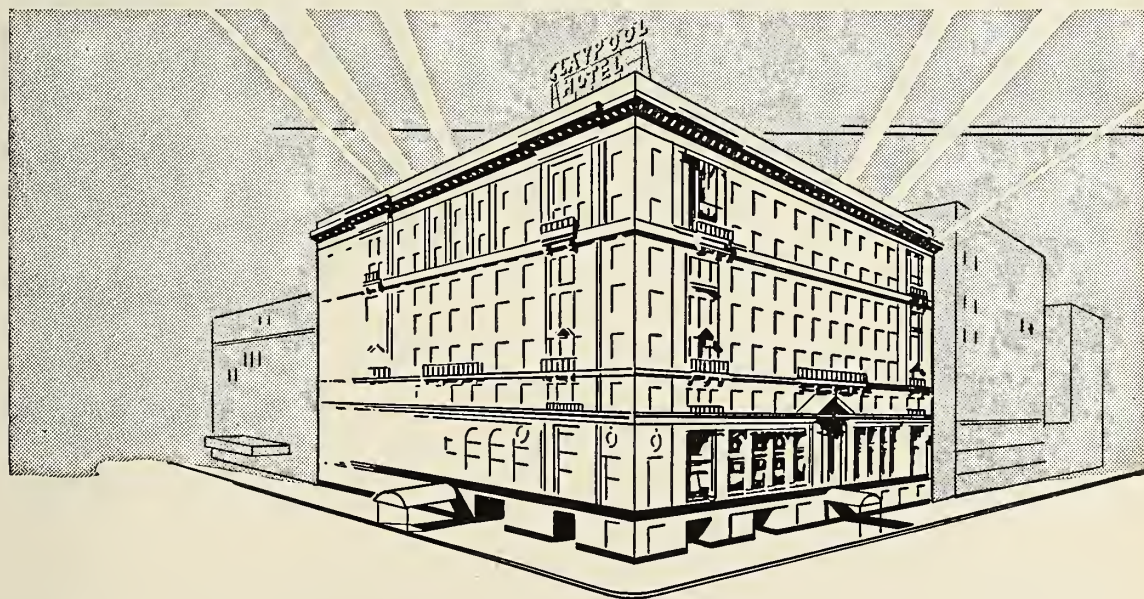
Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., DIRECTOR

Monthly Report—May 1958

Disease	May 1958	Apr. 1958	Mar. 1958	May 1957	May 1956
Animal Bites	316	531	163	419	406
Chickenpox	444	562	487	583	472
Conjunctivitis	70	22	47	22	75
Diphtheria	0	4	6	0	2
Dysentery, Other, Unspecified	6	19	12	11	4
Impetigo	17	23	14	21	28
Infectious Hepatitis	23	27	22	32	40
Infectious Mononucleosis	15	2	5	22	13
Influenza	125	675	1547	97	88
Measles (Rubeola-Rubella)	4527	5130	3704	2151	5036
Meningitis, Meningococcal	6	6	1	4	5
Meningitis, Other	6	14	14	16	8
Mumps	734	886	840	492	675
Pertussis (Whooping Cough)	164	64	42	91	38
Pneumonia	100	141	130	86	83
Poliomyelitis	1	1	1	3	1
Streptococcal Infections	453	674	663	434	313
Tinea Capitis	12	19	18	9	3
Vincent's Infection	3	7	1	1	



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A n A F F I L I A T E D N A T I O N A L H O T E L

Deaths . . .

Onan C. Adkins, M.D., 81, a practicing physician for 40 years, died May 26 at his Indianapolis home. He had practiced there 25 years before his 1947 retirement.

Dr. Adkins was born in Adams and graduated from Indiana Medical College (I.U.) in 1907. He practiced in Jennings County, at Acton, El-nora, McCordsville and Medaryville before moving his practice to Indianapolis.

He was a member of North Park Masonic Lodge, Scottish Rite, Tabernacle Presbyterian Church, American Medical Association, ISMA and the Indianapolis Medical Society. He was a member of the 50-Year Club.

Dr. Adkins had been an infantry line officer in France during WW I with the U.S. Army.

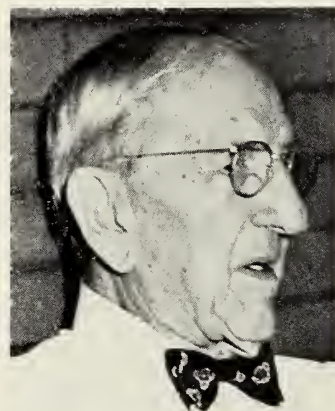
James W. Baxter, Jr., M.D., 52, died May 8 at his New Albany home.

He was a graduate of University of Louisville School of Medicine and interned at Louisville City Hospital. He began his New Albany practice in 1932.

Dr. Baxter was a captain in the U.S. Air Force Medical Corps during WW II, seeing duty in China, Burma and India. He was a member of DePauw Memorial Methodist Church, Academy of General Practitioners, the Floyd County, Indiana State and American Medical associations; Bonnie Sloan American Legion Post, New Albany Elks Lodge and Jefferson Masonic Lodge.

Charles S. Bond, M.D., oldest past president of the Indiana State Medical Association, ISMA Senior member and member of the 50-Year Club, died June 16 at his Richmond home at the age of 102.

Dr. Bond, who retired from his Richmond practice after 58 years there, attended Bellevue (N.Y.) Medical School, graduating in 1883, and graduated from Earlham College in 1887 with both bachelor of science and bachelor of arts degrees. He was credited with being the oldest living Earlham graduate at the time of his death, and also with being the first baseball player in



DR. CHARLES S. BOND

this area to throw a curve ball. He played golf and bowled for many years.

He was president of ISMA in 1895, was elected to the Society of American Physicians in 1890. Dr. Bond was recognized as an authority on tuberculosis and Bright's disease. He was a member of AMA and ISMA.

Elbert C. Cook, M.D., 81, retired former Madison physician, died June 5 at a hospital at Bradenton, Fla., where he resided.

A native of Ohio, Dr. Cook practiced more than 50 years at Richmond, retiring in 1950. He was a Senior member of ISMA, member of AMA, several Madison Masonic bodies including the Knights Templar, Elks lodge and Madison Presbyterian Church.

Dr. Cook graduated from the Kentucky School of Medicine in 1906.

Frank Dale Johnson, M.D., age 48, died June 2 after a three-year illness. He had practiced in Waynetown from 1938 until his retirement due to illness in 1956.

He attended Indiana State Teachers College and graduated from Northwestern University School of Medicine in 1937. He interned at Akron, Ohio, and took his resident training at Peru.

He was a member of Waynetown Christian Church, former president of Montgomery County Medical Association, a staff member of Culver Hospital at Crawfordsville, and had been a member of ISMA since 1936.

John A. MacDonald, M.D., 91, retired Indianapolis physician, died June 17 at his home at Glenwood Lodge, Interlaken, N.Y., where he had lived since 1951.

Born at Wooster, O., Dr. MacDonald attended Miami University at Oxford, Ohio, and received his medical degree from Rush Medical College, Chicago, in 1901.

He practiced in Indianapolis from 1907 until 1951 in private practice. During WW I, he served in the Army Medical Corps. When he returned to Indianapolis he limited his work to consultative and diagnostic practice. He served continuously on the staff at Central Dispensary and City Hospital from 1908 until 1938. Dr. MacDonald was a staff member of St. Vincent's and Methodist Hospitals. He was instrumental in founding the Medical Staff Society of Methodist Hospital in 1920 and was the society's first president. He subsequently served on the Medical Advisory Committee and on the joint liaison committee of physicians and trustees of the hospital.

He was interested in clinical medicine and the proper application of new medicinal agents that were developed in swift succession during his active practice such as insulin and the anti-anemic principle in liver extract.

Dr. MacDonald visited leading clinics and hospitals in this country and in England pursuing postgraduate work. He served continuously as a member of the consulting staffs of the university hospitals as professor of clinical medicine in the I.U. School of Medicine from 1932 until his retirement.

The doctor was a member of the Marion County Medical Society and served as its president in 1926; a Senior member of ISMA and of AMA. He was a fellow of the American College of Physicians since 1929, a diplomate of the American Board of Internal Medicine since 1937 and was co-founder and charter member of the Central Society for Clinical Research. He also was a member of the First Presbyterian Church

of Indianapolis, Beta Theta Pi and Nu Sigma Nu fraternities, the Masonic Lodge, Pentalpha, Knights Templar, Paul Coble American Legion Post, Riley Memorial Association, Levy Foundation, Columbia Republican Club and the Indianapolis Dramatic Club.

Garland D. Scott, M.D., 74, Sullivan surgeon who had won national recognition for treatment of fractures, died May 22 at the Mary Sherman Hospital after an illness of several months.

In association with three other doctors, he founded the former Crowder Memorial Hospital in the early teens, which was Sullivan County's first hospital. He became nationally known for his treatment of fractures and also won recognition while on the Northwestern faculty for research work on the regeneration of kidneys. His kidney research won him a membership in Sigma Xi, honorary scientific research fraternity.

Dr. Scott lectured on fractures and fracture treatment for several years at national AMA meetings. A fellow of the American College of Surgeons, he was one of the first surgeons in Indiana to become a member of that group in 1921.

He was a native of Sullivan County, attended University of Chicago and graduated from Rush Medical College in 1908. He interned at Cook County Hospital, Chicago, entered practice in Chicago, and was a member of the anatomy staff of Northwestern Medical College where he conducted kidney research.

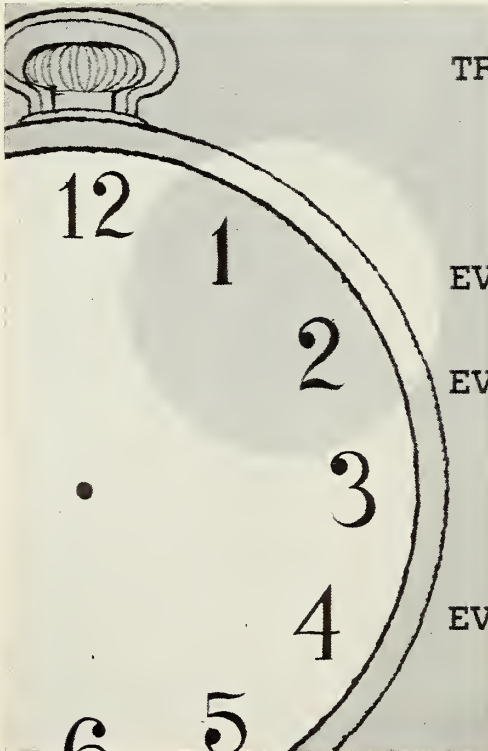
He returned to Sullivan County in 1911 to practice until joining the U.S. Army Medical Corps in 1917. After service he returned to Sullivan to limit his practice to general surgery.

He was a member of the Sullivan County Medical Society, senior member of ISMA and AMA, served as councilor for his district to ISMA and as delegate from ISMA to AMA. His professional memberships included Indiana Roentgen Society and Aesculapean Society of the Wabash Valley. He was a member of Phi Beta Pi medical fraternity, Alpha Omega Alpha honorary medical fraternity, Sullivan First Christian Church, Sullivan Masonic Lodge, Scottish Rite, Valley of Detroit; Zorah Shrine Temple, Terre Haute; Sullivan Elks Lodge and Sullivan American Legion Post.

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a property damage accident . . . Shaken nerves . . . Time lost from work . . . A vacation ruined . . . Bills, Bills, Bills . . .

NEWS NOTES—from State and Nation

AMA's 112th President Takes Oath at San Francisco

In taking the oath of office as 112th president of the American Medical Association June 24 in San Francisco, Dr. Gunnar Gundersen called attention to the physician's obligations on the



PHOTO BY FABIAN BACHRACH

Gunnar Gundersen, M. D.
LaCrosse, Wisc.
President, American Medical Association
1958-1959

international scene. The 61-year-old LaCrosse, Wis., surgeon said: "As both physicians and citizens, we must see that medicine plays its full role, not only in promoting better world health, but also in helping the search for brotherhood and peace."

As American citizens, Dr. Gundersen said, "our first duty is to this country. But as members of the brotherhood of man, we also have a duty toward all men who yearn for freedom, dignity and peace." He further pointed out that "medicine can play a vitally effective part in

bringing reality to the dream of world peace. For medicine, despite the designs of politicians or dictators, is above the harsh conflicts of ideologies and power policies. Medicine, like religion, speaks a universal language which passes all barriers of race, creed, color and nationality."

Dr. Gundersen has been active in state and national medical affairs throughout his practice. He was president of the State Medical Society of Wisconsin in 1941-42, served on a number of the society's committees, and was speaker of its House of Delegates for about five years. He was a member of the AMA's House of Delegates in 1937-38 and was elected to the AMA Board of Trustees in 1948. He became chairman of the Board in June, 1955. His keen interest in hospital affairs and the quality of hospital service led to his election as the first chairman of the Joint Commission on Accreditation of Hospitals when it was formed in 1951. He served in that capacity until 1953.

He now operates the Gundersen Clinic in LaCrosse, along with three of his physician brothers, Sigurd B., Alf H., and Thorolf E. Two other physician brothers, Drs. Trygve and Sven M. Gundersen, are practicing in Boston and Hanover, N.H., respectively. The Gundersen Clinic, which handles 3,000 to 4,000 new patients a year, was established in 1927. It attracts people from all over the United States and is operated in conjunction with the LaCrosse Lutheran Hospital next door.

Dr. Gundersen did his prep school work in Oslo, Norway, and returned to the U.S. to obtain his B.S. degree from the University of Wisconsin in 1917, and his M.D. from Columbia University in 1920. He served his internship and residency at LaCrosse Lutheran Hospital from 1920 to 1922. He is a diplomate of the American Board of Surgery, a fellow of the American College of Surgeons and the International College of Surgeons, a member of the Council of the World Medical Association, and a member of the American Public Health Association.

Investigator

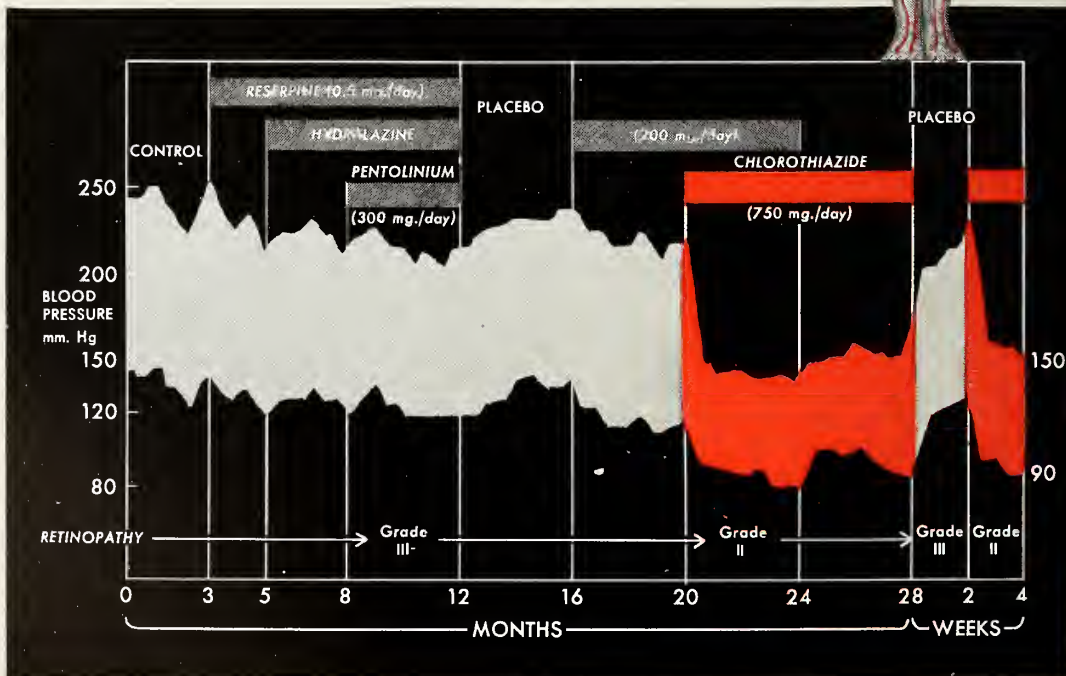
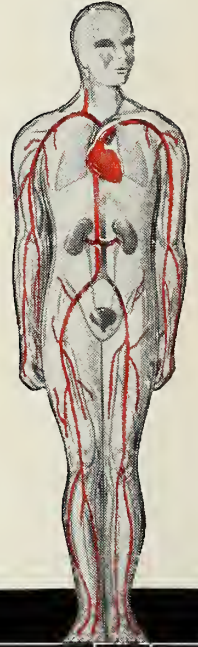
after investigator reports

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide." "... it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). . . ."

Freis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8:1, September, 1957.

MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa.



the effectiveness of **'DIURIL'**
(CHLOROTHIAZIDE)
in

Hypertension

as simple as 1-2-3

1 INITIATE THERAPY WITH 'DIURIL'. 'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS. The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION. The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' is a trade-mark of Merck & Co., Inc.

Smooth, more trouble-free management of hypertension with 'DIURIL'

News Notes

Continued

Medical Assistants' Convention Featured Many Highlights

Workshops, outstanding speakers, awards and installation of officers were among the highlights of the second State Convention of the Indiana State Association of Medical Assistants held at Evansville April 26-27.



JEANNE WOODS
Medical Assistant
of the Year

Gordon "Bish" Thompson, well known radio announcer and newspaper columnist, was after-dinner speaker the first evening. His talk was interesting as well as humorous. At the president-elect's luncheon on Sunday, Roger Zion, representing host company of the morning's breakfast, Mead Johnson and Company, discussed "Responsibilities of a Medical Assistant from a Human Relations Standpoint." He related many stories to emphasize his points which were attitude, understanding of people and their problems, and sympathy.

AWARD PRESENTED

At the banquet Dr. M. C. Topping, president of ISMA, was presented an honorary membership to ISAMA. Dr. Topping, in turn, presented the award for the Indiana Medical Assistant of the Year to Miss Jeanne Woods of Indianapolis. Other contestants for the award were Mrs. Irene Wells of Evansville; Mrs. Margaret Pegg, Richmond; Mrs. Betty Hyres, Logansport; Miss Crystal Macy, Shelbyville, and Mrs. Janine Higgins, Fort Wayne.

New officers installed in a candlelight ceremony were: president, Miss Jeanne Woods, Indianapolis; president-elect, Miss Evelyn Sommers, Logansport; secretary, Miss J. Marie Theobald, Indianapolis; treasurer, Mrs. Evelyn Montgomery, Shelbyville; junior past-president, Mrs. Bettye J. Fisher, Evansville; directors for a two-year term: Mesdames Kathryn Phillips, Indianapolis; Martha Hanaway, Logansport; Louise McComb, Fort Wayne, and Carolyn Appleby, Richmond, and Misses Crystal Macy of Shelbyville and Mary Jo Scott of Evansville.

Appointed delegates to the National Convention at Chicago Oct. 31 and Nov. 1-2, 1958 were Misses Evelyn Sommers of Logansport and J. Marie Theobald, Indianapolis. Alternates named were Mesdames Georgia McCracken of Shelbyville and Bettye J. Fisher, Evansville.

The two workshops attended by the medical assistants were on "Medical Accounts Receivable," conducted by William A. Klaser, president of Professional Business Service, Inc., and "Medico-Legal Ethics and Technics" by Herman McCray, attorney-at-law.

CREED ACCEPTED

An interesting and important sidelight of the meeting was the Creed, written by Miss Theobald, which was accepted by the Indiana Medical Assistants:

*"E is for endeavor in our duties
T is for truthfulness in all we do
H is for helpfulness to others
I is for integrity in our work
C is for courteous treatment to all
S is for sincerity in our purpose;
Put them all together, they spell ETHICS,
A word we MUST uphold to attain our goal."*

Medical assistants in Indiana will hold their 1959 State Convention April 25-26 at Fort Wayne.



Newly elected officers of the Indiana State Association of Medical Assistants are shown (l to r): Mrs. Bettye J. Fisher, junior past president; Miss J. Marie Theobald, secretary; Miss Evelyn Sommers, president-elect; Mrs. Evelyn Montgomery, treasurer, and Miss Jeanne Woods, president.

Continued

If
Monilial overgrowth
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Combines ACHROMYCIN V with NYSTATIN

SUPPLIED:

CAPSULES contain 250 mg. tetracycline HCl equivalent (phosphate-buffered) and 250,000 units Nystatin. **ORAL SUSPENSION** (cherry-mint flavored) Each 5 cc. teaspoonful contains 125 mg. tetracycline HCl equivalent (phosphate-buffered) and 125,000 units Nystatin.

DOSAGE:

Basic oral dosage (6-7 mg. per lb. body weight per day) in the average adult is 4 capsules or 8 tsp. of ACHROSTATIN V per day, equivalent to 1 Gm. of ACHROMYCIN V.

ACHROSTATIN V combines ACHROMYCIN[†] V ... the new rapid-acting oral form of ACHROMYCIN[†] Tetracycline ... noted for its outstanding effectiveness against more than 50 different infections ... and NYSTATIN ... the antifungal specific. ACHROSTATIN V provides particularly effective therapy for those patients prone to monilial overgrowth during a protracted course of antibiotic treatment.

LEDERLE LABORATORIES DIVISION, AMERICAN CYANAMID COMPANY, PEARL RIVER, N. Y.
*Trademark †Reg. U. S. Pat. Off.



News Notes

Continued

New Report on Indigent Care

A new report titled "Medical Care for the Indigent in 1957" has been prepared by the Committee on Indigent Care of the AMA's Council on Medical Service. This report deals with some of the specific problems that states have encountered under current laws. Two previous reports in the series have dealt with the development of Public Assistance medical care and the changes made by 1956 and 1957 amendments to the program.

Effective July 1, 1957, new federal matching funds were authorized to reimburse the states for part of the cost of providing medical services to recipients of old age, blind, and permanent and total disability assistance, and of aid to dependent children. However, these additional funds could be applied only to payments made directly to the providers of medical services—physicians, hospitals, pharmacists, etc. States applying for these funds could receive federal aid, outside the limits set by this new formula, only

for payments made directly to assistance recipients.

In a number of states which had already provided comprehensive medical care for Public Assistance recipients, this new formula required considerable reorganization of the programs if maximum federal aid was to be achieved. The Committee's new report examines in detail the problems raised for these states and the federal policies affecting methods of paying for medical services.

The first two reports now are available in reprint form and the new report will be available shortly from the Council on Medical Service.

Indianapolis Selected

Indianapolis will be the site of the 1961 convention of the American College of Cardiology, it has been announced. The convention will be held Nov. 14-18. Chairman of the Convention Arrangements Committee is Dr. Seymour Fiske of New York City.

Continued

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Specialists in Therapeutic Footwear for Men, Women and Children since 1914

Voluntary Health Insurance For the Aged

An article in the April, 1958, issue of the *Chronic Illness Newsletter*, published bi-monthly by the AMA Council on Medical Service, describes some of the methods by which persons over 65 are being increasingly included in voluntary health insurance coverage. The article breaks down various groups within this over-65 population by type of protection or lack of it, describes a number of the programs currently under way by the Blue Shield-Blue Cross plans, private insurance companies, industry and others in extending voluntary health protection for these groups, and analyzes the socioeconomic forces behind a rising trend in coverage of this section of the population. Additional copies of this issue of the *Newsletter* are available on request from the Council.

Athletic Injuries Course in August

"The Prevention and Management of Athletic Injuries," a postgraduate course, will be presented August 25-27 at the University of Colorado Medical Center. It is sponsored by The Division of Orthopedic Surgery and The Office of Postgraduate Medical Education of the Colorado University Center.

For further information write to the Office of Postgraduate Medical Education, University of Colorado Medical Center, 4200 East Ninth Ave., Denver 20.

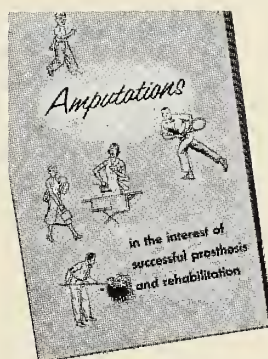
A. D. Dennisen, Jr., M.D., presented his paper, "Aortic Insufficiency: Multiple Eponyms, Physical Signs and Etiology," before the 13th Councilor District at North Vernon, May 7.

Scholarship to Hoosier Doctor

Dr. Roy L. Gibson, Jr., Rising Sun native and now a lieutenant in the Navy, was awarded scholarship grants for a one-year study of atomic medicine by the Atomic Energy Commission.

The I. U. School of Medicine graduate will leave active duty with the Navy in July and begin his year of advanced study at the University of Cincinnati in September.

Continued



New AMPUTATION BOOKLET

.....

A concise reference regarding amputations, prostheses and the rehabilitation of the amputee, is now available. It has been written under the supervision of an eminent orthopedic surgeon and incorporates the experience gained by the Hanger organization from supplying Prostheses for nearly 100 years. Charts and drawings and information about the care and fitting of the amputee, are presented. Write or phone the Hanger office nearest you for your copy of the Amputations Booklet.

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News Notes

Continued

Certification Applications Accepted

Applications for American Board of Obstetrics and Gynecology certification, new and reopened, Part I, and requests for re-examination Part II are now being accepted, the Board has announced.

All candidates are urged to make application at the earliest possible date. Deadline for receipt of such application is Sept. 1, 1958. No applications can be accepted after that date. Prospective candidates deadline is Aug. 1, 1959.

Candidates are requested to write to the office of the secretary, Robert L. Faulkner, M.D., 2105 Adelbert Road, Cleveland 6, for a current Bulletin for present requirements. Application fees (\$35), photographs and lists of hospital admissions must accompany all applications.

A. D. Dennison, Jr., M.D., Associate in Medicine, University of Indiana Medical School, Indianapolis, led a panel discussion at a symposium during the 7th annual convention of the American College of Cardiology held in St. Louis, May 21-24.

The symposium, one of eight scientific sessions at the convention, was on Effect of Stress and Environment on Cardiac Function.

A scientific exhibit of Clinical Pictures of Fluid Imbalances was displayed by W. D. Snively, Jr., M.D., Michael J. Sweeney, M.D., and M. L. Wessner, all of St. Mary's Hospital, Evansville.

Doctors Charles Gillespie, Indianapolis, and Alexander W. Cavins, Terre Haute, have been named chairman and vice-chairman respectively of District V (Indiana) of The American College of Obstetricians and Gynecologists. Dr. Cavins is senior associate editor of ISMA *Journal*.

The election was held at the Sixth Annual Clinical Meeting of the College April 21-23 at Los Angeles. The seventh meeting will be held in Atlantic City April 6-8, 1959.

Dr. Robert J. Vyverberg, who practices both in Mulberry and Lafayette, was honored in May when he was made a member of Sigma Xi at Purdue for his scientific research ability.

AMA Sets August 27-28 For PR Institute

Be sure to circle the dates of Wednesday and Thursday, Aug. 27 and 28, on your calendar for the American Medical Association's 1958 Public Relations Institute at the Drake Hotel, Chicago. The meeting will be of particular interest to state and county medical society executives, public relations personnel and public relations chairmen. Further details will be announced later.

Reward Offered

A "reward" of \$100 for each of two original papers for presentation at the District V meeting of The American College of Obstetricians and Gynecologists has been announced.

Papers are wanted from residents in obstetrics and gynecology on either clinical or research material. Deadline date for submission of papers is Sept. 1, 1958. The meeting will be held Sept. 25-27 at French Lick, Ind.

Forward manuscripts to Charles F. Gillespie, M.D., 3400 N. Meridian St., 22E, Indianapolis 8.

Continued to 995

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES

STARTING DATES — FALL, 1958

SURGERY—

Surgical Technic, Two Weeks, August 18, September 15
Surgery of Colon and Rectum, One Week, September 22, October 27
Basic Principles in General Surgery, Two Weeks, October 13
Esophageal Surgery, One Week, September 15
Thoracic Surgery, One Week, September 22
Gallbladder Surgery, Three Days, November 3
Surgery of Hernia, Three Days, November 6
General Surgery, Two Weeks, November 10; One Week, October 27
Fractures & Traumatic Surgery, Two Weeks, October 20
Treatment of Varicose Veins, Two Days, September 15
American Board Review Course, Two Weeks, November 10
Blood Vessel Surgery, One Week, October 20

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, September 8
Vaginal Approach to Pelvic Surgery, One Week, October 6
General & Surgical Obstetrics, Two Weeks, September 22

MEDICINE—

General Review Course, Two Weeks, October 20
Electrocardiography, Two-Week Basic Course, October 6
Gastroscopy & Gastroenterology, Two Weeks, November 3
American Board Review Course, One Week, September 29,
(For Part I Candidates Only)

DERMATOLOGY—

Clinical & Didactic Course, Two Weeks, November 3

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, September 22
Clinical Uses of Radioisotopes, Two Weeks, September 29

UROLOGY—

Two-Week Intensive Course, October 13
Ten-Day Practical Course in Cystoscopy by appointment.

TEACHING FACULTY—ATTENDING STAFF OF
COOK COUNTY HOSPITAL

ADDRESS:

REGISTRAR, 707 South Wood Street, Chicago 12, Illinois

District Meeting Reports

THIRD COUNCILOR DISTRICT

Dr. Robert LaFollette of New Albany was elected president of the Third District at the May 14 meeting and Dr. John M. Paris of New Albany was elected to succeed Dr. Keith Hammond as councilor. Dr. Daniel H. Cannon was elected secretary.

Dr. M. C. Topping, president, ISMA, spoke briefly on the new building. Dr. Joseph Maurer of Louisville spoke on "Office Urology" and Dr. Marvin Lucas discussed "Office Pathology."

The third district instructed Dr. Paris to vote in the Council Meeting the approval of the district for the Indiana University campus as the site of the new ISMA building.

FIFTH COUNCILOR DISTRICT

Speakers at the annual meeting of the Fifth Councilor District were Dr. Franklin B. Peck, Jr., research physician for Eli Lilly and Company, and Dr. Richard Stander, instructor at Indiana University. The meeting was held May 21 at the Elks Club, Brazil.

Dr. Peck presented his paper, "The Viruses," and Dr. Stander presented, "Treatment of Abruptio Placenta." The papers were well presented and an interesting question and answer discussion followed.

New officers were elected as follows: James Richart, M.D., president; Burton Scherb, M.D., vice-president, and Roy Pearce, M.D., secretary-treasurer. All are from Terre Haute.

At the business meeting Dr. Hubert Goodman gave a report on the progress in regard to Blue Cross and answered questions concerning that organization. Dr. Goodman was unanimously re-elected as representative to Blue Cross from the Fifth District.

Fifth District councilor, Dr. Robert Webster, reviewed events concerning meetings he had attended since his election to office. Dr. Earle Wiseman, Greencastle, was re-elected assistant councilor of the Fifth District.

The councilor and assistant were instructed by a motion from the floor to recommend to favor a plan for the location of the new ISMA building

on I. U. campus at the next meeting, and in favor of the type building plan as recommended at the past meeting.

After dinner speaker was Maj. Gen. Ralph F. Stearly (Ret.), who discussed his experiences in the Air Force and the problems of air defense in the country.

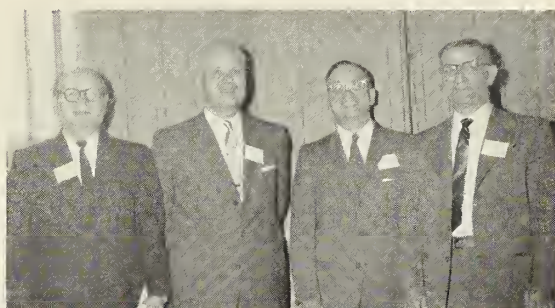
Next meeting will be sponsored by the Vigo County Medical Society.

SEVENTH COUNCILOR DISTRICT

"Space Physiology" was the subject of a talk given by Dr. Stuart Bondurant, flight surgeon of Wright Air Development Center, Ohio, at a meeting of the Seventh Councilor District and Indianapolis Medical Society held at the Empire Life Insurance auditorium, Indianapolis.

Dr. Glen Ryan, Indianapolis, was re-elected to

Continued on Page 998



Newly elected officers of the Twelfth District shown above are (l to r): Drs. Max M. Gitlin, secretary-treasurer; Milton F. Popp, past president, 12th District, and new alternate delegate; Harold F. Zwick, vice-president, and Floyd B. Kantzer, president.



Shown with guest speaker of the Twelfth District meeting, J. S. DeTar, M.D., of Milan, Mich. (ctr) are (l to r): Drs. Guy A. Owsley, M. C. Topping, ISMA president; Kenneth L. Olson, ISMA president-elect, and Maurice E. Glock, new 12th District councilor.

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SUPPLIED: Bottles of 60 tablets.

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2-methyl-2-n-propyl-1,3-propanediol dicarbamate
Conjugated Estrogens (equine)0.4 mg.

DOSAGE: One tablet t.i.d. in 21-day courses with one week rest periods. Should be adjusted to individual requirements.

Literature and samples on request.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

June 7, 1958

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of The JOURNAL; Albert Stump and Robert Hollowell, attorneys, and James A. Waggener, executive secretary.

Membership Report

Number of members June 1, 1958-----	4,112*
Number of members June 1, 1957-----	4,065
Gain over last year-----	47
Number of members Dec. 31, 1957-----	4,149

* Includes 66 in military service (gratis)
152—\$10 members (residents and interns)
391—senior members
47—members, dues remitted by Council
1—honorary member

Number who have paid AMA dues:

June, 1958 -----	3,950**
June, 1957 -----	3,876
Gain -----	74

** Includes 652 exempt members (gratis)—394 prior to 1/1/58; 258 so far this year.

Headquarters Office

The secretary notified the Committee that the Hume Mansur Building had increased the rent, due to air conditioning, effective July 1, 1958.

A gasoline credit card for the use of the employees was approved on motion of Drs. Owsley and Wood.

A vacation of the executive secretary, following the AMA meeting, was approved on motion of Drs. Owsley and Wood.

Treasurer's Office

The report of the treasurer was approved on motion of Drs. Topping and Wood.

Legislative Matters

National. Dr. Wood reported on the activity in Congress relative to the appropriation bill, in which the Medicare program is involved, reporting that according to the latest reports the operation of Medicare would not be drastically disturbed over its present operation. He also reported that hearings on the Forand bill would begin June 16.

Local. Dr. Wood reported on the bill for nurses' graduate education and the request of the Vocational Education Department for support of a plan to request an increase in its budget from \$341,000.00 to approximately \$4,000,000.00, with the statement made by the Department that part of

these funds would be used for conducting schools of practical nurse instruction.

1958 Annual Convention. Murat Temple, Indianapolis, Oct. 13, 14 and 15

Report on the sale of exhibit space was noted and approved by consent.

Organization Matters

The Veterans Fee Schedule for the year beginning July 1, 1958 was reported on with the information that the Commission on Governmental Medical Services had discussed this and had recommended its approval. The schedule was authorized for approval on motion of Drs. Owsley and Topping. It was also included in the motion that a letter be written to the Veterans Department encouraging them to work as rapidly as possible toward the development of a plan comparable to the Indiana Plan of Medicare.

Minutes of the meetings of the North Central District Blood Bank Clearing House were referred to the Committee and the financial condition was noted and approved by consent.

A letter from Dr. Arthur G. Blazey, addressed to Dr. Paul T. Lamey, Anderson, was read for the information of the Committee.

Letter from the Indiana Committee for the Prevention of Drunken Driving was read to the Committee and by consent this letter is to be referred to the Commission on Public Health.

Letter from the Texas Medical Association regarding its position on the Medicare program, together with the resolution which they intend to present at the San Francisco meeting, was read, and upon motion of Drs. Sicks and Wood the executive secretary is to discuss this with the delegates and suggest that Dr. Topping might conceivably appear before the A. M. A. reference committee on this resolution.

Dr. Olson called to the attention of the Committee the fact that General Robinson was retiring as director of the Medical Dependents' Care program, and upon motion of Drs. Olson and Wood a letter is to be written to General Robinson complimenting him on his fine cooperation with the Indiana State Medical Association during his term of office.

Letter from the Indiana Historical Society asking for financial participation of the Indiana State Medical Association in its work was read but no action was taken.

Letters of appreciation from many of the regional directors of the Science Fair movement were referred to the Committee. The Secretary was instructed to place on the Council agenda the matter of participation in the 1959 Science Fair program. It was also suggested that the Commission responsible for this activity be re-

Executive Committee

Continued

quested to have a plan ready for presentation to the Council at this same time.

A copy of a letter from Dr. Emmett B. Lamb to Mr. William C. Stahlaker, chairman of the Committee for the Employment of the Physically Handicapped, in which he offered the services of his Commission on Public Health as a medical advisory group to the State Committee was approved by consent.

The secretary reported that Medicare claims processed now total almost 9,000 and things apparently are working along in good shape.

Dr. Topping read a letter from Dr. Andrew Offutt, State Health Commissioner, regarding an advisory committee to the Department of Maternal and Child Health, and Dr. Owsley reported on the action of the Commission on Governmental Medical Services and naming members of the Commission was reported and approved by consent.

Dr. Topping read for the information of the Committee a letter which he had received from a pediatrician in Alabama criticising the United States Public Health Service handling of the Salk vaccine program.

The Journal

Dr. Ramsey said he had been thinking for some time of conducting an essay contest among the medical students and publishing the three winning essays. Upon discussion it was felt that this might be better done among the interns and residents rather than the medical students. By consent it was agreed that Dr. Ramsey work out whatever program he thought would be satisfactory.

Dr. Ramsey also reported on Miss Wilson's ability as a photographer and suggested that dark room equipment might be purchased for use by The JOURNAL. This was approved on motion of Drs. Owsley and Sicks.

Future Meetings

Letter from the American Medical Association regarding the Fifth Annual Conference on Mental Health, to be held at the Drake Hotel, Chicago, Nov. 21 and 22, 1958 was read and by consent one member of the Commission on Governmental Medical Services is to be asked to attend this conference at the expense of the Association.

The A. M. A. session in San Francisco June 22 to 27 was called to the attention of the Committee. By consent it was agreed that the executive secretary should leave on June 19 in order to attend the Medical Society Executives Conference, and at the same time approved the operation of the Indiana headquarters room at the St. Francis Hotel.

New Business

The secretary requested an interpretation of the Constitution and By-Laws by the Committee relative to payment of councilors' expenses for a special

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New AMA Exhibit on Fitness

"Seven Paths to Fitness" is the title of a new American Medical Association exhibit slated for debut at the Public Relations Institute August 27-28 in Chicago. Sponsored by the Bureau of Health Education in cooperation with the Bureau of Exhibits, the new display emphasizes the following seven avenues to health and fitness: nutrition, relaxation, play, exercise, dental care, medical care and work. Over-all murals depict the sources and activities in each category. The exhibit is primarily intended for professional audiences such as physicians, educators and others having a direct interest in physical fitness. It will be available for bookings after Sept. 1 through the Bureau of Exhibits. (A smaller type exhibit on the same subject will be completed later.)

meeting of the Council which is to be held prior to the special meeting of the House of Delegates on Sunday, June 8. By consent it was agreed that the councilors' expenses should be paid for this meeting.

There being no further business the meeting was adjourned. The Committee's next meeting will be held on Saturday, July 19, 1958.

News Notes

Continued from 990

Hold Second Conference On Uniform Labeling Law

CHICAGO—The second in a series of conferences to discuss model legislation for labeling hazardous substances will be held Friday, July 25, at the American Medical Association's Chicago headquarters.

Sponsored by AMA's Committee on Toxicology, invitations have been sent to more than 60 organizations representing trade associations, toxicity-testing laboratories, chemical trade unions, and other interested groups.

Under discussion will be the "Uniform Hazardous Substances Act" which has been drafted by the committee and is intended to close the gap in label legislation.

Bernard E. Conley, Ph.D., committee secretary, said, "Existing legislation shows a sketchy, non-uniform, and generally inadequate pattern of labeling regulations at state and national levels."

"Ninety per cent of the states lack requirements for the precautionary labeling of commercial as well as household chemical products," he added.

More than 40 organizations, including representatives of government, agriculture, and medicine attended the first in this series of conferences in Chicago on May 9.

\$1,000 Award for Urology Research

An annual award of \$1,000 is offered by the American Urological Association for essays on the result of some clinical or laboratory research in urology. First prize is \$500, second prize \$300 and third prize \$200.

Competition is limited to urologists who have been graduated not more than ten years, and to hospital interns and residents doing research work in urology.

First prize essay will appear on the program of the forthcoming meeting of the American Urological Association to be held at the Chalfonte-Haddon Hall, Atlantic City, April 20-23, 1959.

Edward B. Boyer, M.D., has accepted a position with the Veterans Administration Regional Office. He is closing his office at 725 Hume Mansur Building, Indianapolis.

Committee Studies AMA's Basic Programs

One of the first projects of the Committee to Study AMA Objectives and Basic Programs will be to send out a questionnaire inviting suggestions and criticisms of the Association. This questionnaire will be based on the following four points which were listed by the House of Delegates when the committee was organized last December: (1) redefining the central concept of AMA objectives and basic programs; (2) placing more emphasis on scientific activities; (3) taking the lead in creating more cohesion among national medical societies, and (4) studying socioeconomic problems.

The questionnaires will be sent to not only state and county medical societies, specialty groups and other national medical organizations but also to a probability sample of more than 3,000 physicians chosen systematically from the new AMA Directory. The latter sample will include both AMA members and non-members.

Dr. John L. Holmes, I. U. Medical Center orthopedic surgeon, became an assistant professor at the University of Missouri last month.

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News from the County Societies

Dr. George D. Buckner was named president of the **Fort Wayne (Allen County) Medical Society** at the annual meeting for election of officers held May 20. Dr. William R. Clark was named president-elect. Dr. Donald S. Painter and Dr. George C. Manning were re-elected secretary and treasurer, respectively.

Other officers elected were Dr. Wayne Glock, chairman of the board of trustees; Drs. Milton F. Popp and Leland J. Mortenson, board members; Drs. Eugene F. Senseny and Frederic W. Brown, state delegates, and Drs. Frederic L. Schoen and John F. Jackson, alternate delegates.

Dr. Paul Honan presented his paper, "Ophthalmology," at the May 6 meeting of **Boone County Medical Society**. The meeting was held at the Witham Hospital, Lebanon, with 13 present. Next meeting will be in September.

"Problems of Psychiatric Referral," was the title of Dr. John Trawick's paper presented at the **Clark County Medical Society Meeting** held May 26 in Knights of Columbus Home. The 12 members present passed a resolution to endorse W. E. Wilson for the office of state superintendent of schools in Indiana. Date of next meeting to be announced.

Delaware-Blackford County Medical Society had 28 members present at its April 15 meeting when a motion was passed to request the Junior Chamber of Commerce to propose a year-round health program to the executive committee for their recommendation to be presented at the next county meeting. A motion was passed for the society to have a diabetic detection drive and ask the Junior C. of C. for assistance.

Dr. Lall Montgomery presented a summary of Medical Education Week and urged more public information regarding polio shots this spring. Dr. Kemper Venis discussed the welfare program.

"The Presumably Well Woman" was title of the paper given at the May 5 meeting of **Howard County Medical Society** by Dr. Frank Peyton, Lafayette. Thirty-one members were present at the YMCA to hear his speech. Next meeting will be held Sept. 7.

Johnson County Medical Society and the Auxiliary held a joint meeting May 14 at the Hillview Country Club, Franklin. Dr. Glen Ryan, district chairman of Blue Shield, and H. E. Converse, executive secretary of Blue Cross, were guest speakers. They explained current services and requirements of their medical and hospital insurance policies.

The Dr. Norman Beatty Memorial Hospital hosted the **Laporte County Medical Society** meeting May 20. Sixty-six doctors and wives were present. Dr. Lowell Peterson spoke on, "Cervical Lesions, Their Differential Diagnosis and Treatments." Lantern slides were shown and the doctors quizzed on interpretations of the slides. Next dinner meeting is slated for Sept. 16, Michigan City, 7 p. m.

Twenty-two members of **Lawrence County Medical Society** heard Dr. Don Kerr speak at the May 7 meeting held at Crane Naval Ammunition Depot, Crane. A gift was presented to Dr. R. B. Smallwood who is leaving for semi-retirement in Florida. Next meeting will be held in September at Dunn Memorial Hospital.

"Diagnosis and Treatment of Tuberculosis," was the subject of Dr. J. Kemp's paper at the April 24 meeting of **Owen-Monroe County Medical Society**. Meeting was held at the Bloomington Country Club with 31 members present. Dr. Paul J. Wenzler was elected to membership.

Continued

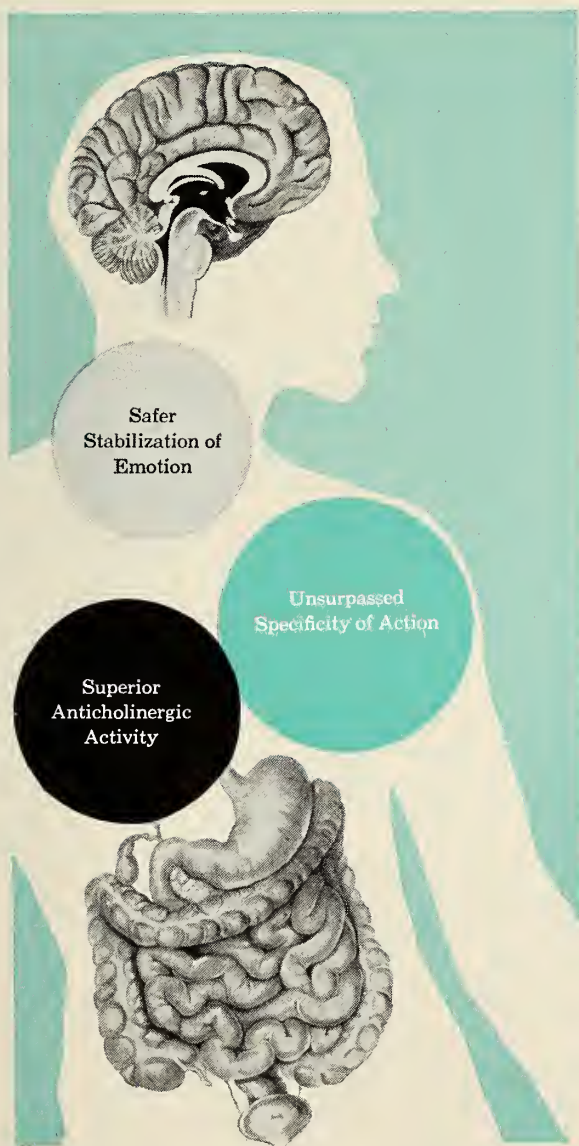
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County Societies

Continued

Dr. Lloyd Larrick, director of anesthesia, Christ Hospital, Cincinnati, presented his paper "Spinal Anesthetic" to 43 members of the **Wayne-Union County Medical Society** May 13 at the Reid Memorial Hospital. In addition, "Operation Clean-Up" was discussed and approved, and the erection of a State Society office building was discussed. Next meeting will be in September.

District Meetings

Continued from Page 991

represent Blue Cross at the business meeting and Dr. Charles A. Jones, Franklin, was elected alternate delegate to the Indiana State Medical Association.

TWELFTH COUNCILOR DISTRICT

The doctor named as Michigan's Foremost Family Physician in 1948 by the Michigan State Medical Society was banquet speaker at the annual meeting of the Twelfth District held May 21 at Cutter's Chalet, Fort Wayne.

J. S. DeTar, M.D., Milan, Mich., past president of American Academy of General Practice, spoke on the subject, "The Generalist and the Specialist."

New officers were elected at the business meeting as follows: president, Floyd B. Kantzer, M.D., Garrett; Harold F. Zwick, M.D., vice president, Decatur; secretary-treasurer, Max M. Gitlin, M.D., Bluffton; district councilor (re-elected) Maurice E. Glock, M.D., Fort Wayne; alternate, Milton F. Popp, M.D., past president from Fort Wayne, and Blue Shield director, Mahlon F. Miller, M.D., Fort Wayne.

The meeting was hosted by members of the Fort Wayne (Allen County) Medical Society. Hostesses were members of the Allen County Medical Auxiliary.

Dr. John Guttman of Indianapolis is joining Dr. Robert Abel in Wakarusa sometime this month or next. Dr. Guttman is presently on the staff of Methodist Hospital, Indianapolis.



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All articles must be typewritten, double-spaced with margins of one inch.

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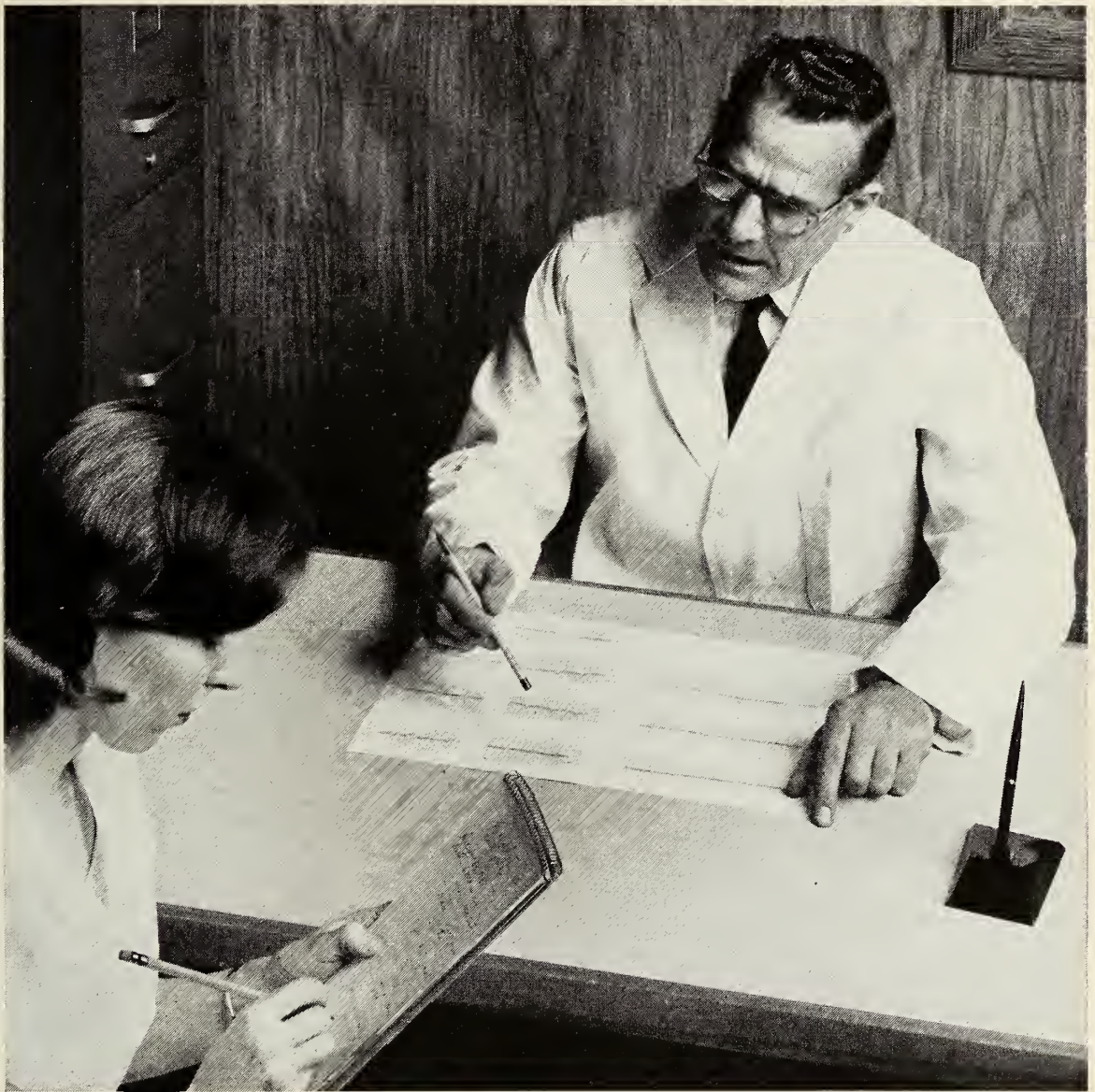
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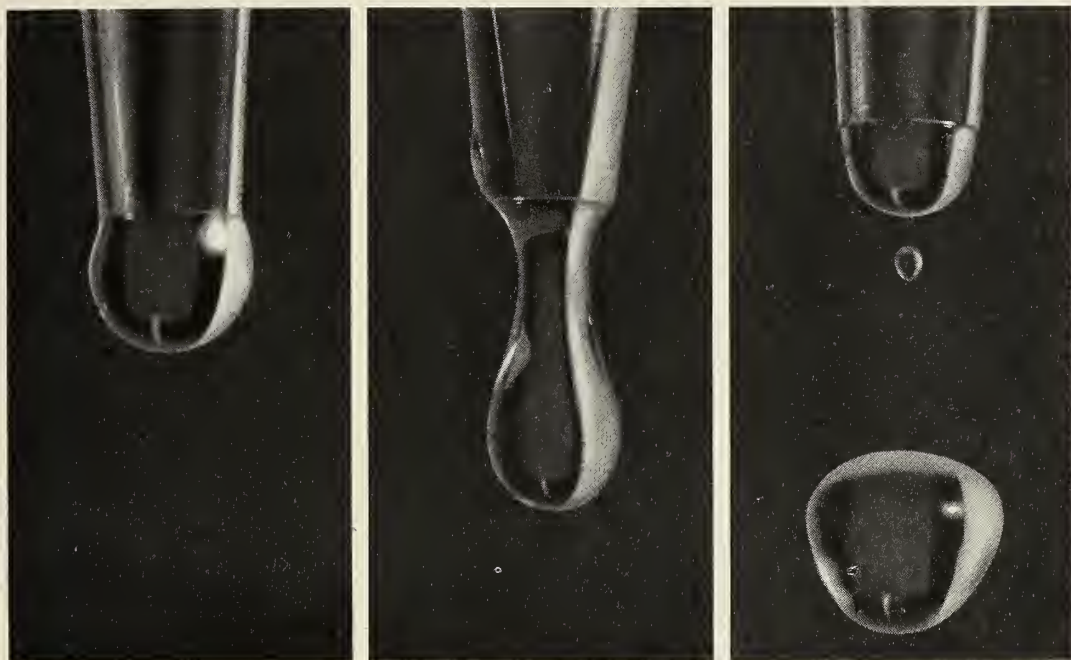
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2.	Sam I. Rotman, M.D., Jasonville	J. S. Brown, M.D., Carlisle	Bloomington, June, 1958
3.	Robert LaFollette, M.D., New Albany	Daniel H. Cannon, M.D., New Albany	New Albany, 1959
4.	Robert O. Zink, M.D., Madison	Frank W. Hare, M.D., Madison	Madison, May 20, 1959
5.	James Richard, M.D., Terre Haute	Roy Pearce, M.D., Terre Haute	1959
6.	Frank Lewis, M.D., Liberty	John H. Smith, M.D., Greenfield	New Castle, 1959
7.	Malcolm O. Scamahorn, M.D., Pittsboro	Arthur W. Records, M.D., Franklin	Indianapolis, May 20, 1958
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	Muncie, June 11, 1958
9.	R. K. Kincaid, M.D., Tipton	A. E. Stouder, M.D., Kempton	Tipton, May 22, 1958
10.	George N. Lewis, M.D., Gary	George A. Carberry, M.D., Gary	Crown Point, May 7, 1958
11.	Robert M. Brown, M.D., Marion	Charles L. Wise, M.D., Camden	Peru, 1958
12.	F. B. Kantzer, M.D., Garrett	Max M. Gitlin, M.D., Bluffton	No Date Given
13.	R. L. Bender, M.D., Elkhart	James M. Wilson, M.D., South Bend	Michigan City, Nov. 12, 1958



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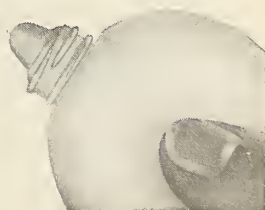
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C. — For the first time since the idea was proposed more than seven years ago by President Truman and Oscar Ewing, legislation to tack a hospital and medical service program onto social security has received a thorough airing before a Congressional committee.

For 11 days the House Ways and Means Committee listened to testimony on this and other suggested changes in the law. The hospitalization plan—now identified as the Forand bill, for its sponsor, Rep. Aime J. Forand (D., R. I.)—was by far the most controversial issue. It came up repeatedly and each time was the signal for either sharp questions or praise from Mr. Forand, depending on what the particular witness thought about the bill.

At the end of the hearings, it appeared that a majority of the committee was not inclined to press for enactment of the Forand bill, although there remained the possibility of sentiment change. At this writing, the prospect is that a bill may be enacted to raise both social security and old-age assistance payments, with a \$600 increase in the amount of taxable salary or self-employment income to meet the extra OASI cost; public assistance payments came out of general revenue.

What did the Forand hearings produce?

For one thing, the proponents and opponents lined up in columns to be identified. The one important exception was the American Hospital Association. The AHA specifically opposed the Forand bill "at this time," but left itself room for maneuvering.

The hospital witnesses—Ray Amberg, president-elect of the AHA, and Dr. James P. Dixon, chairman of its committee to study health needs of the aged—said their conclusion was that fed-

eral help of some sort was needed to finance the health care of the aged, and that the social security approach might be the ultimate decision.

However, for the present the hospital spokesmen proposed that the Ways and Means Committee set up a special advisory committee—health personnel and others—to bring together all information on the health problems of the aged, study the data and make recommendations to the committee before Jan. 1, 1960.

American Medical Association led the parade of opponents of the Forand bill, and its witnesses, Drs. Leonard Larson, a trustee, and Frank Krusen of the Mayo clinic, were subjected to close but not unfriendly questioning by Mr. Forand.

At one point Dr. Larson, the new chairman of the AMA Board of Trustees, told Mr. Forand: "As chairman, I shall devote all my energies to solving this problem and other problems of medical care plans in general. This is my primary interest. I rise or fall on what happens in this field."

Lined up with the AMA in opposing the Forand plan (in addition to the AHA) are the American Dental Association, Blue Shield, the insurance industry in general, the U. S. Chamber of Commerce and a number of other business and professional groups.

The AFL-CIO appears to be the backbone of forces working for the Forand bill. Labor's spokesmen, however, have the backing of several welfare organizations (plus the Illinois and Massachusetts welfare directors), the American Nurses Association and the Physicians Forum, among others. The latter group also informed the committee that it favors compulsory social security coverage for physicians.

Continued

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References: 1. Groszkoss, H. H., et al: Clin.
Med. 2:885 (Sept.) 1955. 2. Goldsmith, J. W.:
Minnesota Med. 40:99 (Feb.) 1957.

Month in Washington

Continued

NOTES

A highlight of a testimony luncheon for Surgeon General Burney was the first public appearance of Dr. Gunnar Gundersen as new AMA president. Dr. Gundersen praised Dr. Burney as a public health officer and as a government official who did not lose contact with the private medical community. The affair was in recognition of Dr. Burney's election as president of the World Health Assembly.

For the time being, neither doctors nor hospitals will have the exclusive radio frequencies they are attempting to obtain. They were temporarily turned down by the Federal Communications Commission in one category, but will continue their efforts to obtain the frequencies for emergency as well as day-to-day communications.

It was late in the session before Congress indicated it would continue the Hill-Burton pro-

gram; legislation virtually certain of enactment would extend the operation for three years and authorize long-term loans to non-profit sponsors who for religious or other reasons do not want federal grants.

While avoiding "campaigning against smoking," the U. S. Public Health Service is going to pass on to the public all the information it has on the subject. Its most recent effort in this direction was release of a report, based on studies of 200,000 veterans, that showed a much higher death rate for "cigarette only" smokers.

VA Psychiatrist to Lilly

Dr. Ivan F. Bennett, formerly chief of psychiatric research for the Veterans Administration, will be a member of the clinical research division of Eli Lilly and Company. He will head clinical research in psychiatry for the company and will also teach at Indiana University School of Medicine and will serve as research consultant for the Division of Mental Health of the State Board of Health.



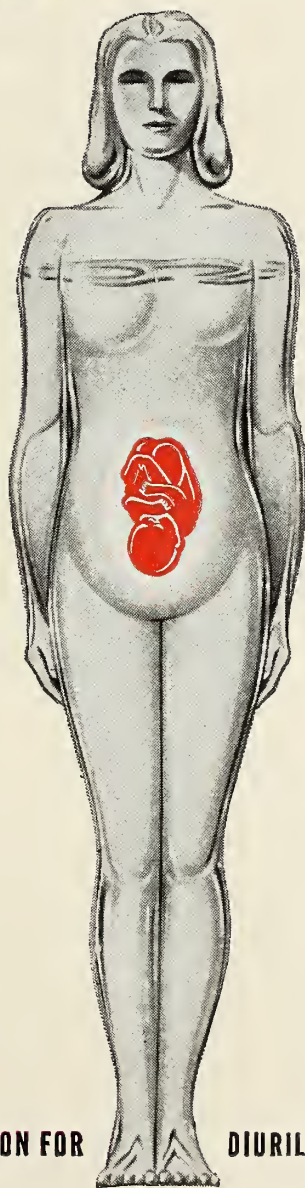
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The Fourth Estate Looks at Medicine

NUTS TO YOU, DOC

The tired old idea that winning should not be permitted because it makes the losers feel so badly has been trotted out again in a new wrapping. This time it was presented at the annual meeting in San Francisco of the American Medical Association by Dr. Fred V. Hein of the A.M.A. Bureau of Health Education in Chicago. Such organized activities as Little League baseball, he said, shut out the girls and less physically gifted boys and help to "perpetuate physical unfitness" among these non-participants.

As we interpret Dr. Hein's belief, it is that the way to achieve a physically strong nation is to toss out the best inducements to strength. He appears to be saying that because some children are less physically gifted than others, the others should be prevented from displaying their ability. We don't think he can make it stick. We hope he can't. This would be a heck of a country if supervised calisthenics for all ever took the place of Little League baseball.

Stripped of details, the doctor's real objection is to competition. Like others who adopt the same viewpoint in one form or another, he is looking no farther than center field in the nearest Little League ball park. Even within these narrow limits, he ignores the fact that a child, seeing physical fitness admired in another, is more likely than not to strive for it himself. On the wider horizon he overlooks the advantages of athletic competition to those who are "shut out" of it by their own physical limitations.

Some of the most brilliant minds of this and other ages have been developed because their possessors, with fiercely competitive instinct, have driven themselves to compensate for physical shortcomings. Had some silly idea of community-enforced physical "equality" prevailed in their childhoods, they would not have had the spur that drove them to intellectual accomplishment. The world would have been the loser.

The alternative to physical superiority for some is physical mediocrity for all. The alternative to competition is national rot. Let us, at least, not set about intentionally making weaklings of ourselves.

—*Indianapolis Star*

TEENS AGAINST POLIO

We congratulate the 127 Kokomo High School students who have formed the new Howard County Chapter of Teens Against Polio. They will work with the county chapter of the National Foundation for Infantile Paralysis in the continuing assault upon polio.

It's a good activity for young people to spend

time on. They can do a great deal to encourage all teenagers to participate in the polio vaccine program.

They plan also to do worthwhile community service by assisting polio patients under the direction of the senior chapter and by carrying on a general education program on the disease.

The more people understand polio, the more young people enroll in the vaccine program, the greater the programs will be made in reducing and eventually, it is hoped, eliminating this crippling disease.

Good luck, then, to the Teens Against Polio. We hope that they will keep at their work without losing interest and that their example will win the support of many hundreds of youth.

—*Kokomo Tribune*

TRAFFIC LAW ENFORCEMENT SHOULD BE TOUGHER

While there is a need for stricter regulation of traffic to battle the accident rate, it should remain on the state and local level and not be put in the hands of the federal government. We should be thinking of ways to keep as many functions of government in the hands of the states and the local communities as possible.

As to the attitude of some people that automobile companies should build slower cars, we agree with Paul Jones of the National Safety Council that a better way to approach this phase of safe driving is to try through public education to get people to hold their speeds down voluntarily.

This much can be said about the automobile people: They have spent millions of dollars trying to educate the purchasers of their product to drive it as sensibly and safely and soberly as possible. An interesting recent development in this connection has been the action of ministers of all faiths and sects in urging their congregations to be true Christians when they get behind the wheel of an automobile.

It has long been the opinion of many people that tougher law enforcement would help cut the traffic toll. Paul Jones tells the story of a drunken driver in Virginia who ran over and killed two children. The driver was let off with a suspended license for three months and a \$200 fine. Jones noted that he heard of another case shortly afterward in which the license of a hunter was suspended for a year and the man was fined \$500 for shooting a deer out of season. A drunken driver killing two children gets off with a lighter punishment than a man who shot a deer!

Some people resent the use of unmarked cars by

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The Fourth Estate

Continued

traffic officers to catch law violators, but we feel they are justified. While perhaps 90 per cent of all drivers can be persuaded through education to drive safely, a small but spectacular segment of motorists seem almost to sneer at safety. They are the ones who most often complain about the policeman hiding behind the billboards, or using unmarked police cars. Yet we should use every legal means possible to catch these law breakers, including unmarked cars.

Besides drinking and speed, one of the other menaces on the highway is the showoff, who is almost as bad as the speeder. As for speed, there are many differing opinions. Some say that the definition of speed is not excessive speed, but it is excessive speed in light of driving conditions. Under this argument, 80 miles an hour may not be bad on U. S. 66, whereas 30 or 35 miles an hour in a congested area could be terrible. Yet 80 or 90 miles an hour under any highway condition seems too fast for safety. The driver doesn't have much chance of stopping in time if a child runs into the road or a tire blows out.

Actually the root of the traffic accident problem is this: After we talk about everything, we come right back to the attitude of the man behind the wheel. If we eliminate every fatality caused by mechanical failures, at the most we couldn't reduce the toll by more than 10 per cent or so.

The driver needs to be thoughtful, cooperative and—a very important point—humble. With humility, the driver would be saying to himself something like this: "I've got to share this highway. I am just one of a great number of people who have to share a common strip of ground where we don't miss each other by much more than a foot."

And the building of a good driver begins right in the home, within the family circle. Parents can talk safe driving and set a good example by their own driving. In the schools, driver training courses can help. And finally tough enforcement of traffic

laws will do as much, perhaps, as any other measure.

—Kokomo Tribune

MEMO TO SLIM SECRETARIES

Three medical researchers have announced in the Journal of the American Medical Association some predictions about technology and slim secretaries and we hasten to offer a rebuttal before their statistics upset business, the farms and all slim secretaries.

The scientists say that a girl who works with modern machines has got to watch her weight. A five-foot-three, 120-pound secretary, for example, who switches to an electric typewriter can be expected to gain an extra pound every ten weeks unless she cuts down on her calories. Their reasoning is that the electric typewriter calls for less energy to operate than other typewriters and that the energy thus saved builds up into excess poundage.

Now, if these statements were just left at that, no telling what might happen over at IBM and the corner grocers. Slim secretaries would either have to shun electric typewriters or eat less. Either way, the economy could be affected.

Well, girls, we've got some news for you. The secretary in our office is five-foot-two-and-one-half inches tall, weighs 115 pounds, and has been using an electric typewriter for the past six months. Her appetite is normal.

And she's lost three pounds, not counting her winter coat.

Which certainly indicates that researchers can't always tell about secretaries. Or their own statistics, either.

—Wall Street Journal

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PUBLISHED REFERENCES: 1. Carpenter, E. B.: Southern Medical Journal 51:827, 1958. 2. Forsyth, H. P.: J.A.M.A. 167:163, 1958. 3. Little, J. M., and Truitt, E. B., Jr.: J. Pharm. & Exper. Therap. 119:161, 1957. 4. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: J. Am. Pharm. Assn., Sci. Ed. 46:374, 1957. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Truitt, E. B., Jr., and Patterson, R. B.: Proc. Soc. Exper. Bio. & Med. 95:422, 1957. 8. Truitt, E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: J. Pharm. & Exper. Therap. 119:189, 1957.

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STUDY 2²		"pronounced"			
Herniated disc	39	25	13	—	1
Ligamentous strains	8	4	4	—	—
Torticollis	3	3	—	—	—
Whiplash injury	3	2	1	—	—
Contusions, fractures, and muscle soreness due to accidents	5	3	2	—	—
STUDY 3⁵		"excellent"			
Herniated disc	8	6	2	—	—
Acute fibromyositis	8	8	—	—	—
Torticollis	1	—	—	1	—
STUDY 4⁶		"significant"			
Pyramidal tract and acute myalgic disorders	30	27	—	2	1
TOTALS	138	104 (75.3%)	28 (20.3%)	4	2

THE JOURNAL

American Medical Association

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Report on Actions of the House of Delegates American Medical Association

107th Annual Meeting

June 23-27, 1958

San Francisco

From the Executive Vice President's Office
American Medical Association

This summary covers only a few of the many important subjects dealt with by the House and is not intended as a detailed report on all actions taken.

An Indiana doctor and a Hoosier wife were selected for national positions at the San Francisco AMA meeting in June. Dr. Cleon A. Nafe, Indianapolis, past president of the Indiana State Medical Association, was elected as a member of the AMA executive committee. Mrs. Frank M. Gastineau, Indianapolis, past president of the Indiana Auxiliary and an active participant in the National organization for a number of years, was named president-elect of the National Auxiliary.

The United Mine Workers of America Welfare and Retirement Fund, Social Security coverage for self-employed physicians, relations with voluntary health organizations, veterans' medical care, the Medicare program, the Association's Washington Office and overall legislative system, the medical aspects of hypnosis and the advertising of over-the-counter medications were among the variety of subjects acted upon by the House of Delegates at the American Medical Association's 107th Annual Meeting held June 23-27 in San Francisco.

Dr. Louis M. Orr, urologist of Orlando, Fla., was chosen unanimously as president-elect for the coming year. Dr. Orr, who in recent years has been vice speaker of the House of Delegates and chairman of the A.M.A. Committee on Federal Medical Services, will become president of the American Medical Association at the June, 1959 meeting in Atlantic City. He then will succeed Dr. Gunnar Gundersen of La Crosse, Wis., who became the 112th president at the Tuesday night inaugural ceremony in the Rose and Concert Rooms of the Sheraton-Palace Hotel.

The 1958 Distinguished Service Award of the American Medical Association was voted to Dr.

Frank Hammond Krusen, professor of physical medicine and rehabilitation at Mayo Foundation, Rochester, Minn., for his outstanding achievements and contributions in the field of physical medicine and rehabilitation. For only the fourth and fifth times in A.M.A. history, the House also approved special citations to laymen for outstanding service in advancing the ideals of medicine and contributing to the public welfare. Recipients of these awards were Mrs. Charles W. Sewell of Otterbein, Ind., who has spent 45 years in rural health work, and Gobind Behari Lal, Ph.D., distinguished science writer and Pulitzer prize winner.

UNITED MINE WORKERS

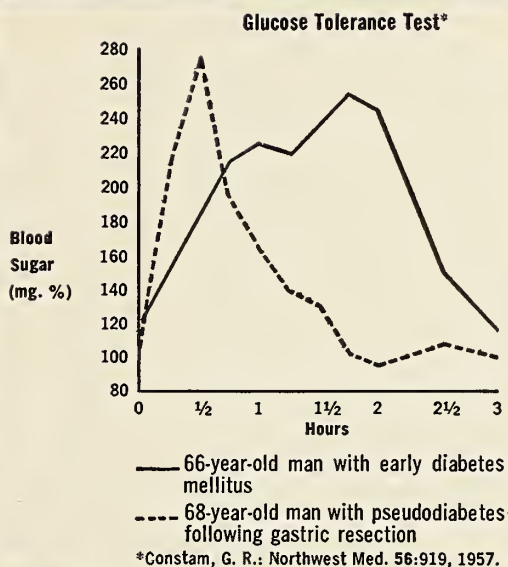
Major discussion of relations between medicine and the UMWA Welfare and Retirement Fund centered on a reference committee report which concurred in a Board of Trustees opinion that final action on two resolutions adopted in December, 1957, should be postponed until the final report of the Commission on Medical Care Plans is received.

One of those resolutions, Number 20, declared that "a broad educational program be instituted at once by the American Medical Association to inform the general public, including the beneficiaries of the Fund, concerning the benefits to be derived from preservation of the American right to freedom of choice of physicians and hospitals as well as observance of the 'Guides to Relationships Between State and County Medical Societies and the UMWA Welfare and Retirement Fund' adopted by this House last June." The other resolution, Number 24, called for the appropriate A.M.A. committee or council to engage in conferences with third parties to develop general principles and policies which may be applied to their relationships with members of the medical profession.

In explaining its position that final action on the two resolutions should be taken only after proper study, the reference committee said it "anticipates that the final report of the Commission on Medical Care Plans will contain recommendations serving

Continued

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besides diabetes, what diseases may cause symptoms of polyuria, polydipsia, increased fatigability and loss of weight?

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AMA Report

Continued

to clarify the relationships between the medical profession, the patient and third parties, and the committee has been assured that this can be expected." The committee also urged the Commission to present its recommendations no later than December, 1958.

The House of Delegates, however, by a vote of 110 to 72, adopted a floor amendment "that this section of the Reference Committee report be amended to show that our A.M.A. Headquarters Staff is directed, under supervision of the Board of Trustees, to proceed *immediately* with the campaign which was originally ordered at Philadelphia last December, that no further delays will be tolerated, and that the Council on Medical Service be relieved of any further responsibility in this matter."

SOCIAL SECURITY COVERAGE

In considering seven resolutions dealing with the inclusion of self-employed physicians under the Social Security Act, the House disapproved of three which called for polls or a referendum of the A.M.A. membership, one which favored state-by-state participation in Social Security, and two which called for compulsory inclusion on a national basis. Instead, the House adopted a resolution pointing out that "American physicians always have stood on the principle of security through personal initiative," and reaffirming unequivocal opposition to the compulsory inclusion of self-employed physicians in the Social Security system.

On the question of polls, the House expressed the opinion that any poll should be taken on a state-by-state basis and the results transmitted to the A.M.A. delegates from that state. It also pointed out that since there is no provision in the Constitution and Bylaws for a referendum of members, such a referendum would usurp the duties and prerogatives of the House of Delegates, which is the Association's policy-making body.

VOLUNTARY HEALTH ORGANIZATIONS

Dealing with problems that have arisen in the raising and distributing of funds since development of the concept of united community effort, the House adopted the following statement offered in the form of amendments from the floor:

"1. That the House of Delegates reiterate its commendation and approval of the principal voluntary health agencies.

"2. That it is the firm belief of the American Medical Association that these agencies should be free to conduct their own programs of research, public and professional education and fund-raising in their particular spheres of interest.

"3. That the House of Delegates respectfully requests that the American Medical Research Foundation take no action which would endanger the constructive activities of the national voluntary health agencies.

"4. That the Board of Trustees continue actively its studies of these perplexing problems looking forward to their ultimate solution."

VETERANS' MEDICAL CARE

Pointing out that the Federal government spent \$619,614,000 on hospitalized medical care of veterans in VA hospitals in 1957, of which about 75 per cent had non-service-connected disabilities, and that ways and means of obtaining economy in Federal government are allegedly being sought by Congress at this time, the House urged Congressional action to restrict hospitalization of veterans at VA hospitals to those with service-connected disabilities. It also recommended that the American Medical Association suggest to the Dean's Committees that they restrict their activities to Veterans Administration hospitals admitting only patients with service-connected disabilities.

THE MEDICARE PROGRAM

In disapproving a resolution calling for repeal, modification or amendment of Public Law 569, the House took the position that desired changes in the Medicare program could be accomplished through modification of the present implementing directives without the necessity for new legislation. The House reaffirmed the action taken last year in New York recommending that the decision on type of contract and whether or not a fee schedule is included in future contract negotiations should be left to individual state determination. Also reaffirmed was the Association's basic contention that the Dependent Medical Care Act as enacted by Congress does not require fixed fee schedules; the establishment of such schedules would be more expensive than permitting physicians to charge their normal fees, and fixed fee schedules would ultimately disrupt the economics of medical practice.

WASHINGTON OFFICE

The House adopted a resolution requesting the Board of Trustees to make an immediate survey and re-evaluation of "the functions and effectiveness of the overall A.M.A. legislative system, including the Washington office, in the light of present-day needs of the government, public and medical profession alike for effective liaison between government and medicine on all matters affecting the public's health and adequate, prompt and accurate transmittal to the full membership of the A.M.A. of information on all current public issues in which the physician has a direct interest." The House asked that the Board of Trustees implement, as rapidly as possible, all changes and additions that its survey discloses are desirable to achieve the basic purpose of the resolution, "effective public and government relations."

MEDICAL ASPECTS OF HYPNOSIS

A Council on Mental Health report on "Medical Use of Hypnosis" was approved by the House, which recommended that it be published in the

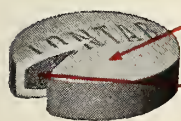
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Special outer shell releases 33 mg. Pyribenzamine hydrochloride within 10 minutes.

Unique core releases approximately 18 mg. Pyribenzamine hydrochloride the 1st hour, approximately 50 mg. from the 2nd to the 12th hour.

SUPPLIED: Pyribenzamine Lontabs — full-strength — 100 mg. (light blue).

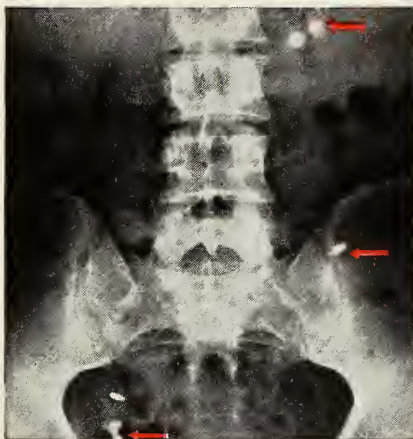
NOW AVAILABLE: Pyribenzamine Lontabs — half-strength — 50 mg. (light green) — for children over 5 and for adults who require less antiallergic medication.

PYRIBENZAMINE® hydrochloride (tripelennamine hydrochloride CIBA)
LONTABS® (long-acting tablets CIBA)

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C I B A SUMMIT, N. J.

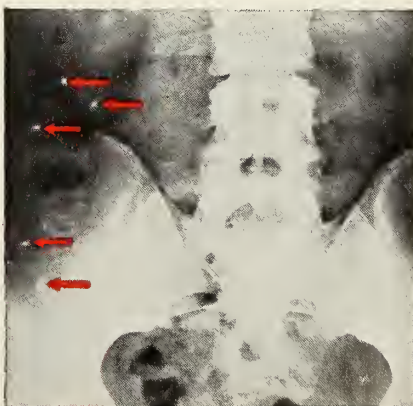
2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



4 hours Lontabs are in the ileum and cecum as core has steadily eroded.



8 hours Lontabs are still visible as substance of core continues to be released.



AMA Report

Continued

Journal of the American Medical Association with bibliography attached. The report stated that general practitioners, medical specialists and dentists might find hypnosis valuable as a therapeutic adjunct within the specific field of their professional competence. It stressed, however, that all those who use hypnosis need to be aware of the complex nature of the phenomena involved. Teaching related to hypnosis should be under responsible medical or dental direction, the report emphasized, and should include the indications and limitations for its use. The report urged physicians and dentists to participate in high-level research on hypnosis, and it vigorously condemned the use of hypnosis for entertainment purposes.

OVER-THE-COUNTER MEDICATIONS

The House endorsed recommendations by the Public Relations Department that:

The A.M.A. join with other interested groups in setting up an expanded voluntary program, coordinated by the National Better Business Bureau, which will seek to eliminate objectionable advertising of over-the-counter medicines.

The A.M.A. counsel with the National Better Business Bureau in the selection of a physicians' advisory committee.

The established facilities of the A.M.A., such as the Chemical Laboratory, the offices of the various scientific councils, and the Bureau of Investigation, be made available, so far as is feasible, to aid in the carrying out of this program.

The Public Relations Department continue its liaison work with the various groups involved and assist in the development and operation of this program in any way possible.

The A.M.A. become a sustaining member of the National Better Business Bureau, giving evidence of its willingness and desire to support this organization in its worthwhile activities.

MISCELLANEOUS ACTIONS

Among a wide variety of actions on many subjects, the House also:

Adopted amendments to the *Constitution and Bylaws* which eliminate the separate offices of Secretary and Treasurer, combining them into one, and which change the titles of the General Manager and Assistant General Manager to Executive Vice President and Assistant Executive Vice President;

Recommended the appointment of a Committee on *Atomic Medicine* and Ionizing Radiation and

suggested that it concern itself with informing the American public on all phases of radiation hazards related to the national health;

Approved in principle the admission of the *Virgin Islands Medical Society* as a constituent society of the American Medical Association;

Commended the *Federal Food and Drug Administration* for its untiring efforts in behalf of the public and the profession, and urged all states to review and strengthen their food and drug laws;

Approved the "Suggested Guides for the Organization and Operation of Medical Society Committees on Aging," submitted by the Council on Medical Service;

Commended the Committee on Medical and Related Facilities of the Council on Medical Service for its report on the *Hill-Burton* Study and approved its recommendations;

Requested that any funds provided under the Public Assistance provisions of the Social Security Act for *medical care of the indigent* be administered by a voluntary agency such as Blue Shield on a cost-plus basis or by a specific agency established by the medical society of the state in which indigent care is rendered;

Directed the Board of Trustees to study problems pertaining to licensure by *reciprocity* and to consult with the Federation of State Medical Boards in an attempt to find a satisfactory solution;

Urged all members of the House of Delegates to give full consideration to the preliminary report of the Committee on Preparation for *General Practice* and to submit comments and suggestions to that committee;

Expressed the opinion that some operating room experience is valuable and necessary training for all nurses;

Recommended that general hospitals, wherever feasible, be encouraged to permit the hospitalization of suitable *psychiatric patients*, and

Approved a *National Interprofessional Code* for physicians and attorneys prepared by the joint liaison committee of the American Medical Association and the American Bar Association.

OPENING SESSION

At the Monday opening session Dr. David B. Allman, retiring A.M.A. president, urged every physician to rededicate himself to the service of mankind and every medical society to strengthen its disciplinary system "to prevent the very few from besmirching the vast majority of us." Dr. Gundersen, then president-elect, said the Association is moving ahead in finding the best possible

Continued

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Prompt 4 way check of diarrhea

- ✓ Curbs excessive peristalsis
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FORMULA: Each 15 cc. (tablespoon) contains:

Sulfaguanidine 2 Gm.
Pectin 225 mg.
Kaolin 3 Gm.
Opium tincture 0.08 cc.
(equivalent to 2 cc. paregoric)

DOSAGE: Adults: Initially 1 or 2 tablespoons from four to six times daily, or 1 or 2 teaspoons after each loose bowel movement; reduce dosage as diarrhea subsides.

Children: ½ teaspoon (=2.5 cc.) per 15 lb. of body weight every four hours day and night until stools are reduced to five daily, then every eight hours for three days.

SUPPLIED: Bottles of 16 fl. oz.
Exempt Narcotic. Available on Prescription Only.

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AMA Report

Continued

ways to serve both the public and the medical profession, and he declared there is no reason to believe that its influence and impact will not continue to grow in the times ahead. The Goldberger Award in clinical nutrition was presented to Dr. Virgil P. Sydenstricker, professor emeritus of medicine at the Medical College of Georgia.

INAUGURAL CEREMONY

Dr. Gundersen, in his Tuesday night inaugural address, called upon the medical profession to accept its full responsibilities in promoting better world health, brotherhood and peace, adding that "the time has come when medical statesmanship must be used to augment the methods of political diplomacy." Dr. Gundersen also presented the Distinguished Service Award to Dr. Krusen and the special layman citations to Mrs. Sewell and Dr. Lal. The Shrine Chanters of Oakland, Calif., provided choral numbers during the program.

ELECTION OF OFFICERS

In addition to Dr. Orr, the new president-elect, the following officers were selected by the House on Thursday:

Dr. W. Linwood Ball of Richmond, Va., vice president; Dr. E. Vincent Askey of Los Angeles, re-elected speaker, and Dr. Norman A. Welch of Boston, vice speaker.

Dr. Warren W. Furey of Chicago was elected for a five year term on the Board of Trustees, succeeding Dr. E. S. Hamilton of Kankakee, Ill. Dr. Raymond M. McKeown of Coos Bay, Ore., was re-elected for a five year term, and Dr. R. B. Robins of Camden, Ark., was named to fill the unexpired term of Dr. F. J. L. Blasingame. Dr. Leonard W. Larson of Bismarck, N. D., was elected chairman of the Board at its organizational meeting after the Thursday elections.

Dr. George A. Woodhouse of Pleasant Hill, Ohio, was renamed to the Judicial Council. Elected to the Council on Medical Education and Hospitals were Dr. Leland S. McKittrick of Brookline, Mass., to succeed himself, and Dr. John V. Bowers of Madi-

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son, Wis., to succeed Dr. Victor Johnson of Rochester, Minn.

Dr. R. B. Chrisman, Jr., of Coral Gables, Fla., and Dr. J. F. Burton of Oklahoma City, Okla., were re-elected to the Council on Medical Service. For the same Council, Dr. Russell B. Roth of Erie, Pa., was named to fill the unexpired term of Dr. H. B. Mulholland of Charlottesville, Va., resigned.

Three members were elected to the Council on Constitution and Bylaws: Dr. William Stovall of Madison, Wis., to succeed Dr. Stanley H. Osborn of Hartford, Conn.; Dr. William Hyland of Grand Rapids, Mich., to fill the unexpired term of Dr. Floyd S. Winslow, deceased, of Rochester, N. Y., and Dr. Walter Bornemeier of Chicago, to replace Dr. Furey.

The House approved a Board of Trustees announcement that Miami Beach will replace Chicago as place of the 1960 Annual Meeting, and New York will be the site of the 1961 Annual Meeting. Action was postponed on selection of the city for the 1962 Annual Meeting.

Rising votes of appreciation were given to Dr. Hamilton; Dr. George F. Lull, retiring secretary, and Dr. J. J. Moore, retiring treasurer.

At the Wednesday session of the House the Illinois State Medical Society made another record state society contribution to the American Medical Education Foundation by turning over a check for \$177,500 to Dr. Lull, now foundation president.



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Founded 1903. Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Varied group activities under competent direction on our spacious grounds of 28 acres. Selected movies.

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Total enrollment 90.

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3. 100% natural vitamin A complex better utilized in the visual process.
4. 100% natural vitamin D complex for superior protection against rickets and dental defects.
5. vitamin E for muscle tone.
6. vitamins A, D, and E made aqueous* for far faster and more complete absorption and utilization.
7. vitamin B₆...anticonvulsant vitamin.
8. other essential B complex factors and vitamin C.
9. delicious fruity flavor.
10. no burps...no fish oil taste or odor...allergens removed.

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the Scientific Program

(and Women's Activities)

109th Annual ISMA Convention at Murat Temple,
Indianapolis

October 12 through 15, 1958

Monday, October 13

12 to 1:30 p.m.

Round Table Luncheons, Athenaeum. Discussions at tables for 12 persons

- (1) *"Hayfever and Other Allergies"*
Leader: DONALD J. WHITE, M.D.,
Indianapolis
- (2) *"Current Status of the Correct Management of Thyroid Disorders"*
Leader: GLENN W. IRWIN, JR.,
M.D., Indianapolis
- (3) *"Evaluation of Patients for Cardiac Surgery"*
Leader: HARRIS B. SHUMACKER,
JR., M.D., Indianapolis

2 to 3:30 p.m.

Teaching Sessions: (Classes limited to 40 persons; tickets \$2.00 per session.)
(Murat Candidates Room)

- (1) *"Bleeding during Gestation and the Puerperium"*
DAVID A. BICKEL, M.D., South Bend
CARL S. CULBERTSON, M.D., South Bend
(Egyptian Foyer)
- (2) *"Surgical Therapy of Herniated Discs of the Cervical and Lumbar Regions"*
ALEXANDER T. ROSS, M.D., Indianapolis
REID L. KEENAN, M.D., Indianapolis
ROBERT F. HEIMBURGER, M.D., Indianapolis
(Egyptian Room)
- (3) *"The Use of Exfoliative Cytology in the Diagnosis and Treatment of Cancer of the Cervix"*
CARL P. HUBER, M.D., Indianapolis
FRANK VELLIOS, M.D., Indianapolis

Tuesday, October 14

9:30 a.m.

"Chemical Tests for Intoxication"—Mock trial. A carefully rehearsed presentation by a cast including Mr. C. Joseph Stetler, director of the Law Department of the AMA, and experts from over the United States, including Captain Robert F. Borkenstein of the Indiana State Police.

This mock trial has been presented in Atlanta, Chicago, Denver, New York, and other cities, at large conventions, and has been enthusiastically received. In addition, there will be a special "scientific" exhibit on

"Problems in Forensic Sciences by the Forensic Sciences Study Commission of the Legislative Advisory Commission of Indiana."

Tuesday, October 14

(Murat Theater)

2:00 p.m.

Annual Conference of Physicians and Schools of the Indiana State Medical Association.

"The Role of the Permanently and Totally Disabled"

HENRY VISCARDI, JR., Abilities, Inc.,
Albertson, New York

"The Role of the Teacher in Early Recognition of Mental Disturbances in School Children and in Fostering Maximum Developmental Potentials in the School Age Child"

RALPH D. RABINOVITCH, M.D., Director, The Hawthorne Center, Northville, Michigan.

"Continuity of the Learning Experience in School as Related to Mental and Emotional Needs of the Normal School Age Child"

ESTER J. SWENSON, Ph.D., Professor of Elementary Education, University of Alabama.

Continued

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why ATARAX? *For ataractic effect:* One of the most effective—and probably the safest—of tranquilizers, ATARAX frees the angina patient of his constant tension and anxiety. Ideal for the on-the-job patient. And ATARAX has a unique advantage in cardiac therapy: it is anti-arrhythmic and non-hypotensive.

why combine the two? *For greater therapeutic success:* In clinical trials, CARTRAX was demonstrably superior to previous therapy, including PETN alone. Specifically, 87% of angina patients did better. They were shown to suffer fewer attacks . . . require less nitroglycerin . . . have increased tolerance to physical effort . . . and be freed of cardiac fixation.



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*Trademark

1. Russek, H. I.: Postgrad. Med. 19:562 (June) 1956.

Dosage and Supplied: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. When indicated this may be increased by switching to pink CARTRAX "20" tablets (20 mg. PETN plus 10 mg. ATARAX.) For convenience, write "CARTRAX 10" or "CARTRAX 20." In bottles of 100.

CARTRAX should be taken 30 to 60 minutes *before* meals, on a continuous dosage schedule. Use PETN preparations with caution in glaucoma.

Convention Program

Wednesday, October 15

GENERAL MEETING

(Murat Theater)

9:30 a.m.

SYMPOSIUM—

"Chronic Inflammatory Diseases of the Lungs"

"Radiologic Aspects of Chronic Pulmonary Infections"

TED F. LEIGH, M.D., Professor of Radiology, Emory University School of Medicine, Atlanta.

"Circulatory and Other Changes Incident to Chronic Inflammation of the Lungs"

AVERILL A. LIEBOW, M.D., Professor of Pathology, Yale University School of Medicine, New Haven, Connecticut.

"Surgical Treatment of Chronic Infections of the Lungs"

THOMAS H. BURFORD, M.D., Professor of Thoracic Surgery, Washington University School of Medicine, St. Louis.

WOMEN'S ENTERTAINMENT

Mrs. Morris B. Paynter, General Chairman

Monday, October 13

8:30 a.m.

Registration starts, lounge room, Murat Temple.

9:00 a.m.

Bowling in the new 40-lane Meadows Bowl, followed by

12 noon

Dutch treat lunch for all members and guests, at Sam's Subway Terrace room. Bowling and lunch both in Meadows Shopping Center, 2800 East 38th Street. Ample parking, free. Linger after lunch, or tour the many lovely shops.

6:00 p.m.

"Hail to the Chiefs!" dinner, in honor of past presidents of the Woman's Auxiliary to the Indiana State Medical Association, Ballroom, tenth floor, Columbia Club. MRS. EARL W. BAILEY, Logansport, president, presiding.

8:15 p.m.

Entertainment, in conjunction with the Indiana State Medical Association, Murat Theater.

Tuesday, October 14

8:30 a.m.

Registration continues, lounge room, Murat Temple.

9:00 to 10:00 a.m.

Coffee hour, Columbia Club. Parlors 1, 2 and 3, fourth floor.

10:00 a.m.

Board meeting for all officers of the Woman's Auxiliary to the Indiana State Medical Association, tenth floor, Columbia Club. Members and guests welcome.

12:30 p.m.

"Fine Feathers" luncheon and show, by L. S. Ayres & Co., Ballroom, tenth floor, Columbia Club.

8:00 p.m.

President's night.

Entertainment, in conjunction with the Indiana State Medical Association, Murat Theater.

Wednesday, October 15

8:30 a.m.

Registration continues, lounge room, Murat Temple.

1:30 to 3:00 p.m.

Tea at the Governor's Mansion.

Admission by card, obtained by members, free, at the Registration Desk, Murat Temple. Music by Mrs. John F. Wild, III, harpist.

7:00 p.m.

Annual dinner, in conjunction with the Indiana State Medical Association, Indianapolis Athletic Club.

Hoosiers on the AMA Program

The scientific program of the American Medical Association at its San Francisco meeting included Dr. V. K. Stoelting and Dr. C. L. Miller of Indianapolis who spoke on the subject "Recent Evaluation of the Treatment of Tetanus at Indiana University Medical Center" before the Section on Anesthesiology.

The Section on Laryngology, Otology and Rhinology included on its program a panel discussion on "Practical Office Otolaryngology" in which Dr. Guy A. Owsley of Hartford City participated. Dr. Kenneth L. Craft of Indianapolis opened the discussion on a paper by Dr. Aubrey L. Rawlins on "The Value of Self-Inflation of the Middle Ear."

Dr. John A. Campbell and Dr. John W. Bee-ler of Indianapolis read a paper on "Reduction of Radiation Exposure in Obstetric Radiography" to a joint meeting of the Section on Obstetrics and Gynecology and the Section on Radiology.

Medical Panorama—

A. W. Cavins, M. D.

Terre Haute

On May 5, 1958, J. W. Fons, M.D., presented a "Message to the House of Delegates" at Milwaukee in his capacity of president of the State Medical Society of Wisconsin. After commenting on medicine as a life of study and on the great progress in teaching the profession has made in the past fifteen years, he takes up the matter of teaching the public.

Now, this is nothing new as a proposal or as advice, but there is an innovation in his "message" which bears reprinting and emphasis, and that is his statements of the "facts of life" in the field of applied medicine which the public needs to be taught.

In other words, Dr. Fons enumerates and particularizes instead of dealing in loose generalities. Here are his recommendations, and they obviously represent considerable mental effort combined with wisdom and principle:

Ladies and gentlemen, I think you can see why I have emphasized the importance of working together for our professional good and the public well-being. We have achieved a great deal through our state society that we could never have done individually or, for that matter, as separate county societies. Yet, there is one important area of collective effort that today cries for attention. As physicians we realize the enormous achievements of scientific and economic medicine. That the general public does not have this appreciation is acutely apparent.

PUBLIC NEEDS TO BE INFORMED

Collectively we need to channel a supreme effort of time and energy into a new type of public health education. Here are some of the things we need to tell the public:

- . . . what is medicine?
- . . . what are its requirements?
- . . . what is quackery?

- . . . why the standards for hospital accreditation?
- . . . what is the generalist, who is the specialist, and how do they work together?
- . . . who are the ancillary personnel in the health field and what are their requirements?
- . . . what is public health and what has the private practice of medicine contributed to it?
- . . . what are the true costs of "health care" and what part of these costs is the physician's responsibility?

This is a substantial program and one of tremendous significance for the future of the medical profession. This is a long-range plan which must become crystalized within the next two years if we are to turn the tide of public criticism and misunderstanding.

Lack of instruction from proper sources is responsible for many of the fads and fancies which are promulgated from time to time as a panacea. Critics expect medicine to be an exact science; they say that we as practitioners sometimes make mistakes, that we are often empirical, that we have given too many drugs, and the like. Before we condemn the critic for his misdeeds, we must ask ourselves what would we do if we had his misinformation. We recognize that the ideal in medicine has not yet been achieved, but we also recognize that honest, self-sacrificing effort to that end is being constantly pursued.

The critics do not realize that in many instances their very existence is due to advances in medical science. We have only to recall within our own time the elimination of smallpox, cholera, yellow fever, diphtheria, typhoid, and the mitigation of tuberculosis, polio, etc. To take pride in these achievements is not enough. The public must be informed of any

and all advances accomplished by medical science. I earnestly request the House to consider the urgency of planning for a comprehensive public health education program at the earliest possible moment.

During the past few minutes I have attempted as best I could to impress upon you the significance of our collective efforts as physicians in organized medicine. I have attempted to reveal the value of the State Medical Society to its membership in the fields of scientific medicine, economic medicine, public health, legislation, and in its charitable and educational aspects. I hope I have impressed upon you the need for expanded emphasis upon public health education.

HARMONY WITH INDIVIDUALISM

But after all these things have been done which relate to professional and public education, we shall still not be wise unto salvation. I speak finally of esprit de corps. Our Society has been the means, and I believe will continue to be the means, by which we may live and work together in harmony and to the benefit of the public as well as ourselves. If our Society brought us nothing save an all-enveloping concord and good will, sufficient reasons for its continuance would exist. The quarrels of physicians have been almost proverbial, being the individualists that they are. The houses of Montague and Capulet were not more militant at times than physicians have been.

"Do you bite your thumb at us, sir?
No, sir; I do not bite my thumb
at you, sir, but I bite my thumb."

(From Romeo and Juliet)

With as little rhyme or reason physicians, sometimes with imagined grievances, and armed with a hypertrophic jawbone, proceed to hew off noses. Nothing is gained save to curse our lives and to heap opprobrium upon the profession. Since earliest times physicians have been the subject of criticism and satire from would-be wits. "Medical science certainly has its vulnerable Achilles heel where the shafts of satire can pierce. However, petty quarrels among physicians are detrimental to the dignity and usefulness of the profession.

I would hope that the day is not far distant when we will be able to leaven the dough of controversy and as a united profession focus

our intent upon the real issues in our chosen field. It is in this higher scientific and ethical standing that the greatest good comes to the medical profession, to the individual physician and to his patient.

—*The Wisconsin Medical Journal*
June 1958

College of Physicians Meets

The Midwest Regional Meeting of the American College of Physicians will be held in Milwaukee, Wis., Sept. 27, 1958 at the Milwaukee County Hospital. A scientific program of 22 papers, each of 15 minute length, has been arranged.

All physicians, members of the College and non-members are invited. No registration fee. Banquet and evening entertainment; a special luncheon program for the ladies. For information write Joseph W. Rastetter, M.D., general chairman, Marquette University School of Medicine, Milwaukee County General Hospital, Milwaukee 13.



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Some Experiences With Refractory Heart Failure*

†EDWIN G. OLMSTEAD, M.D.

Grand Forks, North Dakota

INTRODUCTION

REFRACTORY HEART FAILURE is said to exist at that point in the natural history of congestive heart failure where, in spite of what has been considered adequate management by the physician, the patient is persistently uncomfortable at rest and on minimal activity.

Assuming, in these instances, that the original diagnosis of congestive heart failure was correct, this brief presentation will concern itself with the possibility that the management has, in fact, not been adequate. In this situation (1) a re-evaluation of the patient may bring to light a new, or overlooked, diagnosis in which case supplementary treatment may restore the patient to comfort or (2) a re-evaluation of the cardiac therapy may show that changes in the cardiac

regimen (either in the direction of more or less treatment) will result in comfort for the patient.

OCCULT NON-CARDIAC DISEASE

A cardiac patient apparently resistant to further treatment should be completely reviewed with a new history and physical examination. This is mandatory in view of the number of associated partially correctable non-cardiac conditions which may mimic or aggravate heart failure. Table I lists some of these conditions:

TABLE I.

Associated Occult Non-Cardiac Disease Mimicking or Accentuating Congestive Heart Failure

1. Anemia	} Tachycardi and Dyspnea
2. Bronchitis and Emphysema	
3. Pyelonephritis (particularly when associated with prostatism and low grade renal insufficiency).	
4. Cardiac cirrhosis with low serum albumin	} Edema
5. Nephrosis	
6. Thrombophlebitis	

* Founders Lecture—10th Anniversary Meeting Indiana Academy of General Practice, April 16, 1958.

† Assistant Professor of Medicine, University of North Dakota, School of Medicine.

It will be noted that each of the above non-cardiac diseases has at least one symptom or sign which mimics heart failure. This accounts for the frequent failure to separate clinically these conditions from the associated heart disease.

Only when the above conditions have been excluded or adequately treated and the patient is still uncomfortable at rest and on minimal activity from signs and symptoms of congestive heart failure may one assume that it is the heart failure *per se* which is causing the clinical picture. The number of these cases of true refractory heart failure in any practice will be reduced in proportion to the diligence with which the practitioner searches for the occult non-cardiac diseases.

The concept of refractory heart failure has slowly changed with advancing basic knowledge of water balance and electrolyte metabolism. As has been succinctly put by Proger and O'Connor¹ it is the chemical changes secondary to the heart failure which appear to constitute the immediate cause of death rather than the heart failure itself. It is now true that the successful management of advanced congestive heart failure is as impossible without serial accurate blood electrolyte determinations as is the treatment of tuberculosis without adequate serial chest roentgenograms.

INADEQUATE SODIUM RESTRICTION

The average, daily intake of sodium chloride in this country is between 10 and 15 grams. Many patients who limp along in borderline cardiac compensation do so because their intake of sodium is too high. In these cases, the patient and the physician often believe that the diet is actually a "low-salt" diet. If the patient is merely instructed not to use salt at the table or in his cooking and to avoid salty foods the daily sodium chloride intake will fluctuate between 4 and 8 grams per day, which is manifestly too high for any patient in refractory heart failure. In this instance, the use of salt-free bread, butter, and milk will usually keep the sodium chloride intake around 4 grams per day. This in itself may be enough to restore the patient to reasonable compensation. Upon occasion, however, it may be necessary to restrict the daily sodium chloride intake to one gram or less. This requires the use of salt-free fruits, vegetables,

and meats, in addition to the above and also the use of nearly salt-free water and beverages.

Many schemes have been devised with varying degrees of success to encourage patients to stay on these essentially unpalatable diets. The use of salt substitutes has found some measure of success in this instance, although a large number of patients will not continue on salt substitutes because of the persistently metallic taste they impart to the diet. In an attempt to make the salt-poor diet more palatable, Olmstead, et al.,^{2, 3} utilized commercial beer to $\frac{1}{4}$ to $\frac{1}{3}$ of the daily calories (1800 calories) in patients on a 250 and 500 milligram sodium diet. The advantages of getting $\frac{1}{4}$ to $\frac{1}{3}$ of the daily calories in a beverage with a chemical assayed sodium content is obvious. The moderately diuretic effect of alcohol^{4, 5} and ⁶ and the mild elevation in mood is advantageous in some instances.

Failure to Utilize Diuretics to Maximal Effectiveness:

A bathroom scale is one of the most important adjuncts to the prevention and management of refractory heart failure. The cardiac patient should weigh himself daily before breakfast as a part of his regular routine. If there is a gain of more than 3 pounds in a 24-hour period, the patient should report to his physician. After this small weight gain a simple increase in rest, decrease in sodium intake, or a small dose of an oral or parenteral diuretic usually prevents the development of more serious symptoms of dyspnea and orthopnea and massive edema.

It is sometimes not appreciated that a thin patient with no clinical evidence of edema may be carrying 8 or 10 pounds of tissue water which is causing marked limitation of activity. The following is a case in point:

A 68 year old white male was seen in consultation because of shortness of breath on minimal exertion, orthopnea, and occasional cough with blood-streaked sputum. In spite of adequate digitalization and restriction of sodium to less than 1500 milligrams per day, he had existed as a cardiac cripple for many weeks.

The patient was known to have had severe rheumatic fever at 16 years of age and examination showed a typical mitral flush and auscultatory findings of mitral stenosis and insufficiency with auricular fibrillation of about 90-100 per minute counted at the apex. The chest was clear

to percussion and auscultation and clinically there was no fluid in the abdomen. No edema was apparent in the lower extremities. The patient was placed on ammonium chloride, 2 grams three times per day for three days, and this was followed by an injection of two cc. of meralluride intramuscularly. Figure 1 shows the response obtained which was concomitant with clinical improvement and increased exercise tolerance.

Failure to Obtain Adequate Rest:

Rest for the cardiac patient implies both physical and emotional rest; mere physical inactivity may not be rest. A common cause of unresponsiveness of cardiac symptoms to therapy is the situation wherein the patient is unable to sleep at night because of dyspnea and/or orthopnea aggravated by fearfulness. The following day the patient takes part in the hospital or home routine for his care and sleeplessness occurs again the following night. This cycle continues until broken by proper sedation. Opiates or related drugs are almost always indicated and usually for several successive nights. The author knows of no instances of narcotic addiction in patients with refractory heart failure. Although any of the common narcotics may be used, the following is recommended because of its simplicity in administration and prolonged action:

- Dilaudid hydrochloride—4 mgm.
- Aminophylline—0.5 gm.
- Mineral Oil qsad—60 cc.

The above mixture is instilled rectally at bedtime. It is slowly absorbed through this route and tends to be effective throughout the night.

Inadequate Digitalis Therapy:

Digitalis must be given initially and for maintenance in doses as necessary to control signs and symptoms of congestive heart failure. However, if initial digitalization has been adequate, merely increasing the dosage of digitalis in the face of increasing refractory heart failure will most often be useless and occasionally harmful. Attention to the above considerations should take precedence over manipulations of the digitalis dosage.

TOO MUCH TREATMENT

There are few things axiomatic in medicine. But one axiom will probably stand the test of time. *If a patient fails to have a diuresis and weight loss following the injection of a mercurial*

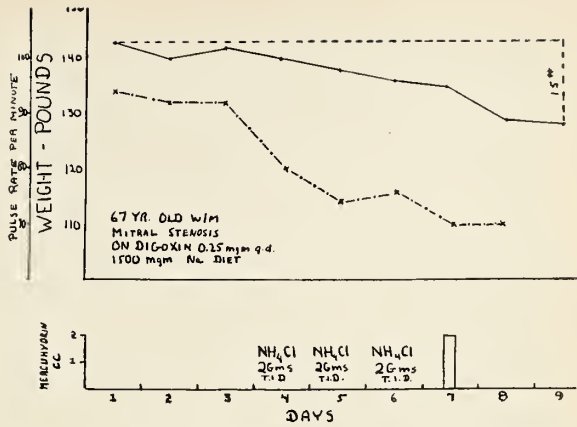


Figure 1. 67 year old male with marked limitation of activity due to congestive heart failure. No clinical evidence of edema. Note loss of 15# of weight following NH_4Cl and mercurial injection.

diuretic—stop and re-evaluate the patient! The obvious corollary to this is not to continue mercurial diuretics in the face of increasing edema until the patient is re-evaluated. Attention to these two principles will save many uncomfortable days and nights for both the patient and the physician.

Mercurial Fastness:

Mercury as a diuretic is most effective when the patient's blood Ph is in the normal range or slightly on the acidotic side. However, mercury causes primarily an excretion of chloride over sodium in the urine with a resulting retention of bicarbonate in the blood, raising the pH into the alkaline range. Under these circumstances, mercury will be ineffective as a diuretic. The length of time before this hypochloremic alkalosis develops in a given patient will vary with the amount and frequency with which mercurials are given and also with the individual susceptibilities of the patient. The safest clinical guide to follow is the daily weight record of the patient. If the patient fails to lose weight after an injection of a mercurial, an accurate electrolyte panel should be determined.

Restoration of mercurial sensitivity is relatively simple and may be accomplished by daily administration of ammonium chloride prior to the mercurial injection or by various combinations of such drugs as acetazolamide and a mercurial

The Salt Depletion Syndrome:

Fortunately this syndrome is rare in patients with congestive heart failure but when it occurs

it is a medical emergency to be handled with dispatch. In these cases, both sodium and chloride are reduced in the blood, usually secondarily to prolonged and frequent administration of a mercurial with rigid salt restriction. The following is a rather classical case.

A 64 year old diabetic female was hospitalized because of periods of belligerence alternating with periods of somnolence for 24 hours. History revealed that the patient had been hypertensive for many years and had had her first bout of heart failure three years before admission to the hospital. In spite of adequate digitalization, salt restriction, and rest, the patient had developed refractory edema in the month preceding hospitalization. Two cc. of meralluride had been administered three times per week in an attempt to control the edema and increase the comfort of the patient. In spite of this, *edema had increased*. Meralluride was then given intravenously daily for four days prior to the onset of cerebral symptoms.

Examination revealed a confused, belligerent, disoriented patient requiring restraint. There was pitting edema to the level of the costal margin. The heart was enlarged to the left and regular at 96 per minute. Sounds were of poor quality and a proto-diastolic gallop was heard. The chest was filled with bubbling rales. There were questionable ascites and the blood pressure was 160/90.

Treatment was instituted as shown on Figure II. Response was gratifying and the patient returned home from the hospital in ten days.

It will be noted that the patient responded promptly to intravenous hypertonic sodium chloride with concomitant restriction of water. It is imperative that water is restricted in this syndrome so that the extracellular fluid may become normotonic and the intracellular overhydration be corrected.

SUMMARY

Refractory heart failure can often be prevented by the use of simple clinical tools. Once developed, however, a diligent re-evaluation of the patient must be made. If occult non-cardiac disease is found it should be treated vigorously. If refractory heart failure is purely on the basis

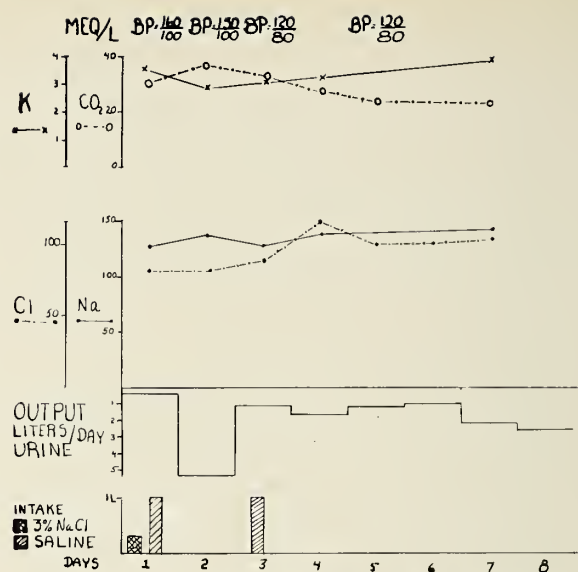


Figure 2. 64 year old female with salt depletion syndrome. Note diuresis of over 5 liters of urine the day after administration of 3% NaCl intravenously. Oral intake was satisfactory on hospital days 4 to 8 and patient made uneventful recovery.

of a serious break in cardiac compensation, careful attention to the biochemistry of water and electrolyte imbalance will often be rewarding.

REFERENCES

1. Proger, S., and O'Connor, J. J., Intractable Heart Failure, Ann. Int. Med. 33:1349-1356, December 1950.
2. Olmstead, E. G., Cassidy, J. E., and Murphy, F. D., Nutritional Value of Beer with Reference to the Low Salt Diet. Am. Jour. Clin. Nutrition, 2:392-395, 1954.
3. Olmstead, E. G., Cassidy, J. E., and Murphy, F. D., The Use of Beer in the Low Salt Diet with Special Reference to Renal Disease. Am. J. Med. Sc. 230: 49-53, 1955.
4. Haygard, H. W., Greenberg, L. A., and Carroll, R. F., Studies on the Absorption, Distribution, and Elimination of Alcohol. VIII. The Diuresis from Alcohol and its Influence on the Elimination of Alcohol in the Urine. J. Pharmacol. and Exper. Therap. 71:349-357, 1941.
5. Strauss, M. B., Rosenbaum, J. D., and Nelson, W. P., The Effects of Alcohol on the Renal Excretion of Water and Electrolyte. J. Clin. Investigation, 29: 1053-1058, 1950.
6. Eggleton, M. G., The Diuretic Action of Alcohol in Man. J. Physiol. 101:172-191, 1952.

Indiana Birth and Neonatal Death Data by Birth Weight and Size of Hospital of Birth

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†VERNE K. HARVEY, JR., M.D., Director

Indianapolis

IN THE TWO YEAR PERIOD ending Dec. 31, 1956, some 217,000 babies (approximately 98% of all births occurring in the state) were born in Indiana hospitals. Of this number, approximately 3,800 died in the state in the first 28 days of life. Since this report does not include those babies who were born in Indiana and died out of state, rates listed here will tend to be on the conservative side.

These birth and neonatal death (under 28 days) data were analyzed by hospital of birth (both individually and by size group) and by birth weight. Hospitals were divided into five size groups and were classified as of Jan. 1, 1957. Groupings were (by beds): 0-24; 25-49; 50-99; 100-249; 250 and over.

For a number of reasons, considerable caution should be used in interpreting the results obtained:

1. Such factors as sex, race, and socio-economic status are not considered.
2. There is considerable question regarding the comparability of the "Unknown Weight" classification from hospital to hospital.
3. There is no assurance that all hospitals have an "equal risk" obstetrical population. That is to say, it may well be that patients with complications of pregnancy are likely to be referred to hospitals with specialized obstetrical services.

Of all hospital births, .42% were listed as of

unknown weight and 6.90% were classified as premature (under 2500 grams). Of those infants who died in Indiana in the first month of life, 6.7% did not have birth weight given and 66.3% were premature on a weight basis. It is likely that most of those in the "Unknown Weight" group actually weighed under 2500 grams at birth. Thus it would not be unreasonable to assume that over 70% of the neonatal deaths came from the premature group.

The percentage breakdown of births by weight for hospital and non-hospital births is given in Table 1. It will be noted that smaller hospitals tended to have a smaller percentage of premature births than did the larger hospitals. At the same time there was a considerably higher percentage of babies under 2500 grams (and of unknown weight) among the non-hospital births.

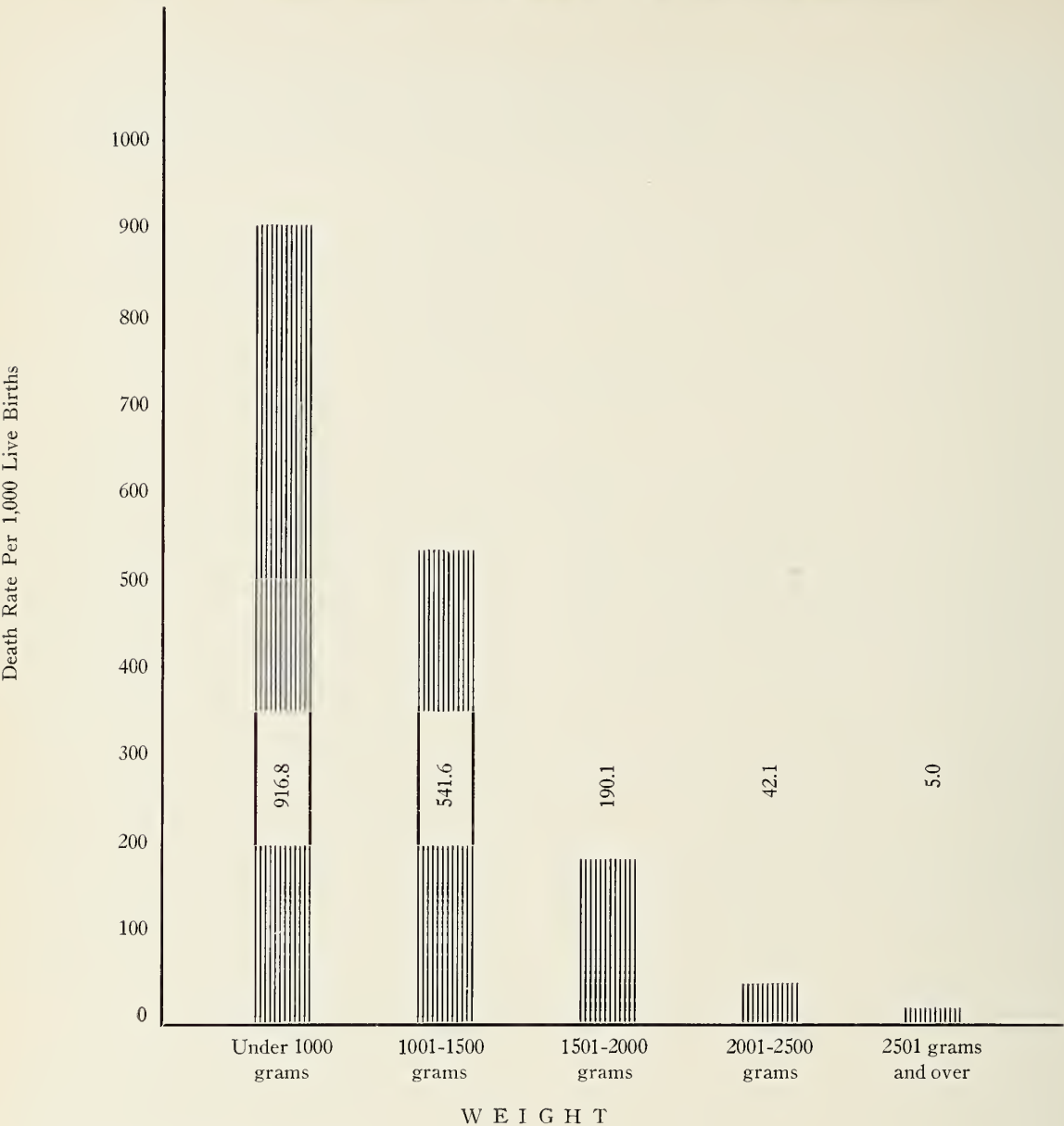
Neonatal death (under 28 days) rates by weight and place of birth are given in Table 2. As might be expected, death rates dropped sharply as birth weight increased. Figure 1* shows this relationship. While there was generally a higher death rate for non-hospital than hospital births, no consistent pattern seemed to hold for the various hospital size groups.

The neonatal death rate for all hospitals was 17.4 per 1,000 live births. To compare the rates for various size hospitals it was necessary to create a standard birth population based on the weight breakdown for all hospital births. There was some tendency for larger hospitals to have a higher death rate than the smaller, and the non-hospital rate was considerably higher than the hospital. These figures are given in Table 3.

* Public Health Statistics, Indiana State Board of Health.

† Division of Maternal and Child Health, Indiana State Board of Health.

Figure 1. Hospital* Neonatal Death Rates by Birth Weight—Indiana, 1955-56



* For Infants Born in Hospitals.

Table 1. Birth Per Cents by Weight, According to Place of Birth and Hospital Size, Indiana, 1955-56.

	Total	Under 1000 gm.	1001-1500	1501-2000	2001-2500	2500 & over	Unknown
All Hospitals (217,319)*	100.0	.46	.54	1.31	4.59	92.68	.42
0-24 beds (3,750 cases)	100.0	.37	.43	1.12	3.68	94.06	.34
25-49 beds (23,551 cases)	100.0	.29	.42	1.26	4.30	93.37	.36
50-99 beds (39,237 cases)	100.0	.34	.52	1.33	4.21	93.30	.30
100-249 beds (71,967 cases)	100.0	.46	.55	1.25	4.63	92.72	.39
250 beds and over (77,430 cases)	100.0	.58	.58	1.38	4.92	92.01	.53
Non-hospital (4,907 cases)	100.0	.98	1.18	1.61	4.97	87.51	3.75

* For various reasons not all hospitals were classified as to bed size. Thus sub-totals will not add up to total.

Table 2. Neonatal Death Rates* by Weight, by Place of Birth and Hospital Size, Indiana, 1955-56.

	Under 1000 gm.	1001- 1500 gm.	1501- 2000 gm.	2001- 2500 gm.	2500 gm. and over	Unknown
All Hospitals -----	916.8	541.6	190.1	42.1	5.0	281.3
0-24 beds -----	785.7	625.0	142.9	50.7	4.3	----
25-49 beds -----	838.2	520.0	216.2	39.5	4.9	107.1
50-99 beds -----	911.1	601.0	203.8	49.1	4.8	232.8
100-249 beds -----	929.9	535.5	182.8	43.8	4.5	197.1
250 beds and over -----	923.9	524.6	179.3	39.4	5.8	398.0
Non-hospital -----	812.5	586.2	253.2	57.4	8.4	298.9

* Per 1,000 live births.

Table 3. Standardized Neonatal Death Rates by Place of Birth—Indiana, 1955-56.

All Hospitals -----	17.4
Hospitals of 0-24 beds -----	15.2
Hospitals of 25-49 beds -----	16.3
Hospitals of 50-99 beds -----	17.8
Hospitals of 100-249 beds -----	16.6
Hospitals of 250 beds and over -----	18.3
Non-hospital -----	21.9

As has been stated, comparison of these data should be made with considerable caution. Actually this might well be considered as primarily a spring board for future studies. Data for 1957 are being tabulated on the basis of race, sex, age (under one week or one to four weeks), autopsy and adequacy of prenatal care and should offer a fertile field for much more intensive analysis than has been made here.

AMA Announces New Bi-Weekly Newspaper; Initial Issue to be Published September 22

A new publication by the American Medical Association, *The AMA News*, was announced in the *Daily Bulletin* at the AMA convention in San Francisco. To be edited by Jim Reed, long-time Kansas newspaperman, it will first appear September 22, according to the *Bulletin* story.

"*The AMA News* will be of modern newspaper design and makeup with an easy-to-read type face," the article states. "It will be edited to keep the physician informed in the socioeconomic field, concentrating on news not now carried in other AMA journals. It will supplement—not replace—other publications of the association."

Regular features to be included will be profiles of prominent men in medicine, a Washington newsletter, editorials, cartoons and humor, letters to the editor, business and investment news, sports, travel, hobbies, law and departments covering nonscientific news of special interest to the medical profession.

In addition to pictures and news of general interest, there will be articles on a variety of

subjects of interest to physicians and other professional men in medicine, the story explains.

Identified as "The Newspaper of American Medicine," the paper will be 11 by 15½ inches, published by offset printing in two colors. However, the *Bulletin* points out that it will not be a "house organ" of AMA although it will publish news of the association's many projects and activities.

The News will be published every two weeks with about 60 per cent of each 16-page issue being reserved for editorial content.

Editorial, advertising and circulation policies will be announced in the initial issue. Circulation and advertising offices will be in Chicago.

Pediatrics Resident Sought

St. Vincent's Hospital in Indianapolis is seeking a pediatrics resident. It is a 2-year residency, AMA approved. Interested persons contact Sister Scholastic at St. Vincent's, 120 West Fall Creek Parkway, Indianapolis.

The GP Approach to Mental Illness†

*S. T. GINSBERG, M.D.

Indianapolis

LAST YEAR I had the pleasure of attending the Ninth Annual Scientific Session of the Indiana Academy of General Practice. That was my first official meeting in Indiana following the announcement of my appointment as Mental Health Commissioner. I came here at that time, prior to assuming the office, in order to meet with your Mental Health Committee. I was graciously received and appreciated the interest shown in mental health by your committee and the entire Academy. Doctor Booher, your former president, had briefed me about your interest in mental health. Doctor Smallwood proved himself a capable and energetic chairman. We reached complete agreement and have worked closely together since that time.

The Academy has been most cooperative and helpful to the Division of Mental Health. Together, we have sponsored five road shows and, with the Indiana Association for Mental Health and the Indiana University Medical School, sponsored a postgraduate course in mental illness. This wonderful cooperation of the past year is, I feel sure, the beginning of our continuing efforts to improve the treatment and rehabilitation of the mentally ill.

I am grateful for your invitation to speak to you at this time on the GP approach to mental illness.

Doctor Elmer Hess¹ in his address of the President-elect of the American Medical Association described mental and emotional illness as one of the greatest medical problems in the United States. Fifty per cent of all patients who

come to physicians' offices have mental or emotional disturbances along with their physical disability. As half of your patients and half of all hospital beds are occupied by patients suffering from mental illness, rehabilitation of these patients and mental health automatically become a concern of all physicians. Psychiatrists, constituting only four per cent of the medical profession, can not begin to assume the total responsibility for the mental health of the community and the treatment of the mentally ill. We look to you, the family physician, to accept a greater role in this important service.

Doctor Lauren Smith² recently reviewed progress in psychiatry, emphasizing the emergence of psychiatry as an important part of medicine. This is marked by the amount of active therapy carried on in a field of medicine traditionally thought to have so little to offer in the way of therapeutic aid. Psychotherapy has become increasingly specific. Psychoanalysis has increased its impact on the psychoses as well as the neuroses. There are new approaches in pharmacological therapy, more scientific utilization of electrostimulation, insulin coma therapy and an established but conservative use of psychosurgery. These factors are bringing psychiatry back to the GP.

All hospital employees, according to Doctor Peffer,³ should participate in the rehabilitation process. This includes administrative, maintenance, custodial and other personnel as well as the professional staff. Our basic goal in treating the hospitalized psychiatric patient is to reintegrate him ultimately into the community at the optimal level at which he is capable of functioning. But there is much more needed. The entire community must be properly prepared to

* Mental Health Commissioner, State of Indiana.

† Presented at the 10th Anniversary Meeting, Indiana Academy of General Practice, April 17, 1958.

accept its citizens when they are able to return. Paramount in the community is the general practitioner. He can play a vital role in orienting and preparing the family and the community for a wholesome welcome to the returning patient.

The mental hospital is only a part of a broad spectrum of treatment of the mentally ill. Treatment starts with understanding, prevention and early recognition. When the patient leaves the hospital, treatment must continue in the home under the guidance of the family physician.

Let us review the role of the GP in the total program of the rehabilitation of the emotionally disturbed and mentally ill patient: prevention, early recognition, early treatment, hospitalization and follow-up after the patient's return to his home.

Doctor Braceland⁴ in discussing the present status of preventive psychiatry emphasized the family physician's role. The physician in community practice sees every segment of population, every age group, and all economic and social levels. He is aware of the enormous suggestibility of patients and the mass of misinformation that weighs upon them. The family physician is in a strategic corrective position to remove misapprehensions and relieve anxiety in his patients.

The practitioner plays a big role in the prevention of the accidents and illness leading to psychiatric disturbances. In the care of the expectant mother, in obstetrical work, care of babies and children, he may accomplish preventive psychiatry of great value. He is in the best position to recognize and allay prenatal anxieties before they lead to psychopathology in the parent or the child. Help to parents with handicapped children should be extended at the earliest possible moment, thus sparing the emotional stresses resulting from these tragedies.

The family physician may correct preoccupation with health, preventing unnecessary invalidism in children who may be considered delicate or handicapped after an illness from which there may have been complete recovery. Neuroses are easily developed in the immature. The family physician should be prepared to orient the child adequately regarding health and illness, thus avoiding unhealthy preoccupation with thinking and feeling. In treating the patient in adolescence and early adulthood, the physician must

grasp every opportunity to correct false notions about health, particularly about sexual questions. He can correct common misapprehensions and avert anxiety reactions in the field of child guidance.

The physician sees early the mildly emotionally disturbed and the more severe psychiatric disorders. He treats successfully the bulk of his patients. By his understanding of his patients and in giving of himself he relieves the anxieties and tension of the neurotic. Give the patient an opportunity to talk, to reveal himself. The calm, sympathetic, understanding acceptance of the patient by his physician is a most important therapeutic agent, much greater than any drug. He must recognize early the severe reactions requiring special psychiatric treatment and hospitalization. Here again the family physician is in the strategic position where he can obtain the patient acceptance and the family cooperation for referral to the required psychiatric consultation or hospitalization.

To play our role in rehabilitation of these patients we must know and understand ourselves. We must accept the patient without prejudice. We must be aware of our own attitude and feelings. There must be a thorough knowledge of all our resources for the patient, the local community resources, the psychiatrists and the hospitals. The general practitioner should visit the hospitals, see the treatment being carried out, learn that these patients do respond to treatment and can be rehabilitated. The physician needs to know the family and the environmental factors, the community; mainly he must know his patient—his assets and weaknesses, his goals, his motivations, his fears and likes, what leads to his anxiety, depression, flight, upheaval. Has the patient's thinking, feeling, or behavior undergone a change? Is he able to meet his problems? Is he dangerous to himself or others?

In common with all branches of medicine, the history is the very foundation of our understanding of a patient. A thorough and complete history, taken leisurely, with an understanding attitude, will clarify much. The ability to take a good history, time-consuming as it is, often results in sufficient information to evaluate the patient and predict his future course. Obtaining a history is a technique for establishing a warm, friendly relationship with the patient who thus learns how to establish relationships with others.

The physician with calmness and reassurance can decrease anxiety and tension and encourage feelings of security and resourcefulness. Tactful questioning, suggestion, and permitting the patient to express his ideas and make his decisions are most effective approaches. The physician must be a patient and good listener.

When a patient becomes too disturbed to continue under treatment by the general practitioner, or if psychiatric consultation indicates the need, he may be referred to a mental hygiene clinic or a hospital. Here you can lead the way, overcome the fears and misunderstandings; arrange referral early.

We have published⁵ information listing the clinics and state hospitals and explaining how to admit a patient to the proper state hospital. Our laws have been improved to make hospitalization easier, preserving the dignity and rights of the patient. A physician may refer his patient to a hospital for voluntary admission just as he hospitalizes any patient needing hospital care. The patient does not lose his civil rights. A patient may be admitted by temporary commitment without losing his civil rights. We anticipate more voluntary admissions and more temporary commitments. Regular commitments may be carried out when necessary.

Along with advances in psychiatry there have been changes in our concept of the role and function of the mental hospital.

Historically the major function of the hospital in the past was custody: the protection of society from the patients and the patient from himself. This was an improvement over the previous neglect, and introduced humane care, but the outlook was pessimistic. There was rejection of social and rehabilitative procedures.

As chemical and somatic therapies developed, the mental hospital took on the function of treatment. An admission service was developed with the special function of screening patients for definitive therapies. Intensive treatment services also developed for shock therapies, insulin therapy, the use of the newer tranquilizers and psychotherapy. The prevailing treatment remained individually oriented. The outlook became optimistic, but focused on pathology and correcting the symptoms.

During recent years there has been growing recognition of the importance of the social structure of the hospital, understanding the patient

as a psychosocial being, and developing a program of rehabilitation, re-education and re-socialization. Greenblatt, York and Brown⁶ made an important contribution in "From Custodial to Therapeutic Care in Mental Hospitals." Maxwell Jones⁷ in England reported on efforts to create "A Therapeutic Community." Our hospitalized patient is usually a person who has failed to meet the frustrations of life. If we expect the patient to learn better ways of adapting to the real world, we must make our hospital life approximate real life as much as possible. Since the patient's illness tends to separate him from people, we must train him to deal with people. At some point along the road from the most severely disturbed aspect of the illness to the more normal phases, we have to introduce social situations with all the stresses, conflicts and problems of social living. The patient must have the opportunity to try out his social skills and gain help in relearning and readjusting interpersonal relations. His treatment includes situations that require adaptation to fellow patients and to normal day-to-day process of work, recreation and socialization. The hospital therapeutic community is as like communities outside the hospital as possible. Patients re-learn to live with their fellow man comfortably, work, play and pray. The coordinated efforts of all hospital personnel are required, also the family, volunteers and the entire community.

Patient government is a step in this direction. This is an experience which provides an opportunity to gain satisfaction from normal life processes. In the hospital the patient receives a wide range of activity therapy; here his interest in occupation is revitalized. Vocational counselling is available. The entire staff throughout hospitalization concentrate on ways and means for rehabilitation. Plans for early release are developed. Patients may obtain employment while still in the hospital—a protected half-way house.

The transition from the hospital to the community is the most difficult for the patient.⁸ We must extend the hospital services into the community. The evaluation of the patient shifts from pathology to evaluation of social assets, ego strength, vocational assets. For patients with social and vocational assets, therapy consists of a hospital industry program, improved interpersonal relations, and finally a return to a tailor-made, carefully selected job in the community.

Here, to bridge the gap, we developed halfway houses, day hospitals, night hospitals, sheltered workshops. Hospitals emphasize convalescent leaves to help the patient bridge the gap back to community life with visits home, and trials at employment. For those patients who have no family to return to, or when return to his own family is not feasible, foster-home care plans have been developed. All these techniques have been developed to gain our objective with each patient—his rehabilitation to the highest level of his potential and return to his family and job whenever possible.

While the patient is in the hospital, our state hospitals will submit diagnostic and progress reports to the referring family physician. Already two hospitals, Carter and Logansport State Hospitals, are keeping the physician informed, and we hope all will do so as soon as possible. The Academy has recommended that physicians join the hospital staffs as part-time physicians. Our hospitals have sought this aid with considerable success. Most of our hospitals now have part-time physicians coming to the hospital from the community. We are planning special training for the G. P. Logansport State Hospital is developing specialized training up to a year residency. This training will be adjusted to the interest and requirements of the individual physician.

When the patient is returned home, he should be referred back to his family physician.⁹ There should be a continuity of treatment. The hospital will advise the physician regarding follow-up treatment. Thus the family physician continues his management of the patient. He utilizes his understanding and the family and community resources to maintain the patient's rehabilitation. He can recognize the early signs of relapse, treat them promptly and effectively. When necessary he can arrange for the patient's return to the hospital early, avoiding serious disturbance or prolonged re-hospitalization. The physician can

help a great deal by educating the community in mental health and in constructive attitudes toward emotional disturbances.

The rehabilitation of the emotionally disturbed patient includes treatment of the patient as a person and concerns his emotional equilibrium as well as his cells and chemistry. The patient does not live in isolation, but is a human being reacting in a social environment. The alert physician, by understanding the patient, family and the community, helps preserve health and prevent illness or its recurrence. The family physician can do much to help patients maintain mental health. Psychiatry is moving out of the mental hospitals into the community. The general practitioner has an increasing role in the rehabilitation of the emotionally disturbed patient.

REFERENCES

1. Hess, Elmer: Address of the President-elect, *JAMA* 158:670-672 (June 25), 1955.
2. Smith, Lauren H.: Progress in Psychiatry, Guest Editorial, *JAMA* 158:46-47 (May 7), 1955.
3. Pfeffer, Peter A.: Rehabilitation of the Mentally Ill, *Mental Hospitals*, 7:11-15 (March) 1956.
4. Braceland, Francis J.: Present Status of Preventive Psychiatry, *JAMA* 159:1187-1190 (Nov. 19), 1955.
5. Meyer, Martin W.: How a Patient is Admitted to a State Psychiatric Hospital or School for the Mentally Retarded, *J. Ind. State M. A.* 51:199-211 (Feb.), 1958.
6. Greenblatt, Milton; York, Richard H.; and Brown, Esther Lucille: From Custodial to Therapeutic Patient Care in Mental Hospitals, Russell Sage Foundation, New York, 1955.
7. Jones, Maxwell: *The Therapeutic Community*, Basic Books, New York, 1953.
8. Ozarin, Lucy D.: The Community and Rehabilitation of the Hospitalized Psychiatric Patient, *JAMA* 161:940-944 (July 7), 1956.
9. Appel, Kenneth E., and Schenflen, Albert: The General Practitioner and the Discharged Mental Patient, *JAMA* 159:1278-1282 (Nov. 26), 1955.

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Modern Concepts of Virus Diseases[†]

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Indianapolis

OUR UNDERSTANDING of virus diseases is still far from complete and our present-day concepts are different from those of yesterday due to an increase in the available information concerning the causative agents and not too much due to any increases in our knowledge of the diseases themselves. Much of the apparent advance is in situations commonly developing nowadays where new methods make possible the isolation of new agents causing well-known diseases. This is often the beginning of a new era of progress in relation to a certain disease because it starts the effort to improve our control of the disease. With the characterization of new agents of viruses which cause known disease-syndromes comes also the by-product where two known diseases are found to be caused by the same virus—for example, chickenpox and herpes zoster. This in time may lead to improvement in the way in which we can manage herpes zoster.

The reverse of this also happens where virus agents are isolated before it is known just what diseases, if any, they may cause. Example—ECHO viruses (enteric-human-cytopathogenic orphan viruses), only a few years after their accidental finding in fecal specimens during search for poliovirus, have been proven to cause aseptic meningitis which mimics non-paralytic poliomyelitis.

A more complicated story is slowly unfolding about how viruses infect cells, how they multiply, and how they cause disease. All these advances come from new information gained by applying new technics and from advances in the physical and biological sciences. Example—tis-

sue culture has been known for over fifty years; its applicability was too long limited to a few researches because its susceptibility to bacterial contamination was so great that heroic efforts had to be made to grow tissue for more than a short time. The advent of penicillin and streptomycin, in particular, changed all this until it has now become possible, with ordinary effort, not only to grow cells at will from pieces of tissue but to continuously propagate strains of cells much like bacteria are grown, and several common strains are in every-day use in laboratories all over the world, many years after the patient or animal from whence they came as normal or cancer cells has long since been dead. Since mammalian viruses only propagate in living cells, this advance has given the work on virus research great impetus.

Viruses also affect bacteria and plants and much effort has been spent by workers in these fields. There are some parallels in metabolism, etc., but I do not believe there is any indication as yet that any plant or bacterial virus is a direct relative of any mammalian virus. Just where viruses came from and whether they came from bacteria or vice versa, or if they could arise as fragments from larger cells of the living cells they specifically parasitize is not now appreciated.

The chemists, physicists, and medical researchers have made great use of models of virus-cell or host-parasite systems, using bacteria and specific bacteriophage in order to measure rates of growth, chemical requirements, and many other questions. This is all possible because the experiments can be carried out in the test tube and, therefore, well controlled, and it is possible to vary one factor at a time. Plant virus research also has contributed similarly to the general problem.

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All things considered, it appears that what we call an ultramicroscopic virus is made up of units of substances with a protein shell and a core of nucleic acid, both of which have specific chemical characteristics which differentiate the particular virus from other viruses. There does not appear to be a metabolic apparatus in the virus but the chemistry is incompletely understood, although a considerable amount is known. When, to illustrate with bacteriophage, a phage particle "infects" a bacterial cell, it inserts its tail through the cell wall, injects some nucleic acid, and somehow the nucleic acid reproduces itself and finally becomes coated again with protein.¹ Since the metabolism of the bacterial cell is totally taken over by the virus and the cytoplasm filled with new particles, the cell bursts and there is a lysis, after which many new particles are released to infect other cells. There is believed a close relationship, especially in the case of cells that seemingly can carry some of the virus nucleic acid in them without the whole process of virus synthesis occurring in the manner above described. Here we have what is comparable to a carrier state in animals, and knowing that it is the nucleic acid that controls the genetic and other characteristics of a cell from its nucleus, it isn't difficult to wonder if the two ever get into interaction or intermixing with each other; this appears, without doubt, to happen in the case of bacterial viruses. Example—diphtheria bacilli associated with nonlytic (carrier state) bacteriophage secrete toxin, strains not so affected do not. Some characteristics can be transmitted from one strain of similar bacteria to another. We can make more general theoretical applications such as: mammalian viruses could in some manner affect the characteristics of normal mammalian cells to cause them to become cancer cells. This is one of the places where cancer research and virus research definitely cross. Viruses conceivably could cause cancer in other ways, but as yet the picture is not very clear except in the case of mouse breast carcinoma where it appears that a virus or virus-like agent is transferred from mother to offspring via the milk to cause breast carcinoma. A phenomenon outside the virus field is suggestive; for instance, if a type I pneumococcus which is a virulent strain is killed by heat and mixed with a culture of type II pneumococci which are not virulent for mice is injected into mice, the mice die of a pneumococcus infection

but the type isolated is type I and not type II. There is a transforming principle (probably nucleic acid) from the dead virulent type I which combines with the living avirulent type II organism to transform it. There are other such examples. Virus, then, may sometimes act to change cells of all kinds by a similar action although the clear-cut examples are not yet well known.

An interesting experiment has been done by the biochemists in which they have shown that the nucleic acid alone from some viruses apparently can serve to infect cells in the absence of actual virus particles. This, if proved to be true beyond a doubt, may lead to advances in the development of immunizing agents. I should say as a caution to the above theoretical chemical explanations of virus multiplications that a few authorities still believe that some viruses at least multiply by simple division and that the more modern ideas about the multiplication process are but side effects of the biological phenomenon of ordinary division such as is seen in bacteria. On this question we should be patient and wait for further confirmation.

I should say also that while all these scientific observations on plants and bacteria are of interest and importance, none of them proves a point so far as mammalian viruses are concerned, but they have been useful to suggest methods of research along similar lines in animals.

How do viruses cause disease? It seems certain that they must do it by affecting cells in some manner. It has been observed that two important changes can be produced by viruses. One, a virus can produce alteration so severe that the cell is killed; for example, poliovirus in the motor neurons of the cord.² Or a virus can cause a cell to increase its growth and multiplication—example: certain warty growths of the skin, condylomata, seed warts and molluscum contagiosum, to name a few.³

The most important and yet the most difficult question is how do viruses actually become intimately associated with cells in nature to initiate infection—how do they get past natural barriers? These may well be far more important questions to mankind than those pertaining to how viruses multiply. One example which is all too little known is that contributed by Dr. Richard Shope⁴ of Rockefeller Institute in

relation to hog influenza. His observations are as follows: Hogs have influenza due to a virus almost identical to those that cause human influenza. The hogs seem always to have the virus in them since by several methods of stress a group of hogs can be made to come down with influenza which affects the whole herd but kills only two per cent. These hogs recover and move on and a new herd of hogs is moved in and the very same thing can be repeated. How do these animals get infected? Not from the soil directly. Dr. Shope found that the lung worms of hogs have a cycle of development wherein their eggs are shed in the hog feces, the larvae parasitize earthworms, the hogs eat the earthworms and become re-infected. All stages of the life cycle of the lung worm carry influenza virus and thus the virus reaches the lungs of successive generations of hogs. The virus does not cause trouble unless some "shock" comes along to upset the equilibrium, when the virus takes over. We have recently found another animal parasite⁵ that may be able to serve as a similar agent in a known so-called "free living," supposedly harmless amoeba which we have shown can penetrate the nasal mucosa and invade the body of mice. Such an organism has the potential of serving to assist the various infectious agents in getting a start. If such organisms, distributed widely in resistant cystic form in Nature, can carry various agents in them, we have a new approach to the study of infectious diseases.

What, then, is the most promising of the avenues of investigation so far as the control of these diseases is concerned? (1) We might consider the cure of them after infection. Here we are stymied—the diagnosis usually cannot be made by any known method until the disease is well under way, either to a fatal or destructive outcome or a trend to control by the normal immune processes and recovery (this is the rule in virus diseases). We have no drug at this time which serves to exert any marked effect on any known virus of any kind which we can expect to use to control virus infection, if we are to limit the term to viruses of the small type such as influenza and poliomyelitis. Larger viruses of the lymphogranuloma-psittacosis type and, of course, the Rickettsia, can be influenced by a number of agents. (2) The more extensive and effective study of the epidemiology is now the great opportunity with the new methods we have. Methods of "virus sanitation" need to be

added to "bacterial" sanitation we now use. Epidemiological researchers can now test very small samples for virus. We should look for more clues as to possible vectors and mechanisms of spread. (3) Most important, as we all have seen, is the effort toward immunization with suitable agents when naturally nonfatal infections cannot be tolerated. Great progress has been made in the field of respiratory diseases, most important in influenza. We now can feel hopeful that we can prevent pandemics of this disease by vaccination, although we must not be too complacent about the success up to now since better vaccines undoubtedly can be developed; also we must be on the lookout for the appearance of new strains. Work on the common cold as such seems disappointing, since no one agent seems to predominate. What is more likely is that the common cold is a family of diseases which might be caused by agents such as the Johns Hopkins virus, adenoviruses, and possibly even viruses that cause other more serious diseases such as measles, and may cause upper respiratory disease in persons immune enough to prevent more extensive spread. Remember, scarlet fever streptococci first cause scarlet fever and thereafter only sore throats, and the same streptococcus probably can do either, depending upon the immune state of the individual.

In acute exanthema we have seen a beginning with the isolation and growing of measles virus, and experimental clinical trials on measles virus vaccine are now under way.⁶ Chickenpox and herpes zoster research should eventually help patients plagued with herpes zoster and post herpetic neuritis.

As you know, poliomyelitis vaccine is the outstanding example of recent virus research. The experience with polio vaccination thus far has paralleled that of tetanus toxoid in its behavior. We have in both of these instances an example of the use of small amounts of antigenic material which serves to sensitize the antibody-forming mechanism, which probably resides in the lymph nodes, so that with the advent of natural infection or a booster dose of the antigen there is very quick response in antibody formation. This measurement of immunologic sensitization or the "booster response" probably is much more important as a measure of protection than is the determination of the amount of antibody present at a particular time following immunization. This gives us the hope that we could safely

vaccinate against a number of agents and not subject the individual to too great a stress, because it appears that small amounts of the right type of antigenic material are adequate to protect and it is not necessary to give extremely large doses which cause severe reactions. Immunization is accomplished through and by the function of living cells in the body, and if sufficient toxic material is injected in the form of antigen these cells may at first be severely injured and under these circumstances immunization is poorer than when smaller doses are given. It is probable that further study along this line will dispel the idea that immunization which causes reactions is necessary. If many more immunizations are to be given to people, the dosage must be less else we will subject our patients to difficulties, along the line of which amyloid disease is the final possibility. It is my belief that we should take a moderate view of the process of immunization and be sure that the immunizing procedure is not worse than the disease itself.

A question very much in the minds of physicians these days is that of the merits of live and dead virus vaccine. Jenner and Pasteur devised "live" vaccines. In the case of rabies, we now mostly use killed vaccine; in the case of smallpox, so far as we know, we cannot do so, although not much effort has been made to do it. Live vaccines are said to give permanent immunity. Does either vaccinia or live rabies vaccine give permanent immunity? I don't believe anyone thinks that they do. Jenner died a disappointed man at a time when it was becoming increasingly evident that his single vaccination did not protect for life; I wish he could have known that this was not too great a handicap, because when you read of his torture on this you cannot but feel the pain he felt over this point,

because we now know the necessity of re-vaccination was not a major difficulty.

As practical men, you can assess the difficulties inherent in giving a live agent as a vaccine. Since attenuation is a change in the basic nature of an organism and since the only constant thing in nature is change, the risk of either changes in virulence or the allegation that such has occurred is greater than most will care to assume, be they physician or manufacturer or government regulating body.

In summary, much has been accomplished in 300 years of virus research, most of it in the last fifty years. Much is yet to be accomplished and we are now in danger of assuming we know more than we do. We are not yet close to ridding the world of virus diseases, but progress is being made.

REFERENCES

1. Evans, E. A., Jr. Enzymic changes in virus synthesis. *The Dynamics of Virus and Rickettsial Infections*. International Symposium sponsored by Henry Ford Hospital, 1953.
2. Howe, H. A. and Bodian, D. *Neural Mechanism in Poliomyelitis*. New York. The Commonwealth Fund. 1942.
3. Rous, Peyton. *The Virus Tumors and the Tumor Problem*. The Harvey Lectures, 1935-1936, pp. 74-115.
4. Shope, R. E. The swine lungworm as a reservoir and intermediate host for swine influenza virus. IV. The demonstration of masked swine influenza virus in lungworm larvae and swine under normal conditions. *J. Exper. Med.*, 77:127-138, 1943.
5. Culbertson, C. G., Smith, J. W., and Minner, J. R. *Acanthamoeba*: Observations on animal pathogenicity. *Science*, 127:1506, June 27, 1958.
6. Katz, S. L., Milovanovic, M. V., and Enders, J. F. Propagation of measles virus in cultures of chick embryo cells. *Proc. Soc. Exper. Biol. and Med.*, 97:23-29, 1958.

An Interesting Case Report From the Indianapolis General Hospital

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WHITE FEMALE, age 51, admitted on 10-5-57, died on 10-8-57.

Chief Complaint

Weakness and fatigue, approximately five months in duration.

Present Illness

This patient had been in good health until May, 1957 when she developed an acute illness manifested by weakness, fatigue, malaise, diarrhea and high spiking fever. The diarrhea consisted of five to six stools a day which were thought to be tarry in nature. She consulted her physician who, after urinalysis, x-rays and physical examination, told her she had a kidney ailment and treated her for about a week without success. At the end of this period she consulted another physician who hospitalized her at the local hospital and sent stool cultures to the State Board of Health laboratory. They were cultured and found to contain typhoid bacilli. She was treated at this hospital for about three weeks and then released. The nature of her treatment at this time is not certain. On returning from the hospital she still noted extreme weakness and fatigue; was unable to walk across the room without support. At this time, she also noted that she bruised very easily and that there had been about a twenty-pound weight loss. She continued in this state until late August when she developed a severe tonsillitis which did not respond to the usual therapy and

required hospitalization. While in the hospital, she also developed many ecchymotic areas on her upper extremities and on her buttocks from the various injections she had received.

On September 21 she was released from the hospital with the tonsillitis apparently cleared up, but still having shortness of breath, weakness, and continued bruising. Following this hospital release she became more incapacitated. On admission to the General Hospital she had lost approximately fifty pounds in spite of a "good appetite." She continued to bruise very easily, had "two pillow orthopnea," occasional paroxysmal nocturnal dyspnea and multiple ecchymoses. She was seen by a private physician on the morning before admission who referred her to this hospital with a diagnosis of thrombocytopenia, threatened shock, metastatic uterine carcinoma and post-typhoid fever.

Past, Family and Social History

Essentially noninforming. She had lived most of her life in southern Indiana where she had been in good health until her present illness. Menopause had occurred at the age of 44 and apparently she had had no symptoms referable to that system recently.

System Review

This reveals nothing more in addition except for occasional vertigo during the past three months and constipation during the past month. The previous diarrhea was gone.

Physical Examination

Physical examination revealed the patient to be a fairly well developed but undernourished

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white female appearing acutely and chronically ill. There was obvious evidence of weight loss, her memory was poor and she was somewhat confused. Blood pressure, 70/48; pulse, 88; temperature, 102.6 degrees F; respiratory rate, 40 per minutes. The skin appeared dry and hot. No abnormalities were noted in the head and neck. Fundusoscopic examination of the eyes showed a grade II atreiosclerotic retinopathy. No adenopathy was noted at any point over the body. Chest expansion was symmetrical. The lungs were negative to percussion; however, harsh bronchovesicular breathing was noted throughout both lung fields. No rales were reported on the admission examination, nor were these noted on later examination. The heart appeared to be of normal size with no abnormal sounds or other findings. Abdominal examination revealed the liver to be down four finger breadths below the costal margin, was smooth, firm and moderately tender. The spleen was palpated approximately two finger breadths below the costal margin, was firm and tender. No other masses were noted.

Bowel sounds were normal. Examination of the extremities showed multiple ecchymotic areas over both forearms with numerous petechiae. Rumpel-Leed's test was negative. The genitalia were normal female. Neuromuscular: Deep tendon reflexes were present but hypo-active. No pathological reflexes were noted.

Laboratory Data

Urinalyses on 10-7 and 10-8 showed specific gravity 1.019 with 3+ and 4+ albumin and about 30 WBC per high power field. Hematocrit was 41 on 10-5, and 30 on 10-7. Hemoglobin 12.6 grams and 9.6 grams on those dates respectively. Red count 3.95 million on 10-5 and 2.81 million on 10-8. The WBC on 10-5 was 2,950, on 10-7 was 3,350 and on 10-8 was 3,100. Differential on these three instances showed approximately 60 neutrophils, 13 bands, 27 lymphocytes. There were approximately 3 nucleated RBC per 100 cells. Reticulocyte count 0.4%. The prothrombin time on one occasion was 52%, and on another occasion was 43%. Platelet count was 47,000. Bleeding time 7.3 minutes, coagulation time 7.6 minutes. Absolute eosinophil 88. Blood glucose 64 mgm%; BUN 29 mgm%; total bilirubin 1.8 with 1.07 direct and 0.73 indirect. Total protein 7.1 grams, albumin 2.93, globulin 4.17. Total cholesterol was 189 mgm%. Ceph. flocc. 4+ in

24 hours. Thymol turbidity 15.5. Alkaline phosphatase 5.5. On 10-7 the sodium was 136 mEq., potassium 5.1 mEq., chloride 113 mEq., CO₂ 11 mEq. On 10-8 sodium 136, potassium 4.3, chloride 118, CO₂ 13. PA of the chest on admission showed "mottled infiltrative densities, seen throughout the lung fields, particularly at the bases, which could represent a bilateral infiltrative process. This could represent a bilateral bronchopneumonic process at the base. It is possible that acid fast or a fungus infection could also give this appearance."

Course and Treatment

Therapy consisted of penicillin, streptomycin, hydrocortisone and oxygen. The course was rapidly downhill. An examination of the bone marrow was made on 10-8-57, prior to death.

Dr. George Teaboldt

To summarize this case, we find an illness of about five months' duration, beginning with a month-long typhoid-like syndrome which was at first confused with kidney disease, but which progressed steadily and developed numerous symptoms and signs of a severe insult to the hematopoietic tissue, including a tonsillitis and other symptoms compatible with a pancytopenia. Following the patient's admission here, the clinical course rapidly deteriorated, terminating in a febrile illness, together with profound cachexia, evidence of marked disturbance of hematopoiesis with active bleeding and shock, lung disease, liver involvement, spleen involvement and kidney involvement and a terminal acidosis.

We have been taught that there is a dogma in the profession that a single diagnosis must account for an entire clinical picture, and I feel that this case demonstrates an instance in which to achieve a coherent discussion it would be far too unwieldy if more than one disease entity were assumed responsible for this admittedly protracted and bizarre course. Let me therefore select as my choice of diagnosis a disease which *can* account for everything here, including the initial typhoid-like syndrome. The diagnosis must point to a disease that could account for the development of an aplastic marrow, for the fatigue and cachexia which followed the bone marrow deficiency but which were not related to any profound anemia, and for the multiple organ involvement that was found terminally. Such a disease is necessarily

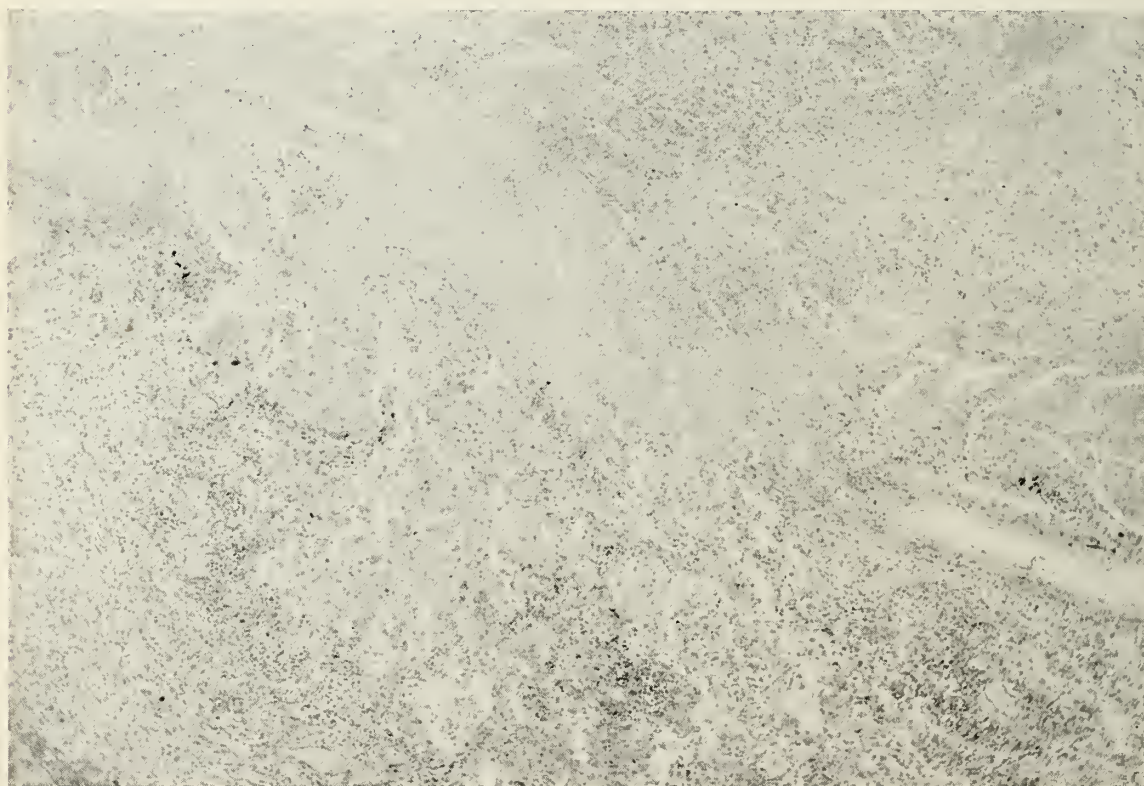
a widespread, disseminated one, and one quite suggestive of miliary tuberculosis in its subacute form, which can easily simulate this picture and account for everything I have mentioned. Moreover, it is not at all impossible to find this condition in a white female of this age without a history of previous exposure. The only other diseases apropos to this line of approach would be the disseminated fungus disease. But if such a mycotic infection is our answer, what then was the initial illness? Was it actually typhoid fever or is it possible that a fungus disease could produce a typhoid-like syndrome as was present in this case? Or did typhoid exist here, produce a severe leukopenia and permit a subsequent superinfection by a fungus? Since these must be considered, I am forced to add the several disseminated mycotic diseases to the differential diagnosis.

Dr. Glenn W. Irwin

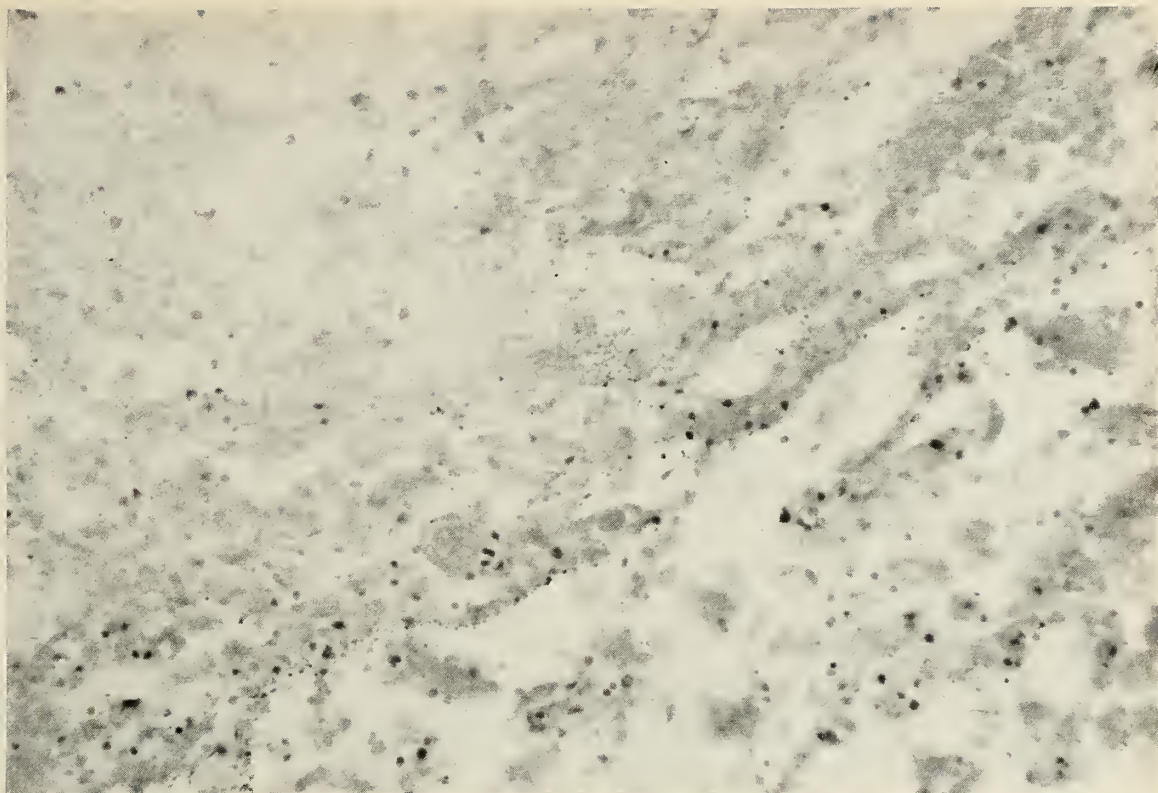
I want to compliment Dr. Teaboldt. He has said a good many things I had in mind. My first impression is multiple myeloma. Multiple myeloma should be considered in this case because of the presence of hepatomegaly, splenomegaly,

anemia, ecchymoses, hyperglobulinemia and albuminuria. The absence of bone involvement concerns me; however, the x-rays do not survey the skeleton extensively and this may have been missed. About 10% of patients with multiple myeloma do not have bone involvement. The pulmonary infiltration is an important feature in this case. Although the radiologist believes this is most likely bronchopneumonia, I would question this since the patient has had progressively severe dyspnea for at least two months. Multiple myeloma may have rather extensive nodular or diffuse infiltrative lesions in the lungs.

Another consideration should be sarcoidosis. This is a disease involving multiple systems of the body and it often mimics multiple myeloma sometimes even so far as the bony involvement is concerned. The involvement of the liver, spleen, lungs, bones, and central nervous system, of course, are characteristic of sarcoidosis. The hyperglobulinemia is also a feature of sarcoidosis. Two things are somewhat against this diagnosis. This patient had fever which is somewhat unusual in sarcoidosis. The other feature is that even though there is extensive pulmonary involvement, the patient may subjectively have



An area of necrosis in the adrenal gland showing numerous histiocytes at its margin, many showing the organism. H & E 60x.



An area of necrosis in the lung showing the histoplasma organism faintly in the debris and adjacent cells. H & E 300x.

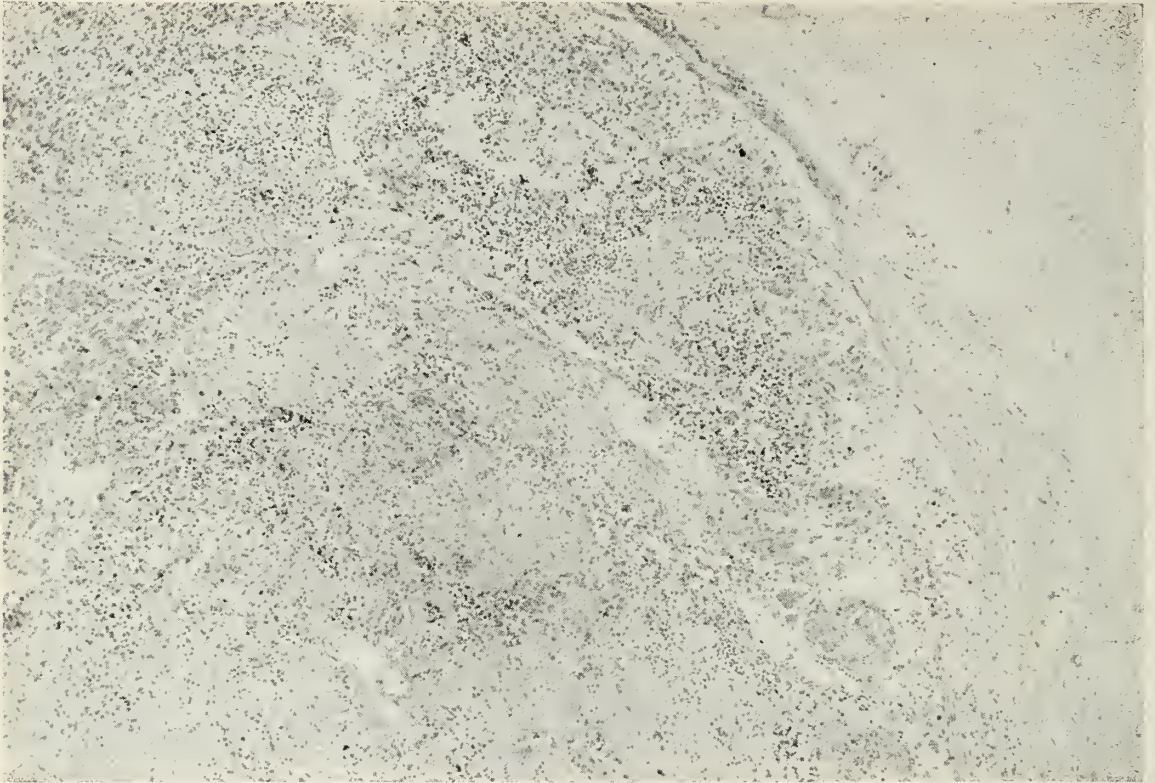
few pulmonary symptoms. Apparently the dyspnea in this case was severe at the time of admission and thus out of all proportion to the pulmonary involvement if this should be sarcoidosis. I think that sarcoidosis is unlikely but worth consideration.

Another consideration in this case should be some primary hepatic disorder in view of the hepatomegaly, splenomegaly and several abnormal hepatic function tests. Perhaps this is an unusual case of Laennec's cirrhosis with hypersplenism and associated anemia, leukopenia and thrombocytopenia. I think this should be considered but it is difficult to account for the pulmonary lesions in Laennec's cirrhosis. Perhaps 10 to 15% of patients with portal cirrhosis do develop a hepatoma and although this neoplasm ordinarily does not metastasize to the lungs, it may do so. Against the diagnosis of portal cirrhosis is the absence of ascites, peripheral edema and spider nevi. Also, several of the hepatic function tests are abnormal but others are not. I think Laennec's cirrhosis with hepatoma and hypersplenism are probably unlikely.

Another consideration, of course, is primary

neoplastic disease with metastatic pulmonary involvement. In considering metastatic disease to the lungs one should think at least of primary neoplasia in the thyroid, the breast, the kidney, the ovary and colon. Unfortunately, I see no specific stigmas of a primary neoplastic disease in this protocol. I was somewhat concerned by the referring physician's statement that he was worried about carcinoma of the uterus. There should be respect for referring physician's provisional diagnoses as well as for medical student's provisional diagnosis. So, I do have some respect for this statement of carcinoma of the uterus. Although I cannot tell from the protocol, I presume that a good pelvic examination was done, and I shall therefore exclude the possibility of an ovarian or a uterine carcinoma.

Another possibility in this case is alveolar cell carcinoma. The early clinical description of this entity included a cough productive of a large volume of sputum which was usually clear and frothy. Many cases are observed which do not have this feature; therefore, this case may represent this entity. This neoplasm may metastasize most commonly to the other lung but also to the bones and liver. Since the hematologic and liver



A portion of lymph node showing peripheral sinus and adjacent necrotic tissue. Note the numerous large histiocytes in the sinus, most of which contained histoplasma capsulatum. H & E 60x.

abnormalities are out of proportion to the pulmonary problem in this case, I'll dismiss alveolar cell carcinoma for the time being.

I have considered several infectious diseases as Dr. Teaboldt has already done, and I concur with him that tuberculosis should be considered. I considered one other entity as more likely than tuberculosis, and that was histoplasmosis. Frequently, patients with histoplasmosis present as hematologic disorders. These cases may be characterized by thrombocytopenia, anemia or leukopenia. At times, even leukemia is suggested from the clinical features. Histoplasmosis may involve the lungs, bones, liver, spleen and other organs. The best way to establish this diagnosis is the isolation of the organism from bone marrow, sputum or blood. Of the mycoses, I would pick histoplasmosis as high on the list. Like Dr. Teaboldt, I do not know the significance of this illness which ten months earlier appeared to be typhoid. I assume we have to consider that this was typhoid, but I am reluctant to do so except there seems to be bacteriologic confirmation. It is unlikely that a complication of typhoid would present us this picture ten months later. It is true that patients with typhoid frequently have

relapses, even with modern drug therapy including chloramphenicol. However, these complications usually include bronchitis, bronchopneumonia, osteomyelitis or cholelithiasis. I have mentioned a good many possibilities and perhaps have confused the issue. My diagnosis in this case is multiple myeloma. I should add that this patient came to the hospital in shock and multiple myeloma may involve the adrenal glands with adrenal cortical insufficiency. There is not enough information to establish this complication but the clinicians taking care of this patient must have considered it in view of the hydrocortisone therapy.

Dr. Paul V. Evans

I think both the discussants have given us a very complete run-down on the differential diagnoses in this case. They have arrived at the point where the staff had arrived on the day before the death of this patient. At this time, the staff decided to do a bone marrow examination. The bone marrow smears showed the presence of histoplasma capsulatum in the mononuclear cells and other cells of the marrow. Further, a liver biopsy showed the presence of the histoplasma

organisms in the Kupfer cells of the liver, and a peripheral smear of the blood showed the presence of the organism in polymorphs mainly; although, some were present in monocytes. At autopsy examination, externally it was noted that she had numerous ecchymoses and petechiae. The heart was flabby and soft, weighed just 200 grams, and showed no abnormalities. The lungs were slightly increased in weight, the left weighing 670 grams and the right weighing 650 grams. Both lungs were crepitant anteriorly, but posteriorly they were nodular and firm. These nodules were gray-white in color, varied in size, and measured up to 0.4 cm. in diameter. The central portions of these gray-white areas were obviously necrotic. In the lower lobe of the right lung there were several thrombi partially occluding the branches of the pulmonary artery. These were firmly adherent to the walls of the blood vessels. The liver weighed 2,000 grams and showed numerous small nodules measuring up to 1 cm. in diameter. These nodules were moderately firm. The spleen weighed 680 grams, was smooth and purplish-red in color with no nodules present. Both kidneys were normal in weight, showing a very finely granular surface. The largest lymph nodes found were in the iliac region and were no larger than 2 cm. in greatest dimension. Lymph nodes in the mesentery generally were difficult to find.

On microscopic examination, the nodules of the lungs were found to be areas of caseation necrosis which varied considerably in size. There were a few multinucleated cells at the periphery of some of these areas of necrosis. The organ-

ism, *histoplasma capsulatum*, was scattered throughout the necrotic areas in large numbers. Some of them were present in the cytoplasm of neighboring mononuclear cells. In the liver, fatty metamorphosis was quite prominent about central veins. Portal triads were heavily infiltrated with lymphocytes and plasma cells. *Histoplasma capsulatum* was seen in scattered Kupfer cells within the sinusoids. In the kidney there was a diffuse interstitial infiltration of lymphocytes. The cells lining the tubules showed varying degrees of degeneration. Most of the glomeruli appeared normal. The adrenals showed scattered areas of necrosis, many of which tended to be confluent. Numerous organisms resembling *histoplasma capsulatum* were seen scattered throughout these areas of necrosis. The spleen was quite hemorrhagic throughout and the tissue so distorted that recognition of organisms was impossible. Sections of lymph nodes showed large, well defined areas of necrosis scattered throughout. There were a few multinucleated giant cells in the sinuses. Organisms were present in areas of necrosis in the surrounding macrophages. In the lymphoid tissue of the ileum, a few of the organisms were found in large macrophages. Cultures taken from bone marrow and other tissues showed typical growth of *histoplasma capsulatum*.

The clinical picture and the autopsy both show a fairly characteristic story for disseminated histoplasmosis in the adult. We have no satisfactory explanation for typhoid fever which this patient previously had except that with the culturing of the organism, that particular disease seems quite likely.

SOCIAL SECURITY SAYS: "It is common knowledge that most of us because of living costs, social standards, and economic misfortunes, do not set aside enough money or other assets during our working years to provide adequately for ourselves or our families when earned income is cut off by disability, old age, or death."

In Other Words: Social Security believes that "most of us" must depend upon the government in our "hour of need."

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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HOSPITAL CARE

In 1930 hospital admissions were nearly twice as frequent among the highest income groups as among the lowest. Today there is a difference in hospital usage, but income of itself does not provide the differential. Families with low income and hospitalization insurance account for considerably more hospital days than do families in the same income group without insurance. The same comparison holds true at almost all income levels.

This factor, and many others, have combined to change the pattern of hospital use during the past 25 years. The outstanding element in this change has been a rapidly increasing and still growing demand for and usage of general hospital beds. One in eight persons in the U. S. is admitted each year. About every third

family will have a member in the hospital this year.

Since 1935 the admissions to general hospitals have increased from 59 to 129 per 1000 population. The stress on hospital capacity has been eased somewhat by a reduction during the same time in the average hospital stay from 15 days to 9.7 days.

Since 1935 births in hospitals have increased from 800,000 to 3,800,000, with a similar assist in the hospital care problem of a reduction in the hospital stay of the newborn (and presumably the mother) since 1945 from 10.8 days to 5.2 days.

More people with serious and eventually fatal illnesses are cared for in hospitals now than formerly. In 15 years the number of deaths

occurring inside hospitals has doubled. This is not a reflection on the effectiveness of hospital care, since during the same period of time the death rate for general hospitals declined by one-third.

The number of hospital deaths does, however, indicate a trend in the increased usage. The added burden may be more than is apparent. The municipal hospitals in New York City in 1951 found that the patients who died in these institutions were in-patients on the average 50 percent longer than those who were discharged alive.

Hospital usage varies with many factors; one of these is geographic in nature. All the states east of the Mississippi and north of the Mason-Dixon Line are in the highest usage group. The southern states are in a group where usage is about half that of the above group, and the remainder in the west and west north central areas are in between.

Employed persons use relatively fewer hospital beds. The unemployed, those with the least education, and the widowed and divorced are relatively high users.

Today hospitals are available to a higher proportion of our population than ever before, both because of better hospital distribution and because of better transportation. People tend to use hospitals, not only for matters of life and

death as formerly, but also for diagnostic services and for convenience of the patient and his family.

Hospital insurance has encouraged this change; the cost of hospitalization may now be budgeted and paid for in advance. Hospital usage is still on the increase and will probably continue to increase as new facilities are provided.

In order to make hospital services accessible to as many people as possible, hospital costs should be kept at as economical a level as is compatible with good medical care. In areas where there is a shortage of general hospital beds usage should be controlled in some manner so that cases involving life and death may be accommodated immediately. The use of hospital facilities for such purposes as diagnosis should not be tolerated in such areas if the patient can be studied satisfactorily as an out-patient.

Aside from the above considerations it is apparent that the American people desire and are willing to pay for an increased amount of hospitalization. Actually, anything that is done in a hospital may be done in a home if enough money is available to equip the home properly. The hospital's popularity is in part due to the fact that even with the present high costs of hospital care it is still much more economical than providing the same good medical care in the home.

Guest Editorial:

PRIVATE OFFICES: A MEDICAL BASTION*

The citadel of clinical medical practice in the United States is not the research institution nor the hospital. It is the office of the private practitioner of medicine—be he generalist or specialist.

It is this office that is the fortress of independent, fee-for-service medical practice. It is

the haven and the strength of those who oppose governmental, corporate or union control of the rendering of health service. It is here that the doctor-patient relationship is the strongest. Here there are no impersonal, institutional interferences, restrictive formularies and cases; there is just the doctor and his patient who is seeking help. These things being true, it is amazing and a bit sad to see occasional physicians, through thoughtlessness or self-interest, help destroy private medical practice by themselves re-

* Reprinted from the Jan., 1958, issue of *GP*, published by the American Academy of General Practice.

ferring patients to institutions for medical services.

This is most commonly done by referring private, ambulatory patients to hospital departments, rather than to the offices of privately practicing confreres, for diagnostic services.

An only slightly disguised case in point: The XYZ Company entered into a program of annual diagnostic check-ups for executive personnel. The company first encouraged the executives to see the physicians of their choice. The next step was to require that the examinations be accomplished by physicians connected with a given medical school hospital. Many of these physicians gradually moved the site of the examinations from their offices to the hospital with indicated consultations being handled within the departments of the hospital. The company, which has subsequently been joined by other companies, is now suggesting that the hospital establish a special department for just such examinations *with the executives then to be sent to the hospital to obtain these medical services—no longer to physicians.*

Parenthetically, this is—in its way—analogous to the designation of approved physicians by the United Mine Workers' Welfare and Retirement Fund. If this is accepted by the profession

(which it currently seems not to be), it would inevitably lead to direct Fund employment of doctors from the Fund's "Approved Lists" to render the services.

Institutional practice by hospital corporations, the threat of piecemeal socialization through Social Security medicine, the possibility of labor-union domination through closed-panel health plans—all of these are in the air. Hospitals have been built for sick people who need bed care. Their transmutation into "community health centers" and places of rendering service to private, ambulatory patients through employed physicians is the goal of hospital administration militants. The concept of "the hospital as the community health center" has been nurtured as a latter-day myth by a small group of hospital administrators.

Medicine—all of medicine—must be constantly aware of this insidious threat to our American system of medical care. There are boldly militant spokesmen, backed by increasing propaganda, who would make the voluntary hospital of today a corporate distributing agency for medical care tomorrow.

If these persons prevail, all doctors will become employees of hospitals, clinics or health centers. And later—of the government.

Former Hoosier Named Chairman V.A. Medical Advisory Group

Election of Dr. George E. Armstrong of New York City as chairman and Dr. Howard P. Rome of Rochester, Minn., as vice chairman of the Veterans Administration Special Medical Advisory Group has been announced by VA.

The Group meets quarterly to advise the Administrator of Veterans Affairs on matters related to medical care and treatment of veterans.

Dr. Armstrong, who has just completed a two-year term as vice chairman of the Group, succeeds Dr. Robert M. Zollinger of Columbus, Ohio, whose term as chairman expired June 30.

A former surgeon general of the Army and a graduate of Indiana University School of Medicine, Dr. Armstrong is vice president for medical affairs of New York University and director of the New York University-Bellevue Medical Center.

He served with the Army Medical Corps from 1925 until his retirement from military service in

July, 1955 and became surgeon general with the permanent rank of major general in June, 1951.

Health Foundation Names Chairman

Eugene N. Beesley, president of Eli Lilly and Company, was recently elected Chairman of the Board of Directors of Health Information Foundation. The Foundation, now in its ninth year, was formed by firms in the drug, pharmaceutical, chemical and allied industries, for the purpose of conducting research in the social and economic aspects of medical care in the United States. More than 200 firms contribute to the Foundation's public service program. Their monthly statistical bulletin, "Progress in Health Service," contains reports of research in the health field, and has been quoted extensively in editorials and news stories during the past several years.

The President's Page

THE DOCTOR'S HEALTH

THOSE OF YOU who are reading this editorial this month are probably those who are not vacationing. You are the ones whose vacation plans so often are put off year after year because of your abiding sense of loyalty to your patients. This year perhaps, because of maternity cases or any one of a myriad other circumstances. The years have flown—the vacation never taken.

Examination of physicians at the San Francisco Convention of the A.M.A. confirmed previous studies showing that doctors as a group have a poorer health record than the general population. A vast amount of unsuspected pathology was uncovered in the some 3000 examinations conducted there. 18% of the electrocardiograms showed definite abnormalities. 16% of the chest x-rays revealed either tuberculosis, neoplasm or cardiovascular disease. Insurance tables have shown a higher annual death rate and a lower life expectancy in physicians than in the general public, especially due to diseases of the heart and coronary vessels.

Dr. Charles E. McArthur, chairman of the A.M.A. section on general practice, in his report to that section commenting upon the results of the physical examinations conducted at the convention said, "The fact that the medical profession as a group have a poorer mortality rate than their counterpart in the general population should be cause for serious reflection." In discussing the higher mortality in physicians from heart disease he said that nervous strain and tension are undoubtedly occupational hazards of the medical profession.

So doctor, turn those cases over to a colleague and take that long hoped for but never realized vacation. Do it now—next summer may be too late!

W. C. Jorgensen M.D.

Remarks of Representative William G. Bray, The House of Representatives, June 4, 1958

*A*S THE SUMMER HEAT progresses, millions of American fathers and mothers will rest easier than they have for many years. No longer will they dread for their children to play with other children in the parks, streets, and the swimming pools—their fear of the dread scourge of polio has been relieved. This near-miracle has been accomplished by American science, led by Dr. Jonas Salk, and millions of dollars given by Americans—young and old, rich and poor, giving dimes and dollars—by the great American free enterprise system, and by taxpayers' money so that all could benefit.

Many of us were shocked by the recent announcement that the drug manufacturing concerns which have produced this Salk vaccine have been indicted. These are the companies and manufacturers who achieved in one short year the almost fantastic accomplishment of producing enough Salk vaccine to care for all. They raised the availability of this vaccine from a product "rare as rubies" to a point where it is available for all.

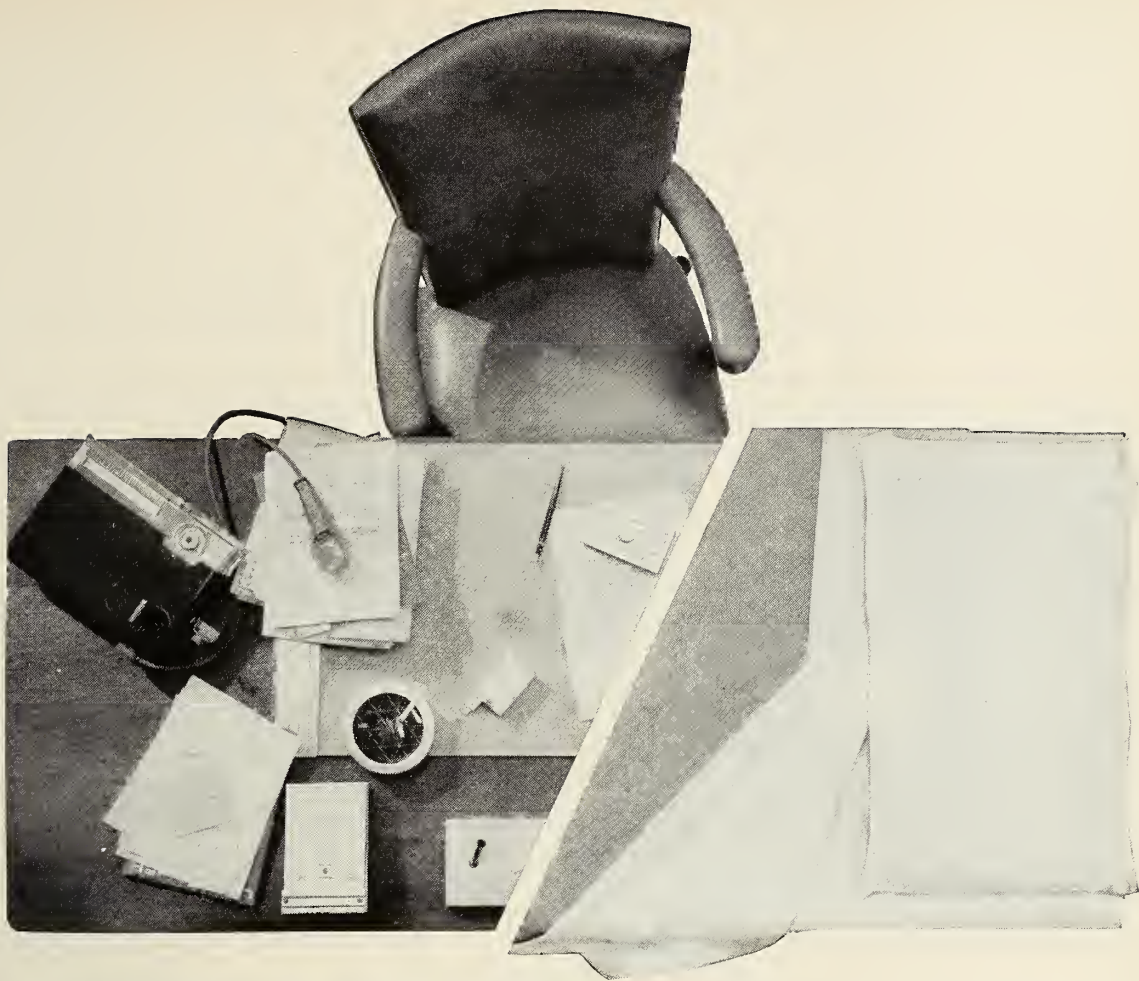
I am a lawyer by profession, and I do not intend to prejudice the litigation, that is, the indictment. I do feel that it is my duty to bring to the attention of Congress certain facts surrounding this rather unusual situation. In 1955, when it was apparent that a great "break-through" had been made by Dr. Salk in the discovery of a preventative for polio, there was a demand that this vaccine be distributed in adequate quantities, and that no one, regardless of how poor, should be denied access to it. Congress appropriated funds to the end that no one should be deprived of this vaccine for lack of money. So, this matter is of direct interest to Congress.

JUSTIFIABLY PROUD

All of America was justifiably proud of the great scientific achievement of the Salk vaccine,

and there was an overwhelming demand that this polio serum should be available for all American youths. To accomplish this required millions of dollars, great organization and "know-how" in order to build and expand laboratories and other facilities to meet this demand. Our great drug manufacturers, a part of our free enterprise system which has blazed paths of achievement around the globe, came forward and met this challenge. Five drug manufacturers succeeded beyond our wildest dreams in producing sufficient vaccine for America—even enough to share with the world. They are the ones who are now under indictment. Two of these companies are located in Indianapolis. Pitman-Moore Company has an outstanding record in the research and manufacture of drugs; but at present I shall confine my remarks to the Eli Lilly Company, which is the largest polio vaccine producer, having produced approximately 60 per cent of all polio vaccine made in the U. S. Although the Eli Lilly Company is not located in my District and I am in no way connected with the company, I do have a rather thorough knowledge of its background, its reputation and its accomplishments.

Its founder, Eli Lilly, owned a small drug-store at Greencastle, Indiana. After the Civil War he and his son began to manufacture drugs in Indianapolis. It is still an independent corporation and the majority of the stock is owned by Hoosiers. Its labor relations have been remarkably beneficial to all. I have never known a corporation where a stronger spirit of loyalty existed between the employer and the employee, each toward the other. During the severe depression of the 30's, not one employee was discharged or suffered a pay cut. Today, 9,000 Eli Lilly employees are working in the research, manufacture and distribution of more than a thousand pharmaceutical and biological products



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Salk Indictment

Continued

for use in virtually every field of medicine in 140 countries. I remember, while in the Pacific in World War II, I was pleasantly surprised when I noticed the inoculation against typhus which I received was manufactured by Eli Lilly. Eli Lilly was the first to mass-produce insulin; today insulin costs about one twentieth of what it did 30 years ago.

LILLY RESEARCH

Lilly cancer researchers are currently embarked on a program to test between 5,000 and 8,000 chemicals per year in a search for anti-cancer activity. They have long experience in heart research. Early in 1957, Lilly introduced a chemically-different tranquilizing drug. Typical of Lilly's concern for humanity is the fact that a full-scale research program is under way to develop a vaccine for B-virus encephalitis, which is a fatal disease. This program is being undertaken without hope of monetary return, because probably fewer than a dozen cases have ever been reported in medical literature. When the U. S. Public Health Service sought help to avert an Asiatic flu epidemic, more than \$3 million was invested in facilities and inventory and over 5 million cc. of vaccine was produced, which was an increase of 70-fold in output. More than \$13 million was spent by Eli Lilly Company in 1957 for scientific research, more than any other drug manufacturing concern. Lilly products in excess of one-half million dollars in value were donated last year for the use of foreign missionary groups. \$380,000 was contributed to the National Fund for Medical Education and American Foundation for Pharmaceutical Education. Hundreds of thousands of dollars are also given by the Lilly Company to other charitable, welfare and social betterment groups. \$400,000 was recently contributed for the construction of a hospital in Indianapolis, and more than \$200,000 additional funds were contributed by Lilly employees.

I could go on and on about the accomplishments of the Eli Lilly Company, but I want to discuss the manufacture of Salk vaccine. As I mentioned earlier, America became aware in 1955 that a victory in the battle against polio was ahead. But to realize that victory, it was necessary to expand the small amount of vaccine in Dr. Salk's laboratory to an amount large

enough to supply all America. This required great productive genius, millions of dollars, together with a maximum of expert "know-how." Lilly was one of the companies that without profit produced for the Infantile Paralysis Foundation its Salk vaccine for mass immunization tests.

STATISM RESISTED

It was only natural that a great wave of emotion engulfed the American people, who demanded that the vaccine be put within the reach of all who might need it. Those people in our country who favor statism, those who either sincerely or maliciously oppose the American free enterprise system, saw in this emotion-charged situation an opportunity for the Government to take over a field where the free enterprise system had heretofore existed. This was to be a real wedge for socialized medicine. Those who believed in statism said that only the Government could produce, control and distribute Salk vaccine properly and in sufficient quantities; that this great job was too much for free enterprise to accomplish. The pages of the *Congressional Record* for that period reflect the high emotion that surrounded this subject. I wish everyone could read those speeches made on the Floor of Congress and those news articles and editorials placed in the *Congressional Record* attacking America's free enterprise system. This pressure to abandon our free enterprise system to Governmental production and controls was resisted. Aside from the Congressional appropriation and regulations previously mentioned, our Government left the manufacture and distribution of the polio vaccine to the drug manufacturers, normal wholesale channels, druggists, doctors, hospitals, nurses and technicians. In fact, the Salk vaccine was handled in the American way. The drug business is highly competitive and we have thousands of capable drug manufacturers, but only the larger ones could afford to erect immediately the facilities and gather the necessary equipment and furnish the trained personnel for this big job. Five manufacturers succeeded beyond the greatest dreams of the social planners. Within a year Salk vaccine was, to use a colloquialism, "running out of our ears." The dreaded polio practically had been whipped. Not only was sufficient polio vaccine manufactured but there is an enor-

Continued

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Riseman, J. E. F., Altman, G. E., and Koretsky, S.:
Nitroglycerin and Other Nitrites in the Treatment of
Angina Pectoris, *Circulation* (Jan.) 1958.

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Salk Indictment

Continued

mous stockpile in storage. Twenty-six million units, to be exact, are being held in storage—24 million of these units are being held by Eli Lilly. Much of this vaccine will have to be destroyed because of age, but the loss will not be to the taxpayers but to the manufacturers, principally Eli Lilly.

Climaxing this great achievement, on May 12 of this year a Federal Grand Jury in New Jersey indicted these five drug manufacturers, alleging that they "have engaged in an unlawful combination and conspiracy in restraint of the hereinabove described trade and commerce among the several States in sales of poliomyelitis vaccine." This is only a charge which the Government must later prove, and as I stated earlier, I do not intend to prejudge this litigation. I do, however, want to point out certain salient facts, for these charges should not overshadow in the public mind the great contribution to the health of our Nation which the Lilly Company has made.

FIVE PRICE CUTS

Five times since those tumultuous days in 1955, these five drug manufacturers cut the price of Salk vaccine on their own initiative, until the price is now one-half of the original price, now \$1.20 per unit. Lilly's profit per unit has been 6½ cents. The Government receives a 52½ per cent discount on its purchases. In 1955 no one would have known what would have been a proper price for this vaccine. Our Government and our people wanted it immediately and in enormous quantities. They received it from these five drug manufacturers. There was no time to argue over costs. Apparently our free enterprise system worked even more efficiently than anticipated, for this vaccine was reduced in price five times by each of these manufacturers, which, to say the least, is a rather unusual conspiracy. It would seem that if each of these five companies had raised the price of the polio vaccine in different amounts instead of lowering it for the Government and general public in the same amounts, then perhaps they would not now face these charges. This hardly seems the record of



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Reference: I. J.A.M.A. 158: 386 (June 4) 1955.

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a monopoly or of a company attempting to gouge the public.

I do not pretend to know whether the present price of \$1.20 per unit for polio vaccine is too high or not. I doubt whether anyone could determine that of a certainty even today, for one would not know how much, for instance, that Lilly will lose of the 24 million units that they have in storage. I do know, however, that when these five drug manufacturers demonstrated that our free enterprise system could produce and distribute this vaccine faster, better and cheaper than any socialized plan could have ever approached doing, just then they gained the bitter enmity of all those who have no confidence in our system and who would substitute statism in the place of our free enterprise system. They became the victims of attacks and charges.

Yes, the Eli Lilly Company has been very successful in the manufacture of drugs and it has shown substantial profits. If it had not been successful, it could not have accomplished the great good that it has. It could not have given many millions to medical research. It would not be able to absorb the loss from millions of units

of Salk vaccine which are not needed. If it had not been successful, it could not pay the wages of its 9,000 employees; and it could not be paying some \$34 million in taxes to the Federal Government.

Dr. R. Carlyle Buley in "The Story Behind the Wonder Drugs" said: "In the minds of many people Eli Lilly and Company is more than a business; it is an institution—a social, scientific, and economic entity."

Hoosier Heads Chicago Society

Newly elected president of the Chicago Ophthalmological Society is J. Vernal Cassady, M.D., of South Bend. The Society held elections at its annual meeting in April.

President-elect is Dr. Clifford Sullivan, Chicago. Other Chicago members elected were Doctors Manuel L. Stillerman, vice-president; Joseph S. Haas, secretary-treasurer; Theodore N. Zekman, councilor, and David Shoch, recording secretary.

Many Hoosiers Register In San Francisco; AMA "Daily Bulletin" Lists Given In Full

MORE THAN 150 Indiana physicians registered in San Francisco for the American Medical Association meeting held in June. Following are the lists from Indiana as they appeared in the AMA Daily Bulletins:

I.S.M.A. DELEGATES

Official delegates representing the Indiana State Medical Association were Drs. Eli S. Jones, Hammond; Earl W. Mericle, Indianapolis; Walter L. Portteus, Franklin, and Wendell C. Stover, Boonville.

SECTION DELEGATES

Indiana physicians seated as section delegates included Dr. Lester D. Bibler, Indianapolis, in General Practice, and Dr. Lall G. Montgomery, Muncie, in Pathology and Physiology.

PHYSICIANS

Other physicians registering from Indiana on Sunday were: Drs. Phillip Ball, Muncie; Irvin C. Barclay, Evanston; John H. Barrow, Dale; H. E. Bibler, Muncie; Philip A. Boyer Jr., Indianapolis; A. A. Brauer, East Chicago; M. S. Brown, Spencer; Bertha Rose Carroll, W. Lafayette; W. D. Close, Indianapolis; Paul A. Clouse, Evansville; L. A. Crandall Jr., Elkhart; Thomas C. Fleming, Evansville; Clementine Frankowski, Whiting; G. M. Gibson, Indianapolis; Norman L. Heminway, Elkhart; Bernard A. Kamm, South Bend; J. Z. Logan, Richmond; Frank L. Lyman, Evansville; J. M. McIntyre, Indianapolis; W. F. Montgomery, Indianapolis; Cleon A. Nafe, Indianapolis; K. R. Ockermann, Rensselaer; D. J. Schlesinger, Hammond; R. L. Sensenich, South Bend; E. W. Stevens, Munster; Tyler J. Stroup, Indianapolis; Jas. H. Stygall, Indianapolis; Ray Tharpe, Indianapolis, and M. C. Topping, Terre Haute.

Monday a.m., the following registered: Drs. Robert P. Acher, Greensburg; C. R. Alvey, Muncie; Neal Baxter, Bloomington; Robert Butterfield, Muncie; Frank H. Coble, Richmond; James V. Cortese, Indianapolis; Elmer T. Cure,

Muncie; R. H. Denham Jr., South Bend; F. M. Dukes, Dugger; Richard R. Eggers, Crawfordsville; Emory D. Hamilton, Ft. Wayne; Don Carlos Hines, New Augusta; Glenn W. Irwin Jr., Indianapolis; F. P. Johnson, Rochester; William Kirtley, Indianapolis; H. V. Kuder, Indianapolis; K. E. Leasure, Elkhart; W. C. McConnell, Sunman; W. C. McCormick, Brazil; Joseph D. McDonald, Evansville; Harvey L. Murdock, Ft. Wayne; Henry G. Nester, Indianapolis; John M. Paris Jr., New Albany; J. D. Ralston, Indianapolis; F. A. Rice Jr., Indianapolis; Geo. S. Row, Osgood; T. F. Schlaegel Jr., Indianapolis; W. D. Snively, Evansville; G. E. Staffor, Mooreland; Dick J. Steele, Greencastle; James M. Tuholski, Evansville, and R. H. Young, Goshen.

Registrations for Monday afternoon included:



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Drs. Clay A. Ball, Muncie; Richard S. Bloomer, Rockville; Floyd A. Boyer, Indianapolis; John A. Campbell, Indianapolis; Charles H. Caylor, Bluffton; Kenneth L. Craft, Indianapolis; F. S. Crockett, W. Lafayette; William T. Douglas, Montpelier; Betty J. Dukes, Dugger; J. E. Dukes, Dugger; J. L. Guckien, Evansville; Myron S. Harding, Indianapolis; Wm. C. Heilman, Newcastle; C. C. Herzer, Evansville; Howard Hill, Muncie; Leon G. Kaseff, Indianapolis; Harrison M. Langrall, Marion; Robert M. Maurer, Brazil.

Raymond W. Mino, Evansville; Carl F. Moats, Ft. Wayne; Thomas C. Moore, Muncie; William E. Murray, Madison; Roy V. Myers, Indianapolis; Guy A. Owsley, Hartford City; L. F. Piazza, Michigan City; Edwin E. Pontius, Indianapolis; Arvine G. Popplewell, Indianapolis; Roger R. Reed, Anderson; V. Brown Scott, Shelbyville; Robert J. Stamper, Anderson; Jean T. Stoops, Wabash; J. A. Teegarden Jr., E. Chicago; Everett W. Thomas, Warsaw; John V. Thompson, Indianapolis; W. R. Tindall, Shelbyville; R. W. Van Bokkelen, Mooresville; J. H. Warvel, Indianapolis; A. S. Williams III, Gary;

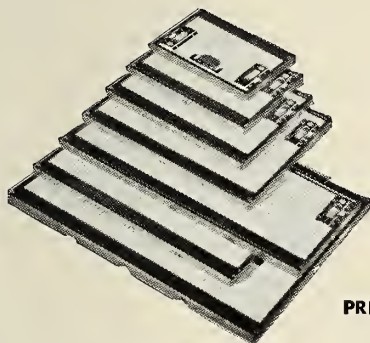
Arthur F. York, Anderson; Irwin Zeiger, South Bend, and Elmer S. Zweig, Ft. Wayne.

Tuesday morning registrations included: Drs. Charles H. Crudden, Evansville; Frank J. Curran, Indianapolis; Eugene J. DeGrazia, Valparaiso; Herman G. Haffner, Ft. Wayne; Richard M. Harding, Indianapolis; A. Lee Hickman Jr., Hammond; Robert J. Milos, Gary; King S. Jones, Michigan City; Rex M. Joseph, Indianapolis; L. H. Kornafel, Indianapolis; Charles L. Miller, Indianapolis; Joseph L. Morton, Indianapolis; L. L. Nesbit, Anderson; Martin J. O'Neill, Valparaiso; Julian D. Present, Evansville; F. G. Rudolph, Hammond; Malcolm O. Scamahorn, Pittsboro; Dwight W. Schuster, Indianapolis; Christ M. Stoycoff, Gary; Frank M. Steele, Muncie; Joseph L. West, Indianapolis, and Byron U. Wyland, Mishawaka.

Final registrants on Tuesday afternoon were: Drs. R. L. Armington, Anderson; Willoughby M. Barton, Centerville; W. E. Bayley, Lafayette; R. E. Bishop, Bluffton; Norman R. Booher, Indianapolis; Arthur B. Burnett, New Castle; W. Durbin Day, Seymour; W. L. De-

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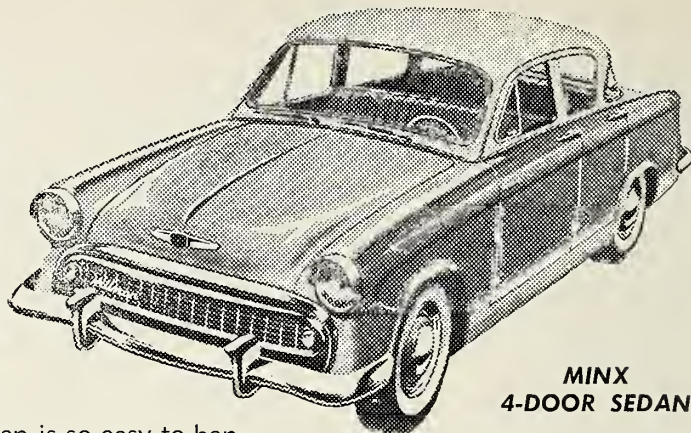
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Lay executives registering from Indiana were James A. Waggener, ISMA executive secretary, and Arthur P. Tiernan, Vanderburgh County executive secretary.

Luthern Hospital's medical staff elected new officers in May with Dr. John F. Jackson succeeding Dr. Arthur J. Roser as president.

Dr. D. S. Ladig was named president-elect. Other officers elected were Dr. Eugene Senseny, secretary, and Dr. Alvin Haley, treasurer. The executive committee is composed of Dr. Wallace E. Bash, Dr. J. W. Bowers, Dr. A. N. Ferguson, Dr. Ladig and Dr. Roser.

Wanted: PHYSICIANS LOCATIONS

Following is a list of physicians who have made inquiry at our office during June and July 1958 concerning openings in our state for general practice:

Helmuth A. Stahlecker, Jr., M.D., 6215 N. Melvina Avenue, Chicago 46, Ill.

Robert Snodgrass, M.D., 537 N. Rochester, Indianapolis.

Richard K. Vaught, M.D., Receiving Hospital, Detroit 26, Mich. (Prefers small city or rural practice.)

David J. Baylink, M.D., 26 Seth Court, Staten Island 1, N. Y. (Prefers an associate or assistant type practice.)

C. W. Bugh, M.D., 4302 Kessler Blvd., N. Drive, Indianapolis.

"Now, don't worry about your son for one minute," the doctor reassured the anxious mother. "It's normal for the boy to like making mud pies."

"Well," responded the mother, "I don't like it—and neither does his wife."

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

House of Delegates

Indianapolis, June 8, 1958

The House of Delegates of the Indiana State Medical Association convened in special session at 11:00 a.m., Sunday, June 8, 1958, in the Rice Auditorium, Indiana State Board of Health Building, Indianapolis, Indiana, with the president, Dr. M. C. Topping, Terre Haute, presiding.

Dr. Harry P. Ross, of Richmond, gave the invocation.

REPORT OF CREDENTIALS COMMITTEE

Dr. William E. Amy, chairman of the Credentials Committee, reported that 74 delegates, 8 past presidents and 9 councilors had signed attendance slips. On motion of Drs. John M. Paris and C. Philip Fox, the report of the Credentials Committee was accepted in lieu of a roll call.

President Topping: Gentlemen, this is a Special meeting of the House of Delegates of the Indiana State Medical Association, called for the specific purpose of considering and acting upon the Report of the Council, sitting as a Committee of the Whole, as the Building Committee of this Association. In conformity, therefore, with the special purpose of this meeting, no other business will be in order, and the Chair will appreciate your cooperation in limiting your discussion strictly to the subject as specified.

The Chair will give you some of the events which have led up to this meeting in order to both refresh your memories and to explain its special nature.

The subject of building a State Headquarters Office Building has been discussed sporadically since its first introduction to the House of Delegates in 1945. During the early part of 1957 the topic became of increasing interest because of the rapidly expanding activities of the headquarters office and their consequent cramping for office space. The prospect of increasing rent caused further study of the need for other facilities to be made by the Executive Committee following its preparation of the operating budget for 1957. The attention of the Council was again directed to the problem and the chairman of the Council appointed a special committee to make a study of our needs and make recommendations to the Council. This committee was appointed from all geographic areas of the State and consisted of Dr. Okla Sicks, Indianapolis, chairman; Dr. A. C. Badders, Portland; Dr. John Paris, Floyd County; the late Dr. Hugh Kuhn, Lake County; Dr. Russell Spivey, Marion County; Dr. Paul Crimm, Vanderburgh County, and myself from Vigo County.

This committee reported to the Council in September of 1957; their report and the survey which

they had made of other states is printed in full in the material mailed you for study prior to this meeting. Following this report, the Council prepared a resolution to be submitted to the House of Delegates in October, 1957, recommending the construction of a new office building to house the offices of the State Association. It was recommended after preliminary study by the Council and recognition of the need and propitious time for such planning, that the House of Delegates authorize the appointment of a building committee, the selection of a suitable building site, the purchase of land, the employment of an architect to develop plans and the exploration of methods of financing.

This resolution, identified as Number 16, was given to the Reference Committee on Miscellaneous Business who reported that the proposals in the resolution were too general in nature for definite recommendations and that the matter be returned to the Council for continued investigation and re-submission to the House of Delegates at the next annual session.

A motion to amend the report of the Reference Committee, substituting the resolution for the recommendation, was made, seconded and, after discussion, was carried. The report of the Reference Committee as amended was then carried.

The Council understood this action of the House in passage of resolution No. 16 as an amendment to the report of the Reference Committee on Miscellaneous Business, as authorization to proceed with the building plans, to select and purchase a building site and to explore methods of financing. This they proceeded to do, acting as a committee of the whole as a building committee. However, letters of objection were received by the President and by the Chairman of the Council from the Council and Delegates of the Indianapolis Medical Society, stating that the objective of the action of the House had been misunderstood and that the Council and Delegates of the Indianapolis Society were opposed to the site under consideration and the plans for building at this time. They requested the privilege of appearing before the Council in support of their views and requested that the living past presidents of the Association be invited for their opinion and advice.

This meeting, as requested, was held on Jan. 19, 1958, and was reported in the *March Journal*. A verbatim transcript is printed on pages 14 to 28 of the manuscript sent you prior to this meeting. The purpose of this meeting of the Council was informative only. No action to initiate any policy change was asked or taken. Assurance was given, however, to those of the Indianapolis group who had voiced objections, that no precipitate action would be taken by the Council, that full information would be given throughout the State, and that a special session of the House of Delegates of the

State Association would be called to review the planning and work of the Council in the matter of the building venture before any further committal of the Association was made.

In conformity with these wishes of the Council, this Special Session of the House of Delegates of the Indiana State Medical Association has been duly called.

The Chair now recognizes Dr. Guy Owsley, Chairman of the Council, to give the Report of the Building Committee.

Dr. Guy Owsley (Chairman of the Council): Mr. President, Members of the House, and Guests:

It is my pleasant duty to review for you the work the Council has done in the past several months and we will start with the activities of the Committee which studied the headquarters building problem, the Committee that Dr. Topping has just told you about. In the first place, there were six major questions considered by that committee.

"(1) Should the Association remain in the same location and present quarters?"

"The committee was unanimous in its opinion that the Association should not remain in its present location, as it is not easily accessible to the membership, there is not sufficient space to carry on the work, and it does not offer the Association a means of properly conducting its affairs.

"(2) Should the Association attempt to procure additional space in the present location and remodel to meet our needs?"

"The committee was unanimous that the Association should not attempt to procure additional space, except as a temporary measure to meet present day requirements, but that the Association in doing this should not do extensive remodeling of any space which they might be able to lease.

"(3) Attempt to lease space in another building?"

"The committee agreed they do not feel this would be the proper solution to our problem, as we would probably run into some of the same objections now present in our present location and it would be expensive to move. The committee advises that consideration be given this question only as a last resort.

"(4) Move in with the Indianapolis Medical Society in a home which has been willed to them?"

"This matter was discussed at length, and while your committee was in accord that there would be advantages, they agreed there would also be disadvantages. Action of the House of Delegates in 1945 concerning the question of the Association's joining with the Indianapolis Medical Society in building a building was recalled, at which time the Association felt it not wise to proceed on a combination basis.

"(5) Should the Association purchase an existing building?"

"The committee was unanimous in the feeling that the Association should not purchase an existing building; as is usually the case, we probably would spend more in the remodeling and purchase

price of a building than we would in original construction, and we would still have an old building.

"(6) Should the Association construct its own building?"

"The committee was unanimous in its study that the time has come for the Association to build its own Headquarters facilities and so recommend this be the course to be followed by the Association. They recommend that the Council recommend to the House of Delegates that affirmative action be taken at this time to appoint a committee to select a site, plan and construct a suitable Headquarters building.

"SURVEY OF OTHER STATES

"To gather information concerning what other states have done in this respect, a questionnaire was sent to all state medical associations and replies were received from all but three. It is interesting to note that other states have faced or are facing the same problem as we, and that 25 of the states have either built their own building or are in the process of building their own Headquarters facilities. A copy of the finding of this survey is attached."

(At this time slides of some of the buildings owned by certain state medical associations were shown.)

"A SURVEY OF THE OFFICE FACILITIES OF THE VARIOUS STATE MEDICAL ASSOCIATIONS

"A. Statement of the Problem

"Is it desirable for Indiana to build new office facilities?"

"B. Purpose of the Survey

"The survey was made under the authorization of O. W. Sicks, M.D., who is serving as chairman of the committee for planning new facilities for Association headquarters. The actual purpose of the survey was threefold: (1) To determine number of states already owning their own facilities. (2) To determine the number of states contemplating new construction. (3) To determine the opinions of other state medical associations as to whether or not they feel owning your own building is an asset or a liability.

"C. Method of Work

"A questionnaire was developed which was designed to answer the above-captioned. This questionnaire was also designed to find out such things as cost of building, size, cost of equipping, etc. The questionnaire was sent to the forty-eight state medical associations and the District of Columbia Medical Society.

"D. Results of Survey

- "1. Forty-five medical associations answered the questionnaire.
- "2. Sixteen of the forty-five associations already own their own buildings.
- "3. Nine of the remaining twenty-nine are contemplating construction.

- "4. One state association (Michigan) which already owns its own facilities, is planning a new \$300- to \$500,000 building, construction to begin in 1958.
- "5. Maryland owns a building with 25,000 square feet. They are presently raising funds to enlarge their building.
- "6. The District of Columbia Society owns its present building and is going to remodel an adjoining building for expansion purposes. They have fourteen employees and 2150 members.
- "7. The smallest amount of floor space available to any society was in North Dakota who has 639 square feet. They serve 411 members.
- "8. The largest amount of floor space (31,730 square feet) available to any association was in Texas. They have twenty employees and 7,240 members.
- "9. The lowest cost for facilities was \$46,000 (Iowa) for 4,000 square feet at \$11.50 per square foot.
- "10. The largest expense for a building was \$675,000 in the state of Texas for 31,730 square feet at \$21.27 per square foot.
- "11. The lowest cost of equipping the building was \$10,000 in Florida to equip a building of 6,000 square feet. They have thirteen employees, serving a membership of 3,200.
- "12. The largest cost of equipping a building was in Texas; they spent \$121,000.
- "13. Twenty-eight associations answered the question concerning the number of employees. The answers ranged from one in Wyoming, serving a membership of 287, to seventy-four in Wisconsin, serving 3,400 members.
- "14. Mississippi, with 1,400 members, had the smallest membership of any state owning its own building.
- "15. Pennsylvania, with 11,000 members, had the largest membership of any state owning its own building.
- "16. Seven answered the questionnaire saying they had remodeled an old building. Four of these seven state that they would not remodel again.
- "17. With the exception of Louisiana who has a rent-free arrangement with Tulane University, and the sixteen states owning their own buildings, all others are renting space in commercial buildings.
- "18. Twenty-eight associations stated that they felt it was an asset to a state medical association to own its own building. Five said it was not an asset. Seven failed to express an opinion. Two others were undecided.
- "19. Two qualified their answers by saying it was not justified in their cases.
 - "a. Arkansas, with a membership of 1,211, said they did not deem it economically feasible.
 - "b. Illinois has the peculiar problem of having to maintain two separate offices. One is located more centrally in the state and enables them to service the southern part of the state. Illinois is 400 miles long. They must also maintain an office in Chicago because of the many complex problems in that area.
- "20. With the exception of Missouri, all the states answering definitely 'no' as to a self-owned building being an asset, had memberships of less than 625.
- "21. California and Vermont were undecided. California submitted a letter saying their views were changing from 'no' to 'yes' on this problem, but at the present time they still could not say definitely 'yes.'
- "22. The arguments given against owning facilities were:
 - "a. High initial investment.
 - "b. High maintenance.
- "23. The arguments given for owning facilities were many and seemed to keep reappearing. They were:
 - "a. The building may be tailored to fit specific needs.
 - "b. It provides for centralized administration which is definitely desirable.
 - "c. It provides adequate meeting space.
 - "d. You are your own landlord.
 - "e. Pride of membership.
 - "f. Symbolizes medicine to the public.
 - "g. Provides 'true' home for the association.
 - "h. Efficiency and convenience of administration.
 - "i. Highly improved employee working conditions. It further stated that it helps to attract outstanding employees.
 - "j. Increased interest of physicians.
 - "k. Indicates strong, unified, permanent, growing organization.
 - "l. It is a gilt-edged investment since inflation has no effect on true value.

"E. Conclusions

- "1. The results of this survey point out a definite trend of associations toward self-ownership of their own facilities. Twenty-five associations out of forty-five answering, either own or are contemplating their own construction.
- "2. The answers were too incomplete to draw any conclusions concerning the amount of floor space. Based on the evidence available, it appears to be a matter of individual need.
- "3. The survey showed nothing conclusive as to an average cost of the buildings or to cost of equipping. Again this seems a matter of need and taste.
- "4. Apparently the size of the membership has some bearing on the feasibility of owning a building. Only one state having less than 1,000 members owns its own building. Ten of the sixteen associations who own buildings are

smaller in membership than is Indiana. From the standpoint of size of membership, Indiana apparently would be well justified in undertaking a building program. With the exception of Missouri, all states answering definitely 'no' to this question had less than 625 members.

- "5. There seemed to be no optimum number of employees necessary to make it feasible to own a building. Virginia has only four employees, yet is well satisfied with its own building. Four other states with less employees than Indiana (8) own their buildings.
- "6. Four of the seven states who have engaged in remodeling stated they would not do so again. Although this is really a small number from which to draw any real conclusions, apparently they feel it is better, when possible, to do new construction.
- "7. It was quite evident that the other societies feel that owning their building is a definite asset. This is evidenced by the large number who already own their buildings or are contemplating construction.
- "8. Besides resultant efficiency, etc., there was very strong feeling evidenced about increased interest by the membership when a society owns its own building. The fact that it symbolizes medicine to the public and is a cause of great pride among the members, apparently brings about more interest.

"The Indiana State Dental Association, the Indiana State Pharmaceutical Association, Indiana State Bar Association have indicated they would like to discuss the possibility of leasing space in such a building. The Indiana Hospital Association plans its own state office within two years. Also it should be pointed out that the Indiana State Nurses' Association might be interested in leasing space.

"On the basis of 4,000 members (we have over 4,000), the cost per member would amount to \$25 per \$100,000 expended."

Dr. Owsley stated that a special meeting of the Council was called in November, 1957, and that a proposal was received from the Dean of the Medical School for location of the building on the University campus in Indianapolis.

"UNIVERSITY PROPOSAL

"The chairman then called upon Doctor VanNuys to tell the Council of any proposal the University might have to offer, and announced that the Council would act as a committee of the whole for the purpose of carrying out the intent of the resolution.

"Doctor VanNuys explained that the possibility of the Association's constructing their office building in the vicinity of the Medical Center had met with the wholehearted approval of University officials, and they were eager to do everything possible

to make the Medical Center location attractive to the Association.

"The University is of the opinion that the following could be done:

- "(1) Deed to the Indiana State Medical Association necessary land for the construction of the building;
- "(2) The price would be in line with the original purchase price.
- "(3) There could be no long-term lease of the ground; it would necessarily have to be an outright transfer of title;
- "(4) The University would insist on a protection clause in the transfer to the effect that if at any time in the future the Association might abandon the property, the University would have the prior right of acquiring the property;
- "(5) The University would recommend that the site be close to the Student Union Building.

"Several sites were presented for consideration by the Council and the Council as a body walked over the campus and viewed the various sites.

"After viewing all the proposed sites, by unanimous consent the Council voted to acquire the site at the corner of West Michigan and Limestone streets, west of Ball Residence and south of the Student Union Building."

Dr. Owsley stated that in January, 1958, the Council visited the Wisconsin State Medical Association headquarters in Madison, Wis. He read as follows from the Building Committee's report:

"WISCONSIN'S EXPERIENCES

"Questions were then directed to officers of the Wisconsin Society, a question being asked concerning the financing of their building. Reply was made that the accumulated funds of the Wisconsin State Medical Society were turned over to the realty corporation which was formed by them, and the funds deposited in the realty corporation represented 40% of the cost of the building. Sixty per cent was financed on a forty-year mortgage by Blue Shield. It was explained at this point that Blue Shield in Wisconsin is wholly owned and operated by the State Medical Society of Wisconsin.

"As to the total cost of the Wisconsin building, it was pointed out that it was not possible to give a positive dollars and cents figure, but in round figures, it was about \$450,000 invested in land and building. The original cost of the land was \$20,000 and they have since purchased additional ground for \$25,000, making a total of \$45,000 invested in location. Building and furniture totaled \$405,000.

"The question was asked as to when Wisconsin began this program and the answer was they started in May of 1954 and dedicated the building in the fall of 1955.

"The question was asked as to whether or not they had increased dues to finance the building and it was pointed out that the dues in Wisconsin for many years had been \$65 per year, and raised

for 1958 to \$75 per year, the \$10 to be used for the purpose of field service activities. It was also pointed out that of the 3,500 members of the Wisconsin State Medical Society, slightly over 2,900 are full dues-paying members.

"It was further pointed out that the Wisconsin Society as such pays \$12,000 per year from its income for rent of the building to the realty corporation."

Dr. Owsley then stated that the next part of the report, entitled "Verbatim Report from the Council Meeting held in Indianapolis, Jan. 19, 1958," had been printed in *The Journal*. It is reprinted herewith:

**"VERBATIM REPORT FROM COUNCIL
MEETING HELD IN INDIANAPOLIS
JANUARY 19, 1958.**

"Doctor Owsley: Next we have a delegation from the Indianapolis Medical Society. I don't know which one of the two gentlemen cares to appear first, so, Doctor Leffel or Doctor Ochsner, whichever is first, you may assume the position.

"Dr. James M. Leffel: Mr. Chairman, Members of the Council, and Guests: I thank you for the opportunity to appear before this group. As Doctor Owsley said, we were sent here by the Council of Indianapolis Medical Society and from the delegates and alternate delegates from Marion County. Both letters, you will recall, were endorsed without a dissenting vote from any member of the respective groups. Some of you have answered one or both of the letters, asking for reasons prompting such action. I hope to help clarify our position.

"I do not speak for every one of our roughly 1,000 members of the Indianapolis Medical Society, but I do sincerely believe that the views I express will represent the thinking of an overwhelming majority.

"I do not know everything that has been said during your formal and informal deliberations so, if I say anything that is in error, I will be only too glad to be corrected.

"First, may I make it crystal clear that neither of the above-mentioned local groups wishes to stick their noses into your business. On the contrary, it is our wish only to ask for your consideration and help in a problem that is real to us.

"So far as I am concerned, this controversy represents an honorable difference of opinion. Perhaps this is healthy, for so many doctors in the past have been elevated to positions of honor without our actually knowing where they stood, particularly on the phases of what stand should be taken for private enterprise. This statement does not apply to present officers, for obviously they will have to stand and be counted one way or the other.

"Further, I should like to say about our current President and Council Chairman, no matter what their final vote may be, they have been very courteous, generous and appreciative of the importance of normal democratic processes. I am grateful and thank them for this. I do hope that they, along

with all of you, will hear our cry for joining forces and protecting private enterprise in medicine.

"If the majority in our local Society that I will now speak of are doubtful to any of you, I will be glad to circulate a petition to support my contentions, if you so direct.

"I believe that a majority of our local Society feels that constructing a State Office Building at this time is unwise and should be undertaken only after prolonged and very careful consideration. This attitude is based upon their knowledge of high building costs which will insure greater yearly cost to the Association, one way or another, and secondly, upon their reluctance to have the Association get into the real estate business. To involve ourselves with other groups as proprietors or renters is certain to lead to trouble sooner or later.

"We understand that one of the members of the Council, or several, in discussing an informal invitation from the Levey Foundation and Indianapolis Medical Society to join us in that home, when it is available, said they didn't want to get in that position; they didn't want to get in the position of marrying the Indianapolis Medical Society. Now I understand the merits of the thinking that there might be danger. I don't understand, however, how it is very consistent not to want to marry the Indianapolis Medical Society but, on the contrary, to come out here with a building and, as a consequence, marry the Medical Center.

"This brings me to the second major consideration, which has to do with the advisability or inadvisability of buying land on or adjacent to the Indiana University Medical Center. Now may I assure you that I speak not only for a majority but for an overwhelming majority of our local Society members on this matter, not for general surgeons alone but for doctors in the private practice of internal medicine, pediatrics, general practice, urology, psychiatry, neurosurgery, anesthesiologists, cardiovascular surgeons, orthopedics, chest surgery, obstetrics, and other branches of endeavor. May I repeat, we respectfully request your consideration, and that's why we are here, to request your understanding and your genuine support.

"This plea, gentlemen, has to do with the survival of private enterprise in medicine. The doors are closing rapidly. We see it here very plainly and I believe you will see it in the smaller cities and towns before too long, unless the trend is changed. As regards the trend, I am not sure at all that it will be changed. It may be too late. But I do feel we should fight to the last ditch. We need your help. We need to stay together as never before.

"Just as we are fearful of our Association renting space in a building and thus becoming involved to a greater or lesser extent with other groups, we fear our involvement with the Medical Center. It is true, by the suggested plan we would own our own land, but we would be, in effect, a small country adjacent to and surrounded by a great country. To repeat, we are fearful that we

would be a small community surrounded by a large one.

"Surely, as you visit the Medical Center from time to time, you feel the impact of its tremendous growth. All of us are proud of the beautiful buildings and we can be rightfully proud of the full-time doctors who dominate the staff. However, no matter how good this may or may not be for medical students, it creates a real problem for doctors in practice in this community.

"Someone at a recent Association organizational meeting suggested our state meetings might be held on the campus. This is fine for the Center and I do not blame its enterprising leaders for encouraging it, but this is not good for John Doe in private practice. The more doctors of the state visit the campus, the more private cases they will refer here. The Mayo Clinic and other great centers have successfully utilized this form of promotion for years.

"It is rumored that a new 300- or 400-bed hospital is to be erected on the campus in the not too distant future. I do not know whether this is true or false but I will risk a bet that such is not too far away. This is to be built, as I understand it, with the idea that the part-time faculty—the ones of us who are in private practice—could then come here and do cases and add additional teaching to the program for the residents and interns. And that is fine in theory. The only difficulty is that it is very difficult for those of us in private practice to bring our patients here because the referring doctors do not want to come here—not because they dislike the University but because they have many hospitals to go to already; this is rather off their beaten path, and things are a little different and they don't always feel quite at home.

"May I remind you I have nothing but admiration and respect for the full-time men—not only those in surgery but all of them—and I want to be the first to advocate very adequate financial incomes for them; they deserve the same and perhaps more. But I feel there should be some limit, not only with regard to the amount of private practice they do, but there should be some limit on the number of full-time doctors, particularly in clinical. I mean that to apply to clinical subjects.

"Incidentally, irrespective of what may or may not have been said in formal or informal discussions regarding the trend to full-time doctors at the Medical Center, let me help get the record straight. If the statement was made that the trend is away from full-time men and if this statement was based on the fact that more names now appear on the faculty list than ever before, this is very misleading. Let me remind you that full-time professors are the heads of departments.

"To support this contention let me refresh your memory. As you knew the school, let us say, in 1935, the Chairman of Obstetrics was a part-time clinician, Surgery the same, and Medicine likewise. Just three examples. All three now are, or soon

will be, full-time men. It is not my desire to criticize this change but merely to set the record straight.

"Gentlemen, I have tried to stay clear of personalities; I have tried to because I like the persons involved. If the innuendoes please you . . . and I hope they do . . . I will be glad.

"If my reserve adds ambition to anyone who talks about Don Quixotes, that many of us are seeing imaginary objects that do not exist and never have existed, as painful as it would be, I can get down to cases.

"I have notes taking us back to the original agreements of this Council with the Medical School in 1948 and from there forward. I also have the entire survey and report of the Investigating Committee of the Indianapolis Medical Society done in 1950 and 1951.

"Now, we do not ask for anyone to have the first minute's feeling of unkindness toward the University. Our own feeling is this: that it does, as of now or in the future, present a problem regarding encroachment upon private enterprise, and our only plea is to consider us when this decision is made.

"We feel it would be far better, if you build a building, to build it away so we can stay separate and apart and then, if differences arise, we will be in a better position to oppose them.

"Thank you very much.

"*Chairman Owsley:* Thank you, Doctor Leffel, for your very earnest presentation.

"*Doctor Owsley:* The secretary is making a record of these remarks and, as noted before, the Council will take no action at this time; we would be here until day after tomorrow if we did. These are facts that have to be gone over carefully and maybe we will want to call back the gentlemen who present them. At this time the Chair recognizes Doctor Ochsner.

"*Dr. Harold C. Ochsner:* Thank you, Doctor Owsley, Gentlemen of the Council and Guests: Like Doctor Leffel, I appear before you at the request of the Council of the Indianapolis Medical Society which, in its meeting of January 7, voted unanimously to oppose the State Association's building program as it has been presented.

"In December our delegation met and were unanimous in their opposition to the building program.

"With your permission, I should like to review that portion of the minutes of the meeting of the House of Delegates, published on Pages 1729 and 1730 of *The Journal*, ISMA, December, 1957, and to comment upon them. These comments are not intended to be critical of any individual or individuals but simply to present the fact that there is some difference of opinion, and honest differences of opinion among us and to point to what I think are certain truths.

"The first 'Whereas' of Resolution No. 16 introduced by the Special Building Committee, through

the Council, states: 'The rapid growth of the activities of our Association during the past few years has created a critical housing problem.'

"I should like to rebut with the statement that, even at the present time, there is no critical housing problem, although anticipated addition to our space will be certainly most welcome.

"The third 'Whereas' of this Resolution: 'Our Association is continually growing and expanding, yet it is so located as not to be easily accessible to the members.'

"In my opinion it would be difficult to find a more central location than the present headquarters office in the Hume Mansur Building. It is true that free parking space is not available but there is little difficulty in securing parking space in garages within a half to one block of the office.

"The fourth 'Whereas' states: 'Our limited quarters make it impossible to hold our committee activities in our own quarters where records and information needed many times are readily available.'

"Against this statement is the fact that there is grave question as to the wisdom of expanding our quarters sufficiently to accommodate one or more large committee meetings. These meetings are likely to occur not more than once a week and, when they are held, are likely to be multiple. Providing this much additional space 365 days a year would be most uneconomical, since we would have to consider that we were paying a set rental fee even in our own quarters.

"In the discussion of Dr. Guy Owsley's amendment to the report of the Reference Committee, Dr. Henry Rusche said that he felt the step proposed should have the consideration of the membership as a whole. There would appear to be much wisdom in this suggestion.

"In discussion, Dr. Owsley also stated: 'We are hoping, for example, that allied organizations—and I shall not enumerate them—might help us amortize the cost of this building.'

"I have reason to believe the State Hospital Association would love to come in with us but I wonder whether the other organizations could be counted upon, what their present rental costs are, and what rental fee they would be prepared to pay us.

"At the present time, building costs are such that the better buildings in downtown Indianapolis, the new ones, will represent from five and one-half to six dollars per square foot. Competent building and real estate management executives have assured me that we cannot expect to erect our own building so that the rental could be figured at less than four and one-half per square foot. It would be essential to know therefore whether our proposed tenants would be interested in renting from us at this rate.

"I believe that you have the data prepared by Mr. Waggener in regard to the space available in the Hume Mansur Building, and know that ex-

pansion has been planned which will add half again as much space to the headquarters we now have.

"At the present time we have 1,492 square feet of space and an additional 713 square feet is soon to be added. While this is not sufficient to permit large committees to meet in the offices, again, I wonder whether it would be wise to rent space for such committee meetings, whether they be single or multiple.

"Dr. Sicks made the statement at the meeting of the House: 'The Hume Mansur Building is being sold or has been sold and we can expect a doubling of our rent.'

"It is true that the building has been sold, but reasonable assurance has been given by the rental agents that no increase in rental rates is now being contemplated, other than the increase due to air-conditioning.

"I am convinced, to sum it up, that no truly critical housing situation exists in regard to the headquarters office of the ISMA.

"You must surely agree that the Association offices are centrally located and more readily accessible to our members than they would be in most other locations.

"I hope also that you will agree that it would be uneconomical for our Association to operate through the year space large enough to accommodate large committee meetings or have enough space for possible emergency expansion because of an enlarged Medicare program in the event of war.

"Sufficient additional space is at this time available at a nominal rental fee to make it possible to have a splendid headquarters office, centrally located.

"We of the Indianapolis Medical Society feel very keenly about this. As previously stated, our Council and our Delegates have voted unanimously against the proposition of a new building on the Medical Center campus.

"We feel that, before this proposition is further considered, the entire membership of the State Association should have an opportunity to vote and express their desires on at least the following matters:

"1. Whether we should construct a new headquarters office at this time.

"2. Whether this office should be sufficiently large to accommodate large committee meetings, probably with multiple large rooms for such meetings.

"3. Whether we would be well advised to leave the downtown area.

"4. What revision of the dues structure the members are willing to accept, as well as what extra assessments they are prepared to pay, in order to compensate for a possible deficit resulting from the operation of our own building.

"Thank you."

(AFTERNOON SESSION—January 19, 1958)

“Chairman Owsley: The House will be in order. Again it is my pleasure to welcome so many of the ex-presidents to the Council meeting. We are happy that those of you who are here could turn out, and we are sorry that the ones who couldn't be here are unable to be here.

“Chairman Owsley: Gentlemen, as you all know, there has been much discussion pro and con concerning a headquarters building for the State Association. You will recall the action taken by the House of Delegates in French Lick last fall and, subsequent to that authorization, the Council has investigated and are continuing to investigate and present the facts as they appear. In the interest of fair play, the Council feels that it should hear all segments of the Society and are doing so. At the proper time, when the facts are collected, they will be made available to each delegate and then the decision will be entirely up to the House.

“In line with this policy, the ex-presidents of the State Association, whose counsel we cherish and respect, have been invited to express their views. I am going to call upon you alphabetically and, if an ex-president is not present, either because of infirmity or because he wasn't able to come for other reasons, we will try to find out what his views are from any member of the Council who might live in his area.

“Dr. Austin appears first on the list and we are told that Doctor Austin is ill and unable to be here. His views have not been expressed as far as I know. Do you know, Doctor Wilder?

“Doctor Wilder (Alternate, 8th District): No. He has been down at Evansville for the past year or more and we know nothing about it up here.

“Chairman Owsley: Dr. Herman Baker, Evansville. Doctor Challman, will you report for Dr. Herman Baker?

“Councilor Challman (1st District): I talked to Doctor Baker this morning and I have also talked to him previously a few days ago. He is in favor of a building for the State Association. He is in favor of having it on the University Campus. He is not in favor of having other groups in the building with us. He suggested that we build it large enough to start with and in such a manner that it can be expanded, and he suggests that dues be increased \$5 per year to pay for it.

“Chairman Owsley: Thank you, Doctor Challman.

“Alphabetically, the next name on the list is Dr. Charles Bond of Richmond. As you know, Doctor Bond is quite elderly and I will ask Doctor Ross just to make a remark about his infirmity.

“Councilor Ross (6th District): Doctor Bond, as you all know, is 102 years of age and it is perfectly obvious that an interview would be unrevealing so far as the present instance is concerned.

“Chairman Owsley: Thank you, Doctor Ross. Now we come to an ex-president whom I recognize

in the group. Dr. Charles Combs of Terre Haute. Doctor Combs, would you care to come up here? We would like to have you gentlemen up to express your views fully.

“Past President Charles N. Combs: It will take me longer to walk up there than it will to make the speech!

“I am well aware of the fact that we need a new building. We have outgrown the present one. And I can remember when I took over, from both the secretary and the treasurer, I got a cigar box full of records and that is all I had, and you know what we have now. So I am in favor of building the new building and I would be in favor of having it on the campus.

“Chairman Owsley: The next name alphabetically is that of Dr. Paul D. Crimm of Evansville. Doctor Crimm, in reply to his card, said he was unable to be here, that he was in favor of the building on the University campus at whatever price and whatever method of financing the State Association could agree upon.

“Past President F. S. Crockett: Mr. Chairman, Members of the Council: To attend your meeting here today takes me back quite a number of years when I served my apprenticeship here in this group. As a past president, I look back upon this Association and its work, its growth, enthusiasm, and the many things which they have accomplished, for instance in Blue Shield, and have carried the reputation of Indiana medicine so that it is respected elsewhere in the country. To me, I think the future justifies this Association having its own home, of building it with sufficient vision that it will take care of at least the next generation. You are not static. You are not going back. You are advancing in membership and in capacity, and I would register my feeling that, by all means, the State Association should have a home. It should be of sufficient size, it should be built along lines that we will all be proud of.

“Now, as to the location of this home, I feel that it should be in a location that is not hard to get to, it should be where it has ample grounds, and where the State Association would be master in its own home. I feel that the introduction of rental of portions of the building shouldn't dominate the thinking in the building and the planning of such a building.

“I, fortunately, had the opportunity to see the Headquarters Buildings of several State Associations in traveling here and there over the country and it does add something to the feeling of pride, of stature, of the doctors in those states. I think we can look forward to a similar situation here. It will breed new vitality into the Association.

“There is a lot of work ahead of you and you are not bothered with insufficient dues at the present time. You have an ambitious program. I think we should house ourselves in complete harmony with our opportunities. Thank you.

“No report from Doctor Clarke.

"Does anyone have a report from Doctor Daniels from Marion?"

"Doctor Hauss, New Albany. Dr. Paris, do you have a report from Doctor Hauss?"

"Alternate Councilor Paris (3rd District): Doctor Hauss is for the idea of a headquarters building. He is against the idea of having any rental space. He feels that the problem of being landlord will outweigh the financial gain. He is against dues increase and he is against using any of our present funds to finance the building.

"Chairman Owsley: The next name I see on the list alphabetically is Dr. Harry Howard of Hammond. Doctor Howard.

"Past President Howard: I am very much interested in this thing and I think it is a very good thing to do. I think we should not only have the building, I agree with some of the others that perhaps we would be better off if we didn't have rental space. I haven't gone into that but personally I think that no rental space.

"As far as building costs, some one said the building costs were high. Building costs have been about 5 per cent higher every year so that every year you delay it you will pay that much more, so, if we are going to do it, we might just as well do it.

"I think if you are going to do it at all, it ought to be here on the University grounds. We have too many of the medical students who know nothing about the State Medical Association, don't know the workings of it. They just vaguely know there is a state organization and know nothing about it. If we have the thing here, we could probably employ some of the students in part-time jobs around the medical office and those men would be absorbing some of the feeling and the talk around the State Association.

"I think it is a good thing for the University. I think it is a good thing for us. As far as knowing this group, as I have known them for years, the University is not going to dominate you. I know that. So you don't need to worry about the University dominating this group. I think it is an excellent idea and I think it should be carried out. I think we should get the ground before they change their minds and pull the rug out from under you so you can't get it. I am for it 100 per cent.

"Next on the list, Dr. C. H. McCaskey of Indianapolis.

"Ex-President McCaskey: Mr. Chairman, Ex-Presidents, and Members of the Council and Delegates: I think you all know my attitude toward this thing. I do not believe that you can build a building and take care of it as cheap as you can rent. That's my own personal experience in renting an office. I couldn't build a building for the space I have got as cheaply and at less cost than I could rent an office.

"Now, relative to the financing, I don't know how well you have gone into this. I guess Doctor Sicks is a pretty good financier, and you have talked to two bond houses here and they said, with the setup that you have, with the State, with the University, and the deed to the ground, that you couldn't write a bond issue. I may be wrong about that. Then somebody suggested that we ask the doctors to donate money for building or buy the bonds. Well, I went through that with the local Society here once to get a building fund, as chairman of the committee, and out of our whole group I had four fellows who agreed to donate a thousand, two or three for \$500 and it dwindled on down to \$5 apiece and we didn't get very much money. We still have that money.

"Another thing, I am against trying to have a building and rent out space. That gets you into complications and I think, with the government and with the state income tax. I don't think there is any question about that, because you can't go into the real estate business and rent space to outside organizations without having the state government take a piece of it. Now, you have just gone through that with Blue Cross, I think.

"Another thing we should have, if we are going to have it, should we have it out at the University, I think it should be a separate institution. It is going to be separated from the University and have no connection with it. In other words, we shouldn't be married to the University. Now, I am for the University, I have spent a lot of time out here and have given a lot of time to the University. I think a lot of it, but I don't think we should hook ourselves up with it and obligate ourselves in any particular way.

"Our own local Society . . . am I right about this, Doctor Everly? . . . voted against having the building, supporting it. Is that right?"

"Councilor Everly (District 7): That's right. I think, Mr. Chairman, they were probably opposed more to the site than they were to the building.

"Past President McCaskey: I don't know. I didn't get to that meeting. Then the stuff that I had worked out to make my talk from, I left in Chicago.

"So it is a question of how you are going to finance a new building. Now when you attempt to have the doctors buy bonds . . . which I don't think they will . . . or will you raise your dues . . . which they don't like . . . that's a big problem always. Then another thing I can't get through my head where this thing ever came up before the Convention at French Lick, that it was ever published. Was it, Doctor Owsley?"

"Chairman Owsley: A resolution was adopted by the Council, Doctor McCaskey, for presentation to the House of Delegates. That was presented at French Lick.

"Past President McCaskey: Nobody knew about it except down at French Lick.

"Chairman Owsley: I am not sure about that.

"Past President McCaskey: It wasn't in the *Journal*. I went through the *Journal* and I couldn't find it in there. So that is all I have to say. You have my sympathy.

"Chairman Owsley: I passed up Doctor Kennedy . . . he is for the building, he is not opposed to the site out here, but he thinks that a good site will be available a hundred years from now and we don't need to be in any hurry. He is opposed to any rentals in the building but he is for the building . . . reporting for Doctor Kennedy.

"Next is Doctor Nafe of Indianapolis.

"Doctor Nafe: Mr. Chairman and Members: I am reminded of a little story about Abraham Lincoln who, as a young man, was trying a case. You may have heard this before. He was trying this case before a judge and as he tried this case he argued very vehemently for one position and he won his case. Two days later he appeared before the judge in defense of a case and argued the exact different position. The judge reminded him of such and he said, 'Abe, how can you take a position like this when you took a different position two days ago?' And he said, 'Two days ago I was wrong.'

"Now, I feel about this question of whether we should have a building or whether we should do this, I feel very much at the present time like the Indianapolis Medical Society. However, I feel this way: That if the House of Delegates, after they have the facts . . . and I think they ought to have the facts . . . decide they ought to have a building and they ought to have it here, I would be for it. However, personally, I don't see that there is any great rush about this. I think there has been some misinformation got around and presented to the House of Delegates last year. In the first place, as to rental, number 1, I understand it was mentioned they pay \$900 now and we pay \$310. I understand it was said we couldn't get any more space where we are. We can get more space in the Hume Mansur Building. I don't see any rush on this. If the doctors want it and I understand the doctors throughout the state want it, certainly I would be for it, but I wouldn't be in a rush that some of you people are now. That's the way I feel about it.

"The second thing is: How are you going to finance it? Now, there were several of us sold the State Medical Association on the fact that we should raise our dues \$20 at one time for the purpose of fighting socialized medicine. I was chairman of that fund. I worked very hard. We didn't spend too much, all of it, but it was the understanding that those dues, that it would be eliminated when we met that test. Now, that hasn't been done, and it was argued we should keep that money for an emergency. So I would be against using that fund built up on that basis for this building.

"Now, as to the site, I am absolutely opposed . . . and I say that as Doctor McCaskey said it . . .

I am opposed to putting it on the campus of Indiana University, or their land. Not that I have anything against Indiana University. I am a loyal alumnist, but I think we should do this on our own. We should not be beholden to anyone or any group, and I don't know that we would be.

"I have noticed some of the plans that they have talked about before and I would be against having rental space. I would be absolutely against something that has not been mentioned there and that is having a bar in this building. I understand that they thought it would be nice so that we could have a bar to which students and other people in the University could go, and I would be 100 per cent against that. Not that I am against liquor, I drink liquor now and then, but I think it would be one of the most disgraceful things if our Association were to place a bar in that basement that could be used here for the students or for the doctors or anyone else. Now, I say that very sincerely. I have no objections. I serve liquor in my home, but, I take it, you do know we have had too many doctors die alcoholics as it is and, to encourage that by putting it in our building, I think it would be absolutely wrong and I would oppose it.

"Now, as I say, my feelings are like Abe Lincoln's. If the House of Delegates, when all the facts are presented and widely disseminated, if they want it here, I will accept it. I wouldn't like it if they had any liquor in it or a bar in the basement. I tell you that very frankly. Thank you. very much.

"Next on the list is Dr. Walter Portteus of Franklin.

Ex-President Portteus: Mr. Chairman, Members of the Council and Distinguished Hoosiers: I can't tell stories like Doctor Nafe and I don't have for the occasion. In the first place, I think we should have an office building of our own. The question of whether or not it would be more economical to rent or own a building, I think, is rather beside the point in relation to the prestige it would give the Association. When I think of the labor organizations, lodges, and a hundred and one other organizations that do own their own buildings, evidently they feel that it is not too uneconomical.

"Now, as to the question of whether we should have a building on the University campus, I would not be opposed to that in any way so long as we had complete autonomy over the ground that we were given or that we bought. If it was a matter of saving in relation to acquiring the ground, I would be in favor of it. I think Doctor Howard brought out the fact that we need a closer liaison with the University than we have had in the past. I think you recognize that today by establishing a committee for that very purpose.

"I think good business would seem to indicate, to me at least, that it might be well to have some rental space in the building so that the building might be big enough to begin with, having some outside income and then, if we grew and expanded

to a place we would need that room, it would be available.

"I have heard a lot of discussion. I heard this morning that the Indianapolis delegation had been opposed to it on the basis that it was cheaper to rent, that the present office was centrally located, there were ample parking places, which is true, but it is pretty hard to get into. And they left out the main thing, I think, that there has always been a lot of friction between the University and a portion of the Indianapolis group. I have heard that years in and years out as long as I have practiced medicine in this area.

"Somebody said, 'Don't rush! We have got plenty of time.' That's the reason my father never bought an automobile, because he said, 'Well, next year they will make them better.' And I suppose they will make better buildings a thousand years from now than they do now. Maybe they won't be any cheaper!

"I didn't realize when Doctor Nafe brought this up that we were going to have a public bar in the basement. That means we would have to hire union bartenders. I see no reason for not having a little simple place that you can stand around and have a drink if you so desire, and I question whether a large per cent of our members are going to die alcoholics. And that's not a bad way to die.

"I'm very much in favor of Doctor Hauss's idea . . . no increase in dues, no subscription, no money. I don't know how practical it is, but I am highly in favor of it.

"I think you gather from my few short remarks that I am highly in favor of an office building of our own, with rentals to permit us to build a big enough building that we can expand in the future if necessary. I am not opposed to a little simple private bar in the basement if that is the wishes of the members . . . not a public bar by any means. And as far as having it on the campus, I have no objections whatsoever as long as we have complete autonomy over the ground that we get. Thank you.

"Doctor Ruddell does not object to the building. He objects to the site.

"The last ex-president on my list is Doctor Sensenich of South Bend. Doctor Olson, will you report on Doctor Sensenich's interest?

"*President-Elect Olson*: I talked to Doctor Sensenich and he is sorry that he couldn't be with us. He is in favor of a new building. He didn't go into all the details of this situation, but he said as long as the organization can retain its autonomy, he would be in favor of it, the University site or any other site as far as that is concerned.

"Gentlemen, that concludes the list of ex-presidents that I see. You are all welcome to stay until we complete our agenda and, a little later, some of these suggestions, recommendations, and so forth, will be brought up for discussion and disposal.

"RECORD OF THE SPRING COUNCIL MEETING—April 20, 1958

"*Chairman Owsley*: Under unfinished business now, we will jump back up to No. 1. The request

for putting aside the amount of money into a building fund account will be reported by Doctor Clauser from the executive committee and I will ask him at this time to give all of his executive committee reports to the Council.

"*Dr. E. H. Clauser* (Chairman of the Executive Committee): I think you can hear right here.

"The executive committee has two or three matters to report to the Council.

"The first matter is with reference to the building fund, setting aside some money for this purpose.

"Be it resolved that there be and hereby is created a separate special fund to be known as 'The Building Fund.'

"Be it further resolved that there be transferred from the general fund to said separate special fund United States Government bonds or securities having a face value of Fifty Thousand Dollars. Said fund may be used for the following purposes:

"1. Acquisition of land for the purpose of erecting thereon an office building to serve as headquarters office of the Indiana State Medical Association and such other uses as may be determined.

"2. To employ an architect or engineer to prepare plans and specifications for the construction of such building.

"3. For the development of such plans and specifications and other expenses incidental to all preliminary steps for the letting of the contract for the construction of such building.

"4. Any remainder of said funds may be used for and applied to cost of construction of such building when and if needed for the purpose.

"To carry out the above purposes said bonds or securities or parts thereof may be redeemed or sold or converted to cash from time to time as it may be so needed. Any and all interest or income received from or upon said bonds or securities in said building fund shall be paid to the general fund of the Association.

"This was the resolution that was adopted by the Executive Committee and recommended for the approval of the Council.

"*Dr. Maurice E. Glock* (Councilor, 12th District): I move that it be approved.

"*Chairman Owsley*: We will take that up now before the Executive Committee Chairman completes his report. Doctor Glock has moved that this be approved. Maybe you don't understand why this is being done. It probably needs a little bit of explanation. This is strictly a good bookkeeping procedure. No money will be taken out of this fund unless it is needed, and the income from the money that is put into the building fund will revert to the general fund as it is earned. In other words, the interest from the bonds that are put into the building fund would revert to the general fund as it is earned.

"Subsequent to the January meeting of the Council, some activity has gone on to try to get

some substantial donations to the building fund, and, for your information, they look favorable, and we wouldn't have any particular fund to put this money into and it just seemed like a good business practice to set aside and use it if necessary. If you remember, you have authorized \$50,000 anyway and this merely earmarks it for a specific fund.

"Doctor Glock's motion is that we adopt the resolution as approved by the Executive Committee. Do I hear a second?

"*Dr. Harry P. Ross* (Councilor, 6th District): I second it.

Chairman Owsley: Discussion? Are you ready for the question? All in favor of setting aside \$50,000 into a fund earmarked 'Building Fund,' signify by the usual sign. Contrary? It is carried.

"*Dr. William B. Challman* (Councilor, 1st District): I would like, first of all, to report on the Headquarters Office Building Fund; I happen to be a member of the committee. I talked to one of our prominent baby food and drug manufacturers a few weeks ago, Mr. Mead Johnson, and, while he did not commit himself to any specified amount, he told me that the Indiana State Medical Association could count on his company, when and if we do raise our building fund, for quite a substantial donation. The record of the company in the past has been good. They gave a lot of money for the hospital and they are in a building and expansion program themselves, and I am sure we will not be slighted. That is the only specific instance I know of personally in which funds have been promised to us by a large corporation. Maybe someone else has some others to report.

"SPECIAL HOUSE OF DELEGATES MEETING

"*Dr. M. C. Topping* (President): I have a matter of new business which properly should arise out of the Executive Committee report. At the last meeting of the Council we heard an expression of opinion of many of the past presidents, both pro and con, on the contemplated building program of the State Association. Prior to that meeting, much correspondence has been engaged in with both proponents and antagonists of the building program and the correspondence, in particular with the Council of the Indianapolis Medical Society.

"Assurances were given that no precipitant action committing our Association further to the program would be taken without additional consideration and approval of the House of Delegates. Plans of the committee have now jelled to the point that concrete proposals for the purchase of land, the erection of the structure, and methods of financing will be ready for consideration. I therefore move, Mr. Chairman, that the Council call a special meeting of the House of Delegates at a time and place consistent with the wishes of this

body, for consideration of these proposals and any other special business which the Executive Secretary may indicate should be considered at that meeting.

"(The motion was seconded by Dr. James P. Vye, Councilor, 10th District.)

"*Chairman Owsley*: You have heard the motion and it has been seconded by Doctor Vye. Discussion? We will set the time and place if the motion passes. Are you ready for the question?

"All in favor of the Council calling a special meeting of the House of Delegates signify by the usual sign. Contrary, the same. It is so ordered.

"SITE

"Many informal meetings have been held by your officers with University officials and we have obtained a definite proposal and offer from the University for the desired site. This site is to be sold to the Association on a fee simple title, and the site is located on the corner of West Michigan and Limestone Streets, more easily described as immediately west of Ball Residence, where the tennis courts are presently located.

"This proposal you will hear a little later.

"In order to have something to show you today, the architectural firm of Edward B. James has been tentatively retained for the purpose of preparing a plot plan and some building sketches. Mr. James does much of the work for the University and is familiar with the overall planning for the area. Mr. James is the designer of the Student Union Building, the new student housing building and Weir Cook Airport, to name just a few. Those ideas will be presented later.

"SELECTION OF THE SITE

"In the study of possible building location, it soon became evident there was a preponderance of feeling that a headquarters building should be located in the medical school area. As investigation continued it was apparent this suggestion had much merit. The following are some of the reasons for recommending this site:

"(a) Cost of Land

"The University offered to make the land available at its original cost plus improvements. Originally the land was acquired on an acreage basis at a very low cost in comparison to present-day values. Sites elsewhere in Indianapolis were high in comparison to this location. For example, North Meridian sites were being offered at from \$1,000 to \$1,500 per front foot and one plot of ground was offered at a cost of \$100,000. Therefore, even if the cost of ground at the University amounted to \$10,000, it would mean a saving to the Association of \$90,000 in the cost of the land alone.

“(b) Heating, Utilities and Grounds

“The University proposed they could and would be willing to supply heat and utilities on a metered basis. This would mean substantial savings in construction and maintenance costs in that it would not be necessary for us to go to the expense of installing costly heating equipment, nor the employment of a full-time engineer.

“The grounds will be cared for by the University grounds department . . . thereby saving us the cost of a grounds keeper.

“(c) Location

“It was felt that our building should be constructed in an area in which there was evidence of a trend in increasing valuation . . . and not one where property values would soon begin deteriorating. The University site is such a site; with the plans now underway by the Indianapolis Redevelopment Commission and the University this area promises to become one of the finest and most beautiful areas in the city of Indianapolis. The area from New York on the south to Fall Creek Parkway on the north and from White River Parkway on the west to Blake Street on the east will soon all be University property. This area is currently being purchased by the Redevelopment Commission and the University, and the housing is being cleared off preparatory to additional construction and beautification. Therefore, we feel we have good reason to believe this area will increase in value during the coming years.

“(d) Advantages of This Location

“This location is advantageous to our members in many ways.

“(1) There are five auditoriums within a three-block radius of this site.

“(2) Sleeping accommodations are available in the Student Union Building as are meeting and eating facilities.

“(3) Parking is close.

“(4) Most physicians coming to Indianapolis from out of town have business at the University and the Board of Health. This location would enable the doctors to visit these places as well as the Association without the necessity of additional driving and parking.

“(5) With the plans by the University for the construction of a gymnasium, it is conceivable our state meetings could be held in this area.

“(6) The building could be connected by tunnel to all other buildings in the University area, thus permitting travel from one to the other in minutes without exposure to the elements.

“(7) The availability of student help for part-time work.

“(8) The opportunity to work more closely with medical students, thereby develop-

ing a better understanding of medical organization and medical ethics.

“(9) It is away from the congested downtown area.

“(10) Located in a medical neighborhood, with a street address of its own, it would be easy to locate and inviting to visitors.

“(11) It would offer an opportunity for closer liaison with the Medical School, a need that has been expressed many times by this House.

“(12) The location is inviting to the Pharmaceutical Association because of their close relationship with the Board of Health. The Dental Association because of their work with the Dental School. The Nurses' Association because of their relationship with the University School of Nursing and the State Board of Health. The Hospital Association, who is planning on establishing a full-time state office, because of their relationship with the University and the Board of Health.

“FINANCING

“During the past ten years the net worth of your Association has increased more than 500 per cent. Careful operating policies, ability to obtain outside financial assistance for many of our special projects, increase in exhibit and advertising income have all been instrumental in increasing the net worth of the Association.

“During the past few years, however, the accumulation of additional net worth in any sizeable amount has not been possible.

“It is to be remembered that in 1955 the House of Delegates reduced the income of the Association by reducing dues five dollars per year. This past year, the lowering of the age for senior membership from 75 to 70 years of age stands to reduce the 1958 income approximately another \$8,000. Therefore, it has not been possible, with this loss of income, to continue to build our reserves.

“The following will give you the figures on the growth and present status of the net worth of the Association.

“TOTAL ASSETS—INDIANA STATE
MEDICAL ASSOCIATION

Year	All Funds	General Fund	Investments
		Investments	All Funds
1947	\$ 67,572.35		
1948	80,446.23	\$ 31,000.00	\$ 46,000.00
1949	72,678.56	41,000.00	56,000.00
1950	75,298.29	41,000.00	59,000.00
1951	119,223.28	41,000.00	59,000.00
1952	174,728.37	76,000.00	95,000.00
1953	216,625.20	166,000.00	185,000.00
1954	238,049.02	166,000.00	185,000.00
1955	258,426.29	211,000.00	228,000.00
1956	271,980.17	221,000.00	252,000.00
1957	273,338.21	221,000.00	252,000.00

"MEMBERSHIP GROWTH DURING PAST TEN YEARS

Year	Total		
	Total MD's In State	Members I.S.M.A.	% Not Members
1948	4,029	3,685	9.34
1949	4,203	3,575	11.87
1950	4,203	3,691	13.87
1951	4,249	3,705	14.68
1952	4,268	3,788	12.67
1953	4,276	3,623	11.85
1954	4,370	3,907	11.85
1955	4,389	3,976	10.39
1956	4,401	4,051	8.64
1957	4,519	4,150	8.92

"Indiana's physician population during the past ten years has increased 12.16% while the membership of the Association has increased 12.59%.

"PRESENT FACILITIES AND COST

"At present the Association is occupying four office suites in the Hume Mansur with a total floor space of 2,134 square feet, plus three storage spaces in the basement. Rental cost of the present space is \$6,643.50 per year.

"COST OF BUILDING

"From a preliminary determination, it is the feeling the total cost of the site, building, parking area, etc., will approximate \$450,000. Final figures will of course depend upon the final plans and bids for the construction. We propose a building of approximately twenty thousand square feet, with ten thousand square feet being utilized immediately by the Association and ten thousand for leasing, which will be used in future years for expansion.

"We do not see, under this plan, any need for a special assessment or an increase in dues for the purpose of building the building.

"Renting the additional space for the next few years would, we believe, enable us to retire the indebtedness in five or ten years.

"In view of this we foresee an increase in the net worth of the Association during this period of time.

"The Association could conceivably plan on retiring \$15,000 of the bond annually; if so, our annual payments, based on 3% interest, would be as follows:

Year	Principal	Interest	Total
1st	\$15,000	\$4,500	\$19,500
2nd	15,000	4,050	19,050
3rd	15,000	3,600	18,600
4th	15,000	3,150	18,150
5th	15,000	2,700	17,700
6th	15,000	2,250	17,250
7th	15,000	1,800	16,800
8th	15,000	1,350	16,350
9th	15,000	900	15,900
10th	15,000	450	15,450

"If we are successful in obtaining a rental of \$4 per square foot for the ten thousand square feet, our income from rentals would amount to \$40,000 per year; if this proves correct, it would be pos-

sible to pay out in less than five years. Even if we obtained only \$2 per square foot, we would pay out in nine and one-half years."

Dr. Owsley stated that the next section of the report consisted of a statement by Mr. Hollowell and Mr. Thurston, of the George S. Olive Company, to the effect that if the building were built as a non-profit organization the tax status would not in any way be interfered with.

Dr. Owsley continued with the report of the Building Committee:

"PLANNED FACILITIES

"Some of the facilities planned in the new building are:

- "(1) A Council room
- "(2) Space for the Auxiliary
- "(3) Adequate space for members' wives waiting while their husbands are attending meetings
- "(4) Adequate space to carry on efficiently the work of our headquarters office."

At this time Dr. Owsley showed and explained slides prepared by Mr. James, architect for the proposed building.

The House of Delegates adjourned at 11:58 a.m. for lunch.

AFTERNOON SESSION

President Topping: Before reconvening the House following our lunch, we have a distinguished guest from out of state whom I would like to introduce. Dr. W. D. Stovall is a Past President of the Wisconsin State Medical Association and is a delegate from Wisconsin to the AMA. He was active in the Wisconsin State Society's recent building program and, when the Council visited Madison this year, they were privileged to hear Dr. Stovall, among others, in discussing the philosophy of the building as it applied to the Wisconsin State Society. The Council was so impressed with the remarks that Dr. Stovall made to them that they wished all of our House of Delegates could hear them also. For that reason, he has been invited to address you today. I would like to introduce to you Dr. W. D. Stovall of Wisconsin. (Applause)

Dr. W. D. Stovall (Past President, Wisconsin State Medical Society): Mr. President and Gentlemen of the House: I am very glad to be with you. I am glad to speak to you on this subject and I am also happy to know that whatever remarks I had to make while your Council were visiting in Madison, they were impressed with what I had to say.

There are a great many reasons why it is important for a State Medical Society to have an office building of their own. We in Madison, like other medical societies in the country, have our County Societies and our State Society. For many years the County Societies were loosely organized. The State Medical Society was loosely organized. We had a meeting once a year and, in between, the Council met once or twice a year and business was transacted in a very lackadaisical fashion. But we are living in modern times now, and we

as doctors have grown up to be not only doctors but statesmen. We have subjects that we have to discuss, we have to understand, we have to have opinions upon, which influence us not only in our practices and in the practice of medicine, but they also influence all of the people of our states. For that reason, if for no other reason, it is very important that a State Society have a place where the committees can meet and where they can discuss their problems by themselves, unto themselves, in a surrounding that will be inspirational for wise deliberation.

You know medicine is a part of the fabric of our social order; it is not something separate and distinct from every other profession, every other trade, every other industry. And it is the way we behave ourselves and the way we live and how we act on important questions that portrays to the public the relation of medical practice and medical science to all phases of industry and skills and to all types of philosophical reasoning. We cannot any longer just be doctors. We do not any longer practice from our medicine cases. We practice in offices and we practice in the hospital, and we make our offices attractive because we want to and must dignify the profession in which we are practicing. We must be recognized as professional in our offices, in our hospitals, and in our meeting place where our business is transacted. We must also be statesmen and, for that reason, we want to have the proper place of meeting.

Now, a proper place to meet is important for another reason, because it shows the place of medicine in the social order. Medicine is a part of the fabric of society; it is a part of the warp and woof of the whole organization of society. It is just as much a figure in the social order as the figure that is woven in the rug; it cannot be blacked out without destroying the rug; it is part of the weave. Because it is part of the weave, we have to be a part of the social order.

The proper relation to the social order portrays the doctor in the framework of modern science and it integrates him with all kinds of sciences—social science, physical science and all kinds of philosophies. You are not separated from all of the people and the issues that surround us and all the issues that are causing so much discussion and so much dispute today. It not only does that but it shows the doctor in relation to his patients and what he has done for the care of the sick and what he is doing for the care of the sick and it shows the doctor in relation to the health and public welfare of the people of his community, his State, and his Nation. These are all-important problems to the people and it is an important matter of public policy that the people know that the doctors are discussing these issues.

I was quite interested a few months ago, I met a friend of mine who is an industrialist in the city of Madison—he doesn't have a large industry but he is an important person. He had been out at the

State Medical Society in Madison at a meeting where we were discussing a very important public issue; it surrounded the relation of medicine to medical education and general public welfare. He happened to be out on another piece of business but, because he was there, he had an opportunity to sit in the area where he could hear the discussions. A few days later I saw that man and he said to me, "Doctor Stovall, I was inspired the other day at the debate that I heard in your Society on those issues that are so important to medicine and so important to the public and, more than that, I was thrilled to be in the environment in which you were discussing those issues. I thought it was conducive to straight thinking. I thought it was conducive to moderate action. I thought it was conducive to accurate and acute debate, in an atmosphere of friendship and deliberation."

I believe you cannot pay any higher compliment to an organization than to get that kind of a statement from a person who was not a doctor and he had never had such an opportunity before. So, as soon as we begin to think about our functions in that capacity, I think we begin to think immediately: Where are we going to carry on these deliberations?

As I told you, Wisconsin was loosely organized for some time. Then they began to meet to bring the Association tightly together, to have it well organized from the counties to the state, with adequate executive staff or administrative staff, with activity on the part of our Council and many other committees, because we had to keep in touch with all of these issues. And so, when we did that, we were meeting more frequently and we were meeting in an office building. There were no rugs on the floor, there were no pictures on the walls, there were typewriters and adding machines and office desks and bookkeepers and such things—just the bare necessities for operating a business industry, but there was nothing to inspire thoughtful consideration and deliberation.

We began to feel that we needed a home, we needed to be alone, we needed to be by ourselves. We needed to talk about medical issues there because what we were talking about were not only of concern to ourselves but of concern to everybody because we are part of the fabric of society—whether we like it or whether we don't like it, that's what we are. So, as we thought about that, then we began to campaign for a building of our own and I am very happy to tell you that it was while I was president the first one of those buildings was bought.

The first building was bought over on the northeast side of Madison, right on the shore of beautiful Lake Mendota. It was a large apartment house and we constructed it into an office building and the dedication of the building alone at the time was an inspiration to every member of our House of Delegates and all of the Councilors and all of the Medical Profession because they realized

that, "Now, I belong to an organization that owns property and that has a home."

We lived in that building for five years. Our committees increased, the number of subjects that we had to discuss was enlarged, and so we had to have a new building and we began to look around for where it should be.

We went to the opposite side of the city, on the shores of Lake Monona, and there we bought a piece of property upon which there were no buildings and we began to plan for a building for ourselves. Now, all of this was brought about—the picture which you saw this morning, this was all brought about not by those of us who live now. We practice in the atmosphere of what has happened before us. There is no such thing as a dead past. The dead live with us in what we do. It is not so much what we do today as what we think that prepares us for tomorrow.

For instance, the advancement of science has imposed upon the doctors a kind of practice and a skill that doctors who have preceded us did not have to have and did not know about. In order to keep abreast of that thing, we have to carry on many more meetings than we did before. And as these sciences spread out like that, the influence of the application of that science touches more and more the lives of people who are well and the doctor's sphere of influence enlarges and his problems get more deeper. We live in that kind of a society and we have that kind of a society because we have the heritage of those who have gone before us and they have made or contributed to these sciences.

You know the first thing that happens when you begin to get progress, and particularly medical progress, is that you have knowledge. After that knowledge is accumulated, then somebody gets a concept about how it might be applied for the benefit of those who are ill as well as the benefit of those who are well, and sometimes the people who get that concept are not doctors and the doctors wonder why they are invading our territory. But when we examine that concept and we find that the concept is good, and we do it in our own establishments, in our own home, in an environment that is conducive and inspirational for the tremendous job we have ahead of us.

After we get the concept then we begin to work out the technique by which this can be done and the techniques again mean that we have to develop a large group of people who surround us as doctors to get this job done, paramedical personnel. We have to purchase more equipment and we have industries that build up under the business that we make for them. We have contacts with those people and then we begin the application of all these sciences.

Let's just take an illustration. It is a very simple one, it is one that you all recognize, it is used by almost everyone who speaks, but it is applicable to what I am saying to you now—bacteriology. Bacteriology was in the process of

formation for two centuries alone before it was focused upon the fact that these microorganisms are the cause of disease, and, as soon as that was found out, there began to grow up great industries, great concepts out of great industries.

For instance, take aseptic surgery. They began to contrive a technique immediately as to how it would prevent all sepsis. Every surgeon wanted to delay operation just as long as possible because he knew if he operated on a patient he was exposing him to an infection which was probably worse than the one he already had. But Lister came to the front and he was using dressings and spraying carbolic acid in his operating room. But another great thing happened. A German all of a sudden discovered how to make an autoclave and get steam pressure and sterilize those dressings and he was just as important in this development of aseptic surgery as all the rest of them. Well, anyway, the steam autoclave came in and now we have a way of sterilizing these dressings. And so we went through the whole history of these things and in our country the rubber glove was developed.

The rubber glove was developed out of a thing that was quite compelling. A doctor in Johns Hopkins University had a nurse who was a very skilled person—refined, cultivated—and she had to scrub her hands so many times a day and with so much bichloride of mercury that she developed an eczema and he was going to lose her and he couldn't afford to lose his nurse. So he sent to the Goodyear Rubber Company and told his problem and he said "I want you to make a glove so thin it will not interfere with touch," and they made it and she put on gloves. And she worked for him three more years and then he took her out of service himself—he married her!

Well, now, this just shows you how our profession is touching on many of these things. It shows you how important we are growing.

In our building it is a great pride to me every time I walk in the place. You saw the pictures this morning. I brought some along to show you but I will not repeat them because you have seen them. But as I drive up to that place—we have a building that is on about three acres of land and it has an expansive parking place right out in front. The entryway is inviting, with aluminum doors and aluminum trim windows around the front of the entryway and into the lobby. And when I get into the lobby, I find a place that is colorful, delightful to live in. And in hot weather, in the summertime, it is air-conditioned. In this day and time when we have the science and the know-how and the technique to be comfortable, why, in the name of sense, sweat all day in hot offices when you can be comfortable? That is what science is for—it is for the promotion of human welfare and to make life more comfortable and, if that isn't what science is for, then it is for absolutely nothing. I see people building nice big new buildings now and never putting air-conditioning in them. We are supporting research very largely and we

should expect results and those results should be for the promotion of human welfare. Every time you do that sort of thing you bring the medical profession closer and closer in contact with the public and that creates social and economic problems that you must discuss.

There is not a weekend that goes by hardly in Madison that there isn't a large committee meeting in that building. You saw the Council Chambers. Every member of that Council feels more important, more business-like, more deliberative, when they walk in and sit down around that beautiful table with a bank of windows on that side of the building looking out on Lake Monona, and you get a view of the city of Madison across the lake. You cannot help but be more inclined to consider deliberatively your problems under such circumstances as that—at least I can not, and I believe you share that thought with me.

There is a lounge in there too. The Auxiliary meets there. The Dane County Medical Society meets there. The large Committee on State Affairs of the State Medical Society meets there and that Committee on State Affairs is bringing in a lot of sub-committees and they are constantly informing themselves on the programs within the State administrative or Government administrative departments that touch upon medicine.

When you really come to understand it and when you stop to think about it, the very basis of all welfare is health. The very basis of it is health. If there is no health, you cannot promote good welfare. So when they go in there, they debate these problems, and not in a destructive way or in a hypocritical way, but they go there to find out what these people are doing and those people are invited into the meeting with them and they stay there and hear the debates, they hear what the objections of the doctors are and what probably can or cannot be done and in what way can be done and why they do not like it and, having the technical training that the administrators do not have, their reasons more often are correct than wrong—the doctors.

So we have many other committees. We meet with our Medical School and our University Hospital. We have the same debates that you have. We have the same difficulties that you have. The problems are great but medicine owes an obligation to medical education in the United States, and you owe an obligation to medical education in Indiana and we owe it in Wisconsin, and I think we are meeting it. We invite the Dean and whomever he likes to bring along with him, with a group or a committee which is organized particularly to look into the problems and advise with the Dean concerning these policies and what they should be. They have differences of opinion, of course, because they have different functions and different interests and you must understand that but, if you are deliberating in a place where you can appreciate that, "This is my home and this is my

dwelling and here is where I, in a dignified manner, approach the problems of State as well as the problems of medicine," it is, to me, quite an important and thrilling thing.

I am not here to tell you what you should do—that isn't my business—but I am telling you what our building has done for the State Medical Society of Wisconsin, and I think your Council who visited there last year will tell you that this thing happened.

You know we have another obligation as long as we are a part of the social order. We have an obligation to give the public a concept of disease, its method of treatment, its prevention and its control. We are not chiropractors. Medicine has grown out of a social necessity. If a sick man had as good an opportunity and got along as well and his welfare was maintained as well as a well man, if a sick man got along as well as a well man, you wouldn't need doctors. So that this business of medicine has been with humankind from the very beginning of history. We just go at it differently because of the progress of science and our relation to the progress of science, and we need to give the public that kind of understanding for the public relation that it has, the effect that it has, and because we owe it as an obligation to our social order.

There was a man by the name of Smithson who lived in England. When he died he left his whole fortune to the United States Government. He was a young fellow. The Smithsonian Institute is the result, and in his will he said he wanted this given to the United States Government for the development of an institution that would disseminate knowledge to the people.

George Washington said in his Farewell Address that you must give prominence to the support of those institutions for the creation and distribution of knowledge for, in so much as the form of Government influences and puts into practice the opinions, it is important that they have the knowledge. In so much as Government puts into practice the rules and regulations that we must live by and practice by, it is terrifically important that we take part in our government.

So I am here to say to you, I think you would enjoy having a home of your own as much as we have in Wisconsin. I think it has given us a great deal of prestige to the Delegates throughout the whole State. We entertain distinguished guests there. You go up into the lounge and have a committee meeting or, when you have a distinguished guest, you bring him into the lounge and you have cocktails before dinner and then you go downstairs and go into the dining room and have your dinner looking out upon the waters of Monona and the city beyond. To me it is an inspiration.

I wish you the greatest success in your undertaking. I can't tell you how much good it has done for Wisconsin, and I am quite sure that when you have launched upon this project you will find that

it assists you in doing many things that are possibly not being done now or that you are not doing so well. It has been a delight to be with you and I wish you great success. Thank you. (Applause)

President Topping: I have an amended report from the Credentials Committee. We have seated at the present time 92 Delegates, 10 Councilors, and 10 Past Presidents.

The Afternoon Session of the House of Delegates is now in order and I will call on the Chairman of the Council to complete the Report of the Council. Dr. Owsley.

Dr. Guy A. Owsley (Chairman of the Council): Mr. President, there was one thing unfortunately omitted this morning from this discussion that should be mentioned before the recommendations of the Council are presented to the House; that is the matter of financing. We only want you to know the things that the Council has been thinking about and we will throw them out now and you may digest them along with the recommendations of the Council.

Of course you can't just reach up here and get the money to build a building and the suggestion has been made that \$150,000 be taken from the nest-egg of the State Association, that a bond issue to be amortized in one of the following ways, be sold:

A Committee of the Council has talked to one of the leading underwriters in Indianapolis and we were told that the bond issue could be sold so long as we could guarantee the amortization and, naturally, we knew that. You have to pay for the bonds. The ways that have been suggested and the only ways that we can think of that this can be done are one of the following four:

To rent excess space (which could later be used for expansion) to ancillary groups and amortize the bonds from the income of those groups—and we are told that this will not disturb our tax structure;

To accept donations from outside organizations;
To raise dues;
And/or make assessments.

Now, those are the four methods of amortizing a bond issue that the Council has discussed. For your information, at this time I would like to read the recommendations and move the adoption of these recommendations from the Council:

(1) That the Council be given authority to purchase sufficient land for the building and parking area from Indiana University and/or the Indianapolis Redevelopment Commission, providing satisfactory purchasing agreements can be accomplished.

(2) That the Council be given the authority to employ Mr. Edward B. James as our architect.

(3) That the Council be granted the authority to arrange financing along the lines outlined in this report.

(4) That the Council be given the authority to construct an Indiana State Medical Association

Building as soon as plans, bids and financing arrangements are completed to the satisfaction of the Council.

Mr. President, I so move.

President Topping: You have heard the report of the Council and the motion. Is there a second to the motion?

(The motion was seconded by Dr. Harry P. Ross, Sixth District Councilor)

President Topping: It has been moved and seconded that the report of the Council be accepted and that the recommendations of the Council be accepted. The question is on the purchase of the land, the employment of Mr. James as architect, financing the building according to one of the plans suggested in the report, for the construction of the building. That is the question and it is open for debate.

Delegate Howard Williams (Marion County): Mr. Chairman and Members of the House of Delegates of the Indiana State Medical Association: I am Howard Williams of Indianapolis, Chairman of the Delegation from the Indianapolis and Marion County Medical Society. I would like to speak just a moment concerning the building of an Indiana State Medical Association Building.

We of the Indianapolis and Marion County Medical Society, the Council, the Delegates and the Members of the Society, have discussed at some length this proposed building and the proposed building site. We have gone so far as to take a referendum of the Medical Society as to their desires concerning the erection of the building and its site, and, if the site as discussed is approved, we have some remarks to make about that. I will not go into detail concerning the features or the thoughts of the Council, the Delegates, or the various members of the Society with whom I have discussed this problem. I will leave the discussion of these things to other members of our Society whom I hope the Chairman of the State Delegation will see fit to recognize and to hear. We have many mixed feelings concerning these problems which we would like to bring before the Delegation at this time.

Actually, we feel that we are not well informed enough concerning this subject, except through the recent *Medical Journal*, the brochure that was placed at our disposal a few days ago by the State Office of the Association, and through what has been said here today. We feel that neither of these things are complete enough for us to be favorable toward the expenditure of the amount of money that will be necessary to erect a building, to maintain the building and to equip the building.

It seems to me that the whole thing boils down to whether we continue to rent or whether we are to own our own building, and that in many respects, to me, amounts to personal opinion. Personal opinions in respect to this type of problem vary greatly from person to person and from location to location. There are many arguments, I am sure, for a building and there are many arguments

against a building, all of which certainly have some merit, but the question of whether the arguments for a building will warrant the expenditure that will be necessary to erect the building remains to be seen.

Now, Mr. Chairman, I would like very much, as I stated earlier, to have you recognize other members of our Society and Delegates who have something to say concerning these plans. Thank you.

President Topping: Doctor Shullenberger.

Delegate Wendell A. Shullenberger (Marion County): Mr. President, Members of the House of Delegates: I seldom read Walter Winchell's column, but I remember a definition in one of his better moments that he gave a number of years ago, to the effect that a professional is a man who does his job whether he feels like it or not. Today we are here doing our jobs and I daresay some of us don't feel much like it, at least in view of some of the things that we would like to be doing on Sunday afternoon, which is the only afternoon that most of us have off—if we get any.

At any rate, I should like to argue against the adoption of the report of the Building Committee, and I wish to say now that, if it turns out that I am in the minority, it will in no way affect my loyalty, of course, to organized medicine of the city of Indianapolis or the State of Indiana. If it turns out that I am in the majority, all my efforts, whenever called upon, will be in the direction of the decision of the responsible group of our organization. I crave your indulgence to the extent of allowing me to read these remarks. What is to be said is in no sense spontaneous.

While one can be appreciative of the efforts of the Committee and its individual members, he can yet feel that this proposition needs stripping and re-examination. In the process, if anyone feels stung, or ripped, as more proper metaphor might have it, it will not be by direct intention, I assure you.

This House is supposed to be a deliberative body. Last October 6th we ignored the recommendations of our Reference Committee with respect to a resolution introduced by the Council of the Indiana State Medical Association, and as it now appears, in violation of Roberts' Rules of Order, and supinely voted to abrogate the Committee's Report and, in a sense, to permit substitution of the resolution in question for the report. We are now faced with the alternatives of recovering our deliberative initiative or of rubber-stamping certain projects which have been presented to us in full only within the last few days. We are also faced, regardless of anyone's intentions, however sincere and well-considered, with some cold, hard financial facts.

It is proposed that a building to house the Indiana State Medical Association's Headquarters be constructed at a tentative cost of \$450,000. An amount of \$150,000 is to be appropriated from the Association's treasury, high-grade securities to be

sold to realize this amount. It is indicated that we may expect contributions from one or more prominent pharmaceutical firms in an expected total amount of up to \$200,000. A bond issue, which it is hoped may be sold to the doctors of the state, or the Blue Cross-Blue Shield, or possibly to others, is the basis for obtaining the balance. If it further hoped that these monies will enable the Association to provide in its building rental space, the income from which will pay the interest on and retire the principal of our indebtedness after a reasonable number of years.

One of the hard, cold financial facts I mentioned is that we do not have anything like enough money on hand to carry out this project ourselves.

Another hard, cold fact is that, in order to go into debt for a building, the need for which is yet to be proved, we lose immediately a minimum of \$9,000 per year. It breaks down this way: The interest income, entirely aside from the capital appreciation which one may expect in high-grade bonds properly bought within the last few years, should be, at 3%, a minimum of \$4,500 accruing to us per year; the interest payments on \$150,000 should be, at 3%, a minimum of \$4,500 paid out per year. We give up an income of \$4,500 and pay out \$4,500 for the privilege of not paying rent of between six and seven thousand dollars per year. This does not take into account expenditures for upkeep, insurance, etc., on a building, which will be gone into in detail, I hope, in a few moments.

Another hard, cold financial fact may be placed in perspective as follows: Mead Johnson & Company and Eli Lilly & Company, for example, have their headquarters in Indiana, but they sell their products in every one of the United States. Other than by geographical proximity, they have no more obligation to contribute to a State Office Building for us than they do for the doctors of Montana, Georgia, Vermont, or California, or others. One may be sure that any amount approaching those implied by the plans presented in these notes will be subject to critical scrutiny by the Boards of Directors of the firms in question. We should not place ourselves in the position either of soliciting or being turned down in such a matter. Both positions should be embarrassing to us, the latter certainly to those who would be obliged to deny the request.

Finally, the selection of the site most favorably emphasized in these notes seems dictated more by opportunism than by sober consideration. Our Medical Center is primarily academic in its purposes. At the same time, magnificent as it is, it is supported basically by tax money. This subjects it to the influence of political forces which at times have been and may continue at times to be obliquely or diametrically opposed to those of free enterprise in medicine. We can charitably overlook the possibility that patients individually may be attracted to this or any other medical center for help which we believe we can provide or to which we can direct them. Patients are not a commodity in

which we trade, and these institutions have much to offer.

We are also convinced that a good doctor firmly in practice will always be busy and will be spiritually and materially rewarded for his efforts. But, on a political level, if we are to continue to appear publicly in opposition to the encroachment of statism on any professional or business field of activity, we should not place ourselves in a situation, geographical or otherwise, which would lead the public to believe that we might acquiesce, even tacitly, to its influences.

If I may be allowed one more moment to summarize, these thoughts may be brought together under three points which I wish might guide us in these deliberations:

First, there should be a poll, with every voting member of the Indiana State Medical Association having a chance to vote on the proposal of the building.

Second, there should be agreement that the members of this Association and the officials of pharmaceutical houses in this State will not be embarrassed by requests for contributions from the latter for an Indiana State Medical Association Building project.

Third, we believe that the Indiana State Medical Association should locate an office building so that its geographical position could in no way place the Association under the influence of or interfere with the objectivity of its attitude toward any tax-supported medical institution. (Applause)

President Topping: Thank you, Doctor.

Dr. Gosman.

Delegate James H. Gosman (Marion County): Mr. President, Members of the House: I, too, would like to make the preliminary remarks that Dr. Shullenberger made and I am here to argue in the negative point of view. Attending the Convention of the American Medical Association Public Relations, I heard Dr. Eads say once, "A speaker should get up, speak up, and shut up." That's what I propose to do.

I believe no one would argue the point he could live more economically in an apartment than he can by owning his own home. Certainly I concede the extra pleasures of having my own home but basically one must consider whether the added cost is really worth the venture.

Is a new self-owned office building a home for the majority of our fellow physicians? How many doctors get to Indianapolis to avail themselves of this home? Not many, by my way of reasoning. Sure, the active policy-making physicians get to this home, but is this venture really worth the cost and the headaches? I wonder whether the decisions can be rendered any more clearly and decisively than in that apartment I mentioned.

The copy of the Report I received a few days ago brought to my mind a few thoughts which perhaps you have not had time to think about and perhaps I can present them to you:

The question of employment: It has been said that the new building would help with our employee situation—attract better employees, etc. I am given to understand our present location is pretty good for convenience of bus transportation. They say they can eat where they choose and it is pretty handy to shop on the lunch hour. Has anyone appraised themselves recently of our city transportation system? It stinks! The central location at present is a good location from that point of view.

I see Wisconsin has a fine building costing about what we propose with about 3,125 doctors participating, notwithstanding the fact that they have their Blue Shield-Blue Cross employees located in the same building. I feel that additional space, large buildings only attract for more employment which, in itself, is additional cost.

I see that if the present most likely choice of a building is selected that utilities would be furnished on a metered system. Has anyone mentioned what cost that might be? I couldn't find it.

On page 33 are figures giving us the growth and present status of net worth of the Association. You will notice the decline in accumulation of funds. Our last financial statement indicates we are not operating in the red but that it is touch-and-go. Funds will have to come from some place to meet the additional cost to operate a building. It may have to come from increased dues.

Dr. Shullenberger has already pointed out the loss of revenue on \$150,000 high-grade securities at 3%. This amounts to \$4,500 yearly. If an additional \$150,000 is realized from a bond issue, the smallest interest on these bonds to be paid out is 3% and this is another \$4,500. With this \$9,000 we could rent the additional space needed and it is available.

Some of the present accumulated funds are the result of monies collected at the time the threat of socialized medicine was most evident. I cannot see where this threat has been dissipated and, should the acute need arise—and I feel that it surely will—we should have these same funds available for the purpose for which they were intended.

To sell bonds to Blue Shield as an investment seems to me poor public relations in view of the tax problems that have already been faced this past year by Blue Shield.

Turning to page 35 I see we can plan on retiring \$15,000 worth of bonds annually. How? Why, on the rent from the additional space! We have no assurance that these health agencies would rent our space. As a member of the Board of Directors of the Indiana Division of the American Cancer Society and of the Board of Directors of the Marion County Cancer Society, I presented this possibility to these people; they turned it down.

When I add the figures in the total column on page 35, I get a total of \$174,750. For curiosity's sake, one can see that if we paid \$10,000 a year

for rent we could rent not just for ten years but for 17½ years on this amount of money.

We haven't figured out the insurance that would be paid on this building—not a great amount, to be sure, but money.

The question of taxes comes up. I have read very thoroughly the complicated opinion on Federal Taxes involved in this undertaking and I cannot find anything incorrect with the interpretation rendered by these well-informed people. It is accurate and correct in every detail. However, I do offer this thought for consideration: I, too, consulted a member of the George S. Olive Company. This man has been a neighbor of mine, a teacher in the I. U. Business School, and has been a member of this same firm for many, many years—one of their top men. He verified the opinion rendered but said the entire tax structure of organizations who are now tax-free is undergoing very close scrutiny by the Government and it is very possible these "escape clauses" are to be closed. You are certainly familiar with the Government's desire to close in on traveling expenses and some of our now deductible medical meetings abroad.

What revision of the dues structure are the members of our Association willing to accept? What extra assessments are they prepared to pay in order to compensate for a possible deficit resulting from the operation of our own building? I still hear the "wailing-at-the-wall" each time that \$10 is mentioned for the Medical Education Fund.

Finally, if it is a building we simply must have at this time, I would like to suggest a proposition that has great merit: Why not let someone else build us a building according to our specifications, where we might want it, and let us rent this from those particular people? I find that the Cancer Society at both the State level and at the County level are doing that.

Thank you very kindly. (Applause)

President Topping: Is there other discussion?

Dr. Pandolfo.

Dr. Harry Pandolfo (Marion County): I am Dr. Pandolfo, Delegate from Marion County, and the President of the Indianapolis Medical Society.

Members of the House of Delegates and Mr. President: I, too, am prepared to discuss the cause on this issue of recommendations of the Building Committee and I am the last of the Marion County Delegation that have asked for the floor today. (Applause) There may be others but I am the third official representative.

Following the action of the last House of Delegates Meeting at French Lick, the Council of the Indiana State Medical Association began negotiations for a site for the proposed Headquarters Building. Many of us here in Indianapolis were surprised when it became known to us that the site which seems to be most attractive to the members of the Council of the Indiana State Medical Association, was a site here in the Medical Center,

which site apparently could be purchased from Indiana University at a cost, plus improvements, which was far below its actual present-day value.

The members of the State Council became enthusiastic about the acquisition of this site in spite of objections from the members of the Indianapolis Medical Society. At the January 19th meeting of the Council of the State Medical Association, Dr. James Leffel and Dr. Harold Ochsner, both Past Presidents of the Indianapolis Medical Society and at present members of this House of Delegates, appeared before the Council of the State Society, representing the Indianapolis Medical Society Council. Dr. Leffel discussed objections to the proposed site and Dr. Ochsner presented objections to the entire building program as it was being conducted at that time. I refer you to pages 15 and 20 of the Report.

In spite of these objections presented to the Council of the State Medical Association on January 19th from a Society which comprises one-fourth of your total dues-paying members, the Building Committee has continued without change in direction or purpose to the present date.

On April 20, page 31 of your Report, "*The Selection of the Site*," it is stated that:

"In the study of possible building location, it soon became evident there was a preponderance of feeling that a headquarters building should be located in the medical school area."

It was difficult for us to understand whether the preponderance of feeling was real or anticipated and here in Indianapolis the opposition which was originally confined to the site finally changed so that many who opposed only the proposed site, became opposed to the building program in its entirety.

The Council of the Indianapolis Medical Society polled its members on April 29 and were unanimously opposed to the building program as it developed to that date. The membership of the Indianapolis Medical Society was then polled and in the explanatory letter to the members the stand of the Indianapolis Council was stated and the members were referred to the *Journal* of the Indiana State Medical Association of March for information regarding the discussion of the building program.

The results of this poll were as follows:

There were a total of 546 members who responded either for or against the building for the State Medical Association. 424 were against, 122 for the building. Then the specific question was asked about the Medical Center as a site. 297 voted against and 96 for the building. We had a total of 546 out of a society of over 1,000 who responded to the questionnaire.

Again I wish to remind you the Indianapolis Medical Society numbers 1,027 members at December of 1957, and the returns from this poll constitute the opinion of one-eighth of your total membership. We feel that such a large segment

of our Society voicing their objection to the entire program and the proposed site, deserve more consideration than has accrued to date.

As a member of this House of Delegates, I hope I can help bring this question of a proposed Headquarters Building back to its proper perspective in our thinking and in our actions.

We are not faced with an extreme emergency which needs an immediate decision and, essentially, all we are talking about is space in which to conduct the business of this organization. I am far more concerned about the cleavage which has existed for many years between the Indianapolis Medical Society and the rest of the members of the State Association. This cleavage is apparent to many of us and we are not happy about it. There seems to be some feeling that the city doctor and the country doctor are in opposite camps and that we want to run things. I assure you, from where I stand, you all look alike.

It is possible for this House of Delegates to adopt the Report of the Council and its recommendations. This can have but one effect here in Indianapolis: the cleavage which now is not deep will definitely be enlarged, and the Society that occupies this fine new Headquarters Building in this Medical Center will be weaker because of this cleavage and not stronger as has been anticipated.

It is time to take this matter of a proposed Headquarters Building out of the political arena and view it in its proper perspective of need, cost, where, when and how. And then, when all the facts are available and the membership is advised of these facts and have had an opportunity to express their opinions, then to act accordingly.

I hope that, by returning this Headquarters Building to its proper perspective, we can then redirect the attention of this House of Delegates and the Council to many more important problems. Our time here today could be well spent discussing our Blue Shield plan, Medicare, the Hill-Burton Bill and Social Security as it relates to the profession. These are some of the important problems facing Medicine now and in the past. No pile of bricks will help solve them for us.

In closing I assure you I have nothing but admiration for the members of this Council. They have given far more time and thought to this problem than was anticipated and their enthusiasm is admirable. It is unfortunate that we here in Indianapolis have had differences of opinion. Everyone must be entitled to his opinion. It is also noteworthy that this Council, which was given authority to purchase a site for this building, has respected this difference of opinion and has brought this matter back to the House of Delegates for solution of the problem.

I sincerely hope I have offended no one. I am eagerly awaiting a quick solution of this perplexing problem. Thank you. (Applause)

President Topping: Is there other discussion?

Dr. Rusche, from Evansville.

Delegate Henry Rusche (Vanderburgh County): I am Dr. Rusche from Vanderburgh County. I am not here at this time to argue yes or nay on the question, but rather for further information.

In looking over the March '58 volume of our *State Journal*, the notes of the Council Meeting are essentially the same as were sent to us in this brochure. However, there is one omission. I would like to read that to you at this time and ask for clarification from those who know what it is all about.

On Page 408 of the *Journal* is an article quoting Dr. John VanNuys, Dean of the Indiana University School of Medicine:

"Dr. Owsley, Member of the Council: I think it was about six weeks ago that we met here one Sunday and a question was raised as to what provision could be made for a building site for the State Medical Headquarters. I referred that to the University Administration and to the Board of Trustees and they had two meetings. In addition to that they asked for the architects, the consulting architects in New York, Eggers and Higgins, who plan our campus, to make a study of the proposed site. The one that I favored in the event that you decide to go ahead with such a building, was an area just west of Ball Residence and very close to this building so that there could be a tunnel connection and it would be a matter of convenience. The Trustees, on recommendation of the architects, however, feel that that would not be a proper site, that it is too small and fear is that everyone concerned would be unhappy with it. There is a lot of traffic in the parking area. There would not be parking immediately adjacent to the building, and there would be many occasions where it would be of extreme inconvenience to have it there.

"The other thing about it is that we have not got an answer, complete answer, as to what the City of Indianapolis is going to do regarding the one-way streets.

"About two months ago, the City Council voted to make Michigan Street one-way west out about 15 blocks west of here, which would have made a great inconvenience to people coming and leaving the Medical Center, particularly those coming in from the west; they would have a difficult time getting here. It would also make it difficult for some of our employees to get downtown.

"So they modified that and decided to have, from Blake Street west, one lane going east and three lanes going west. But then the Council refused to put in additional traffic lights and it would mean anyone coming in from the west would have to cut across three lines of westbound traffic in order to get into the Center.

"So we think that very careful study should be made of this site.

"I heard a little earlier in the week that there has been an interest expressed in building on the parkway south of Michigan Street. That would

provide access from both the east and the west. The proposal was, any site which would be on the parkway would have access through the new apartment building parkway area and also access from East White River Parkway.

"We are prepared to go forward with anything that the Council determines. The Board would like to know and have it worked out in some detail of so much area and the location of the area so that formal action could be taken at the next meeting of the Board of Directors scheduled to be held here on this campus in February.

Chairman Owsley: Thank you, Dr. VanNuys.

"Does the Council have any questions at this time to ask Dr. VanNuys before he gets away, since the Board of Trustees are going to meet in February?

"Do we understand the site that most of the Council members seem to favor is definitely out of the picture?

Dr. VanNuys: The President told me on Thursday he preferred we drop that because he said the landscape architects thought it would be much too tight, that it would be an ideal area, but, for the size building that you are proposing, any building you build you might want to add to sometime, that it would be inadvisable to put it there. Too close to the other buildings.

Chairman Owsley: Then of the other sites that the Council walked over that day—just to get things straight there—were they all made available?

Dr. VanNuys: They were all made available."

According to our information this morning, it still stands with the tennis courts which, as I interpret this report of Dr. VanNuys, is not desirable by the University. I would like to have some clarification on that point and also on the traffic situation.

President Topping: Dr. Owsley would you be prepared to answer his question?

Dr. Guy A. Owsley (Chairman of the Council): This is just one of the many details that the Council has fought with since this proposed building concept was started last fall. The architects changed their minds after this report was printed in *The Journal* and said that the type of building that had been proposed would fit in the area that has been set out today.

Subsequent to that time, there were three lots across Michigan Street, two of which are to be condemned by the Redevelopment Commission and one which is now owned by the University, that were proposed for parking. The University officials didn't desire that their buildings, any of them, be surrounded by asphalt. They felt the campus would be more beautiful if it was decorated with grass rather than a parking lot. So that has been resolved.

As far as the latest development on Michigan Street is concerned, it now appears that it will be

widened and, as explained in the picture this morning, this architect has provided for that. It will apparently remain a two-way street and, instead of three lanes and one lane, will have three lanes on either side. That is the latest. Of course those are things that wouldn't in a great way affect our building if the parking lot were across Michigan Street.

Does that answer your question, Doctor Rusche?

President Topping: Is there other discussion?

Alternate C. Philip Fox (Daviess-Martin Counties): I am Dr. C. P. Fox from Washington, Indiana, Daviess County. I represent a county of about 23 doctors. We are 100 miles from Indianapolis and, as I talked to most of the fellows the last week or so, they don't seem to know too much about this thing, so they sent me up here and said, "Fox, find out who wants it and do we need it." And they don't want to pay any more dues. So I am supposed to come home with some more information about it. And it seems to me that the doctors around the State don't seem to know too much about this building.

President Topping: Dr. Hammel?

Delegate Howard T. Hammel (Lawrence County): I am Dr. Hammel, Delegate from Lawrence County. It was my understanding from this resolution that the Council be given unlimited authority to purchase the site. What do they intend to spend for a site? It is my understanding that \$10,000 no longer applies. Is that or is that not true?

Dr. Guy A. Owsley (Chairman of the Council): Probably it is true. The \$10,000 wished-for cost does not apply. However, there is no definite figure yet stated from the University Trustees and we have in our audience a Delegate who is a University Trustee. Maybe the President would like to call on him to comment on this.

President Topping: Dr. Geiger, would you like the floor?

Dr. Guy A. Owsley: You will notice that the Council recommended that the purchase of the site be accomplished if negotiations were satisfactory.

Delegate Dillon D. Geiger (Monroe County): Mr. President, Delegates: This is the first time I have ever been mixed up in a medical controversy where I am not in the middle. Indiana University is not in the real estate business. The request for this site came to our Board from your Office. They were not bashful when they asked for the best site left on the entire campus. Our Board of Trustees discussed this at length and I am speaking to you as a member of the Board. We are anxious to cooperate with the State Medical Association and with the request of its members. We will do our best to work out this site for you people if you want it. You will not offend the University or the Administration in the least if you do not request it. I want that made very clear. We are willing to

cooperate but this is not a movement initiated by the Administration of Indiana University.

Now, as to the cost, I have not been in on this discussion from the start and, so far as I am personally concerned, I am speaking for our Board, there has been no price established for this ground, should you people wish to buy it. It will be, if you want it, delivered in a fee-simple title, which will mean that you are in complete ownership, subject to some things which the University, I am sure, will stipulate—and they should—for the protection of the taxpayers. But we certainly would do everything that we could to work out a fair price for this Association, should you request it.

Now, I would like to answer any question that any of you have relative to the University's attitude or position in this situation.

President Topping: Does anyone have any questions you would like to ask Dr. Geiger before he leaves the floor?

Delegate John M. Paris (Floyd County): In the Council this morning the figure of \$108,000 was mentioned as the cost of that ground. Now, Dr. Geiger says no price has been set. There must be some contradictory information somewhere.

Delegate Dillon D. Geiger (Monroe County): There has been talk of this price. I learned of it this morning when I got here. The Board of Trustees of Indiana University has never at any time discussed the price of this ground. We have discussed the method that must be used in arriving at the price, namely, the cost of the ground in this area that has been sold in the last few years, No. 1. No. 2, the cost of the lots to the University which we are willing, should the Association request it, to turn over at the exact cost that they cost the University. And 3, to re-establish the improvements, the physical improvements, on this plot of ground.

You see that the Association is not in a bartering position because we are not anxious to sell this ground. We want to cooperate with this Association and my position in this is, after all, this is my primary and first love—the medical profession and the Association—and I am willing to do anything, as a member of the Board, that you people want done.

Does that answer your question?

President Topping: Does anyone else have anything they would like to ask Dr. Geiger?

Delegate Robert W. Van Bokkelen (Morgan County): Dr. Geiger, about this statement that the lot was too small for the building, which was first made, and then they apparently retracted, who retracted it? Is the lot actually large enough without jamming into the Nursing Home? As I drive by, that lot sure as hell looks small for the kind of building that is going to go in there.

Delegate Dillon D. Geiger: The lot is quite adequate according to James, the architect, for the type of building and not only the type but the exact dimensions of the building which the Com-

mittee proposes to build. That has been double-checked by the University architects and by the consulting architects, Eggers and Higgins, in New York. The land is quite adequate for the building without interfering with either the beauty or the function of the adjoining buildings.

Now, I think one of the things that has to be considered in that early statement was that there was some talk of enlarging the Ball Residence by building another wing to the west. The University has given that up upon the advice of the architects and the new wing of Ball Residence is going to the east so that the lobby area which is now on the east end can be used on the east and west and save the University many thousands of dollars. I am not an architect and I didn't measure it and I don't intend to, but, according to the architects, the site is adequate for the building which these gentlemen have requested.

President Topping: Are there any other questions for Dr. Geiger?

Dr. Geiger: Thank you, gentlemen. Once again let me say to you that Indiana University and the Board of Trustees is not about to be involved in a controversy. We don't mind a fight but this is one that we can sit on the outside and enjoy. We are willing and anxious to cooperate with this Association in any way that we can and we will conform to your wishes. Thank you.

President Topping: Is there other discussion of the question?

Delegate Henry Rusche (Vanderburgh County): I am back up here. This time I hope will be the last time—at least today. I believe the gentleman from Washington hit the nail on the head when he said the average doctor does not know what it is all about and could not give an adequate opinion at this time, nor could they properly instruct their Delegates.

Last October in the House of Delegates meeting I said that I thought that such a proposal should have the attention of every member of the State Society, that they should have all information available before anything is done, and that they should so instruct their Delegates. I still feel that way. I still feel that it is too big a problem; there are too many ramifications at this time to give a decision by the Delegates as to what their membership, who elected and sent them here, to represent them adequately and how they feel. Consequently, I would like to see the motion to adopt the resolution from the Council tabled until the October meeting of the House of Delegates and, in the meantime, the complete Minutes of this Meeting, together with the sketch plans, the floor plans, be sent to each and every member of the State Society, that the Minutes be printed in the August issue of the State Association *Journal* and sufficient time elapse so that all these Minutes and plans may be seen and discussed by these various Societies, that they may instruct their Delegates as to how they feel. That should include

estimated costs, means of financing and everything. I so move.

President Topping: There is a motion to table the Report. Is there a second?

Past President Elton R. Clarke (Howard County): I second the motion. I think a very good point has been brought up. The House of Delegates and least of all the general membership doesn't have the least idea—as far as that is concerned, we don't here today have any idea—as to how it is to be done, and the question of rents. They should receive full information.

President Topping: A motion to table is not debatable. Are you speaking on the motion to table?

It has been moved and seconded that the report of the Council and its recommendations be tabled. All in favor of tabling the motion, all in favor of the motion to table, signify by saying "Aye." Those opposed to the motion to table?

The vote will require a division of the House. All in favor of the motion to table please stand.

(Those in favor of the motion to table stood.)

You may be seated. All opposed to the motion please stand.

(Those opposed to the motion stood.)

The motion to table is carried.

Dr. Jack E. Shields (Jackson County): I feel pretty proud of my county. We know what this thing is about. I was instructed to come up here and vote for it, but I can see the point of taking this news back for absorption and postponing it until October; but, what I got up here for was, I think that the Committee and the men who did all this tremendous work deserve a vote of confidence and appreciation and I so move. (Applause)

(The motion was seconded by many Delegates.)

President Topping: If there is no other business apropos to the main motion, I will entertain a motion for adjournment.

Past President George Daniels: I move you that we adjourn.

(The motion was seconded by Dr. Maurice E. Glock, 12th District Councilor.)

President Topping: We stand adjourned.

(The meeting adjourned at 2:35 P.M.)

INDIANA STATE MEDICAL ASSOCIATION

The Council

June 8, 1958

The Council of the Indiana State Medical Association convened briefly for a special meeting, preceding the special meeting of the House of Delegates at 10:30 a.m., Sunday, June 8, 1958, in Room 421 of the Indiana State Board of Health Building, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Roll call showed the following present:

Councilors:

First District—William B. Challman, Mount Vernon
Second District—Sam I. Rotman, Jasonville, alternate
Third District—John M. Paris, New Albany
Fourth District—J. E. Dudding, Hope
Fifth District—V. Earle Wiseman, Greencastle, alternate
Sixth District—Harry P. Ross, Richmond
Seventh District—Ralph V. Everly, Indianapolis
Eighth District—Guy A. Owsley, Hartford City
Gordon B. Wilder, Anderson, alternate
Ninth District—Kenneth O. Neumann, Lafayette
Tenth District—Ralph C. Eades, Valparaiso, alternate
Eleventh District—Not represented
Twelfth District—Not represented
Thirteenth District—Benedict A. Biasini, South Bend

Officers:

M. C. Topping, Terre Haute, president
Kenneth L. Olson, South Bend, president-elect
O. W. Sicks, Indianapolis, treasurer
William Harry Howard, Hammond, past president

Executive Committee:

E. H. Clauser, Muncie, chairman
Albert Stump, attorney
Robert Hollowell, attorney
Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Wayne Worick, assistant secretary
James A. Waggener, executive secretary

Remission of State Dues. On motion of Drs. Paris and Challman, remission of the state dues of a member of the Clark County Medical Society, who is retired from practice, was approved.

On motion of Drs. Rotman and Challman, remission of the state dues of a member of the Daviess-Martin County Medical Society, who is ill and retired from practice, was approved.

On motion of Drs. Eades and Paris, remission of the state dues of two members of the Lake County Medical Society, one of whom is retired due to illness, and the other a medical missionary, was approved.

Remission of state dues of a member of the Tippecanoe County Medical Society was refused on motion of Drs. Challman and Paris.

The state dues of a member of the Vanderburgh County Medical Society was remitted, because of illness, on motion of Drs. Challman and Everly.

Recommendations on Building Program. The following recommendations, presented by the chairman of the Council, were approved by consent for presentation to the House of Delegates in special meeting on June 8, 1958:

1. That the Council be given authority to purchase sufficient land for the building and parking area from Indiana University and/or the Indianapolis Redevelopment Commission, providing satisfactory purchasing agreements can be accomplished.
2. That the Council be given the authority to employ Mr. Edward B. James as our architect.

3. That the Council be granted the authority to arrange financing along the lines outlined in this report.
4. That the Council be given the authority to construct an Indiana State Medical Association building as soon as plans, bids and financing arrangements are completed to the satisfaction of the Council.

There being no further business, the meeting was adjourned.

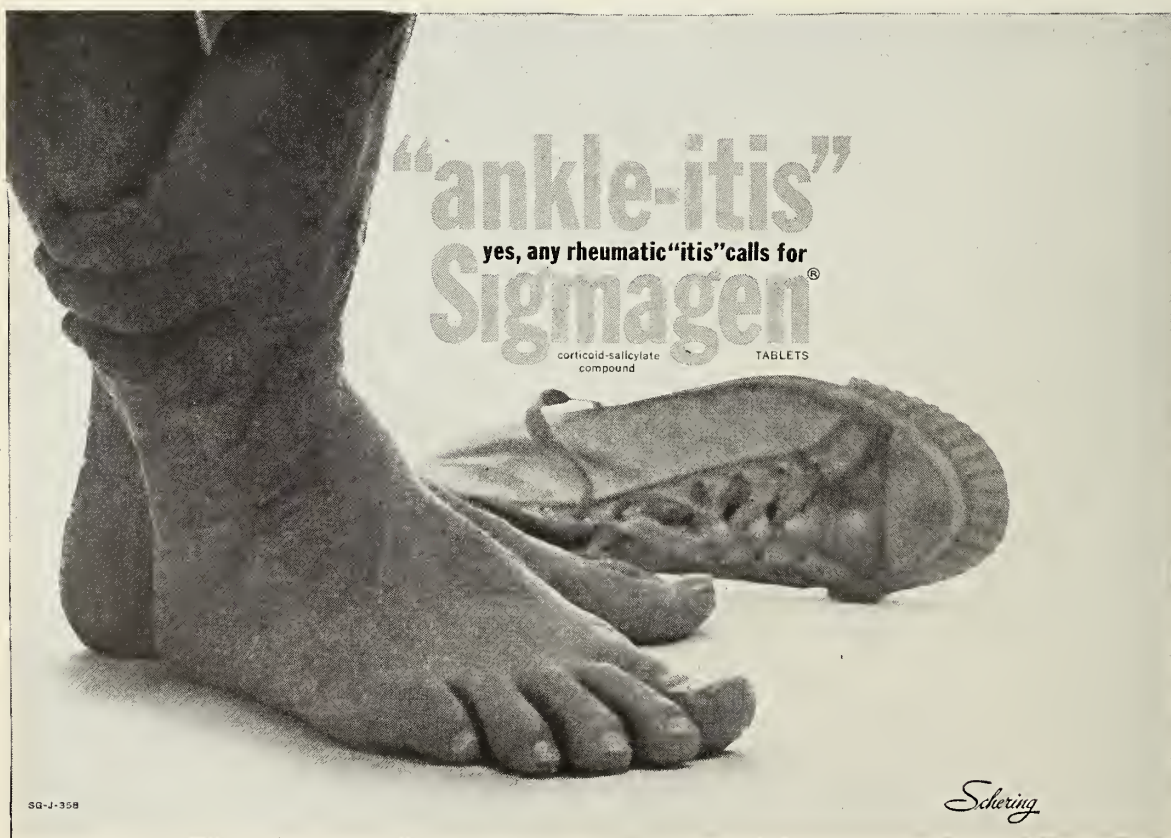
A lengthy bibliography on staphylococcal infection has been compiled by the National Library of Medicine. It is hoped this may be of value to both private and public health physicians who are engaged in combating the increased incidence of antibiotic resistant staphylococcal infection in the home, community and hospital.

This bibliography will be sent at no cost on request to: National Library of Medicine, 7th St. and Independence Ave., S.W., Washington 25, D. C.

AMA Publishes Report On Hill-Burton Survey

Results of a two-year study of the Hill-Burton Hospital Survey and Construction Program was made available in booklet form August 1 from the Committee on Medical and Related Facilities of the AMA's Council on Medical Service. Sections included in the report—introduction; summary; conclusions; recommendations; federal grants-in-aid; background and basic administration; general hospitals; tuberculosis hospitals; public health centers; mental, chronic disease and nursing home facilities; diagnostic or treatment centers; rehabilitation facilities and other reference material.

In addition to reviewing the legislative background of the Act and a voluminous amount of other data, reports on field surveys made in the following states are included: Arkansas, California, Connecticut, Georgia, Illinois, Iowa, Kentucky, Maryland, Michigan, Mississippi, Montana, New Jersey, Oregon and Washington. A limited number of copies will be available to individual physicians and medical societies.



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*A Symposium on the Pharmacologic Effects of Dartal on the Liver, Chicago, Searle Research Laboratories, Feb. 7, 1958.

SEARLE

Deaths . . .

Frederick W. Krueger, M.D., veteran Richmond physician, died June 15 at Reid Memorial hospital, Richmond, after a heart attack suffered a week previous to his death. He had been ill since July of 1956 when he had a severe stroke.

Almost 80 at the time of his death, Dr. Krueger was born in Richmond Sept. 21, 1878 and had practiced medicine in his home town since November, 1904.

Dr. Krueger graduated from Cincinnati's Miami Medical college in 1903 and interned at Cincinnati General hospital. He gave the first two anesthetics for Dr. L. G. Bowers, a Richmond surgeon, when Reid Memorial hospital was opened in July, 1905.

Prior to entering medical school, the doctor had attended Earlham for a year and worked in the office of the Starr Piano Company, Richmond.

He was at one time a surgeon for the International Harvester Company, Richmond, was on

the Reid hospital staff, lectured nurses' classes on pediatrics and was on the Draft Board during WWI.

The doctor was charter member of the Rotary Club, a member of Richmond Lodge of Elks, a lifelong member of the First English Lutheran church, member of the County, State and American Medical associations and a 50-Year Club member in ISMA.

Ben B. Moore, M.D., 62-year-old Indianapolis surgeon, died July 13 at his Pickerell Lake cottage near Petoskey, Mich.

Dr. Moore had lived in Indianapolis since 1912 although born near Linton. He had his office in the Hume Mansur Building. He was a graduate of Indiana University Medical School in 1920 and was a past-president of the Indianapolis Medical Society. In addition to the medical society and associations, he was a member of Capital City Masonic Lodge, Scottish Rite, North Methodist church and Kappa Sigma Fraternity.

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Monthly Report—June 1958

Disease	June 1958	May 1958	Apr. 1958	June 1957	June 1956
Animal Bites	831	316	531	535	503
Chickenpox	165	444	562	141	239
Conjunctivitis	65	70	22	13	21
Diphtheria	2	0	4	1	11
Dysentery, Other, Unspecified	11	6	19	12	19
Impetigo	37	17	23	15	36
Infectious Hepatitis	10	23	27	22	25
Infectious Mononucleosis	20	15	2	4	13
Influenza	100	125	675	48	67
Measles (Rubeola-Rubella)	1667	4527	5130	664	2532
Meningitis, Meningococcal	1	6	6	5	4
Meningitis, Other	8	6	14	4	7
Mumps	323	734	886	252	276
Pertussis (Whooping Cough)	139	164	64	99	18
Pneumonia	111	100	141	54	92
Poliomyelitis	0	1	1	4	8
Streptococcal Infections	275	453	674	147	126
Tinea Capitis	8	12	19	2	8
Vincent's Infection	1	3	7	0	5

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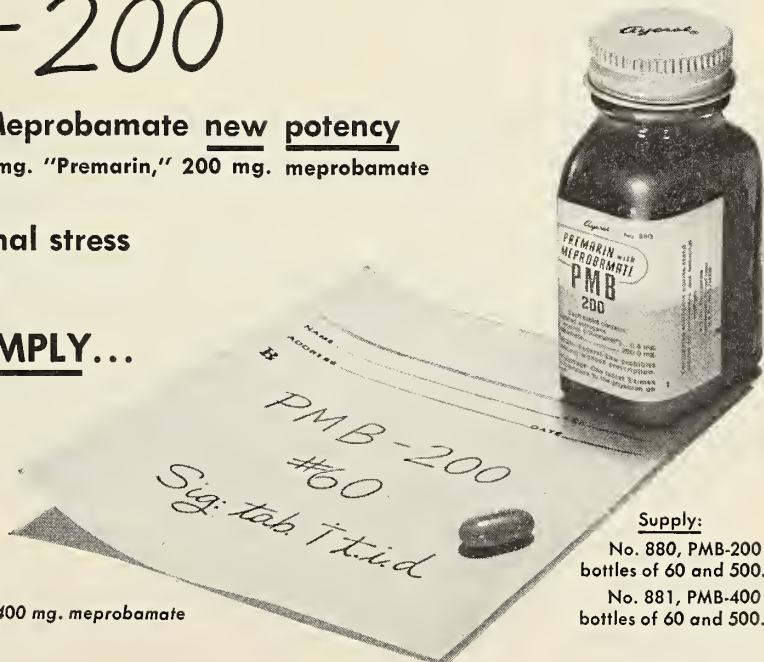
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15 mg. (1/4 grain)—prolongs action

For continuing prophylaxis patient swallows the entire Dilcoron tablet.

Average prophylactic dose:

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1 tablet held under the tongue until citrus flavor disappears, then swallowed.

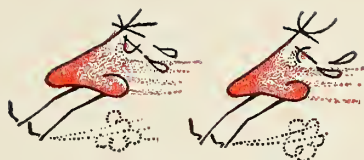
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running noses ...



and other hay fever symptoms



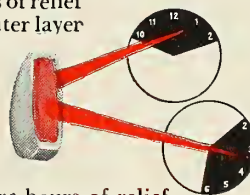
TRIAMINIC stops rhinorrhea, congestion and other distressing symptoms of summer allergies, including hay fever. Running nose, watery eyes and sneezing are best relieved by antihistamine *plus* decongestant action — systemically — with **TRIAMINIC**.

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first—3 to 4 hours of relief from the outer layer



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Dosage: One tablet in the morning, mid-afternoon and at bedtime. In postnasal drip, one tablet at bedtime is usually sufficient.

Each timed-release **TRIAMINIC** Tablet contains:

Phenylpropanolamine HCl	50 mg.
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NEWS NOTES—from State and Nation

'Wade Day' Held at Howe, Ind., Honoring Dr. Alfred A. Wade

A banquet, a parade and a park that assumed all the festivities of a county fair were part of the celebration at Howe, Ind., called "Wade Day." June 1 was a day set aside by citizens of Howe and the Howe Lions to honor Alfred A. Wade, M.D., who is beginning his 50th year in medicine.

Another sidelight of the festivities were the "Wade babies," those who had been delivered by Dr. Wade or his older brother, Frank. They wore special buttons to announce their place in the day's activities.

A scroll was presented to Dr. Wade by Dr. Olin Lepard, according to the *LaGrange Standard*, on behalf of the St. Joseph County Medical Society which read in part:

"On the occasion of the public ceremonies of June 21, 1958, honoring you for 50 years of active service as a distinguished physician and outstanding citizen, we the members . . . offer our congratulations on the enviable record you have achieved in the field of medicine and as a humanitarian. In the best traditions of our profession you have developed a facility for giving comfort to those under affliction—a facility that requires a deep penetration of the human mind, a compassionate understanding of human emotions, a genuine love for your fellow men. . . ."

Dr. Wade was referred to by the *Standard* as

Sheridan Citizens Have '50-Year' Reception Honoring Physician

A reception and open house was held at the Sheridan Community House June 29 to honor John L. Reck, M.D., for completing 50 years as a practicing physician. He has been in Sheridan 48 of those years.



Dr. Reck

A graduate of Indiana University School of Medicine in 1908, Dr. Reck was manager of a government hospital at Bidwell, Calif., from 1908 to 1910, and currently is on the staffs of Riverview Hospital,

Noblesville, and Witham Hospital, Lebanon. He received the first annual Outstanding Citizen Award given by the Sheridan Rotary Club.

The reception for this physician who estimates he has delivered 3,000 babies in his 50 years of practice, was sponsored by all Sheridan Service clubs and merchants, and was directed by the Sheridan Business and Professional Women.

the "last of the 'horse and buggy' day doctors" in that area. He is a graduate of Howe Military Academy and Detroit School of Medicine (now Wayne University), the latter in 1909.

Continued



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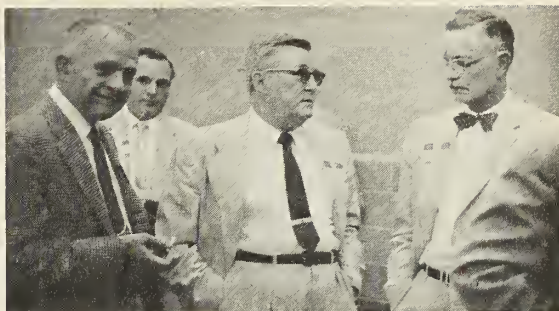
— OPEN STAFF —
ROY KINZER
Manager

Lilly Medical Director Receives G. P. Award

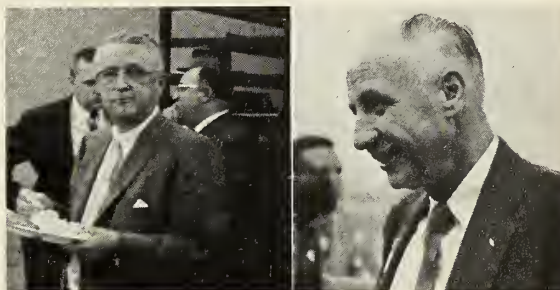
Kenneth G. Kohlstaedt, M.D., director of Eli Lilly and Company's clinical research division, has received the first Certificate of Appreciation for meritorious service to be awarded by the American Academy of General Practice.

This award was established by resolution of the AAGP's Congress of Delegates at its Tenth Annual Scientific Assembly held recently in Dallas. By unanimous action of the Congress, representing 24,000 family physicians who are members of the Academy, this initial award was voted to Dr. Kohlstaedt.

A Candid View



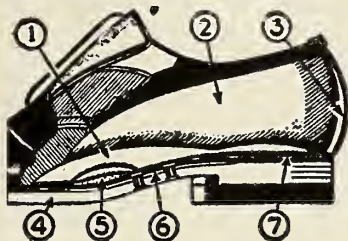
At the recent special meeting of the House of Delegates Dr. A. W. Cavins of Terre Haute caught some candid shots of delegates and others in attendance as they paused for a luncheon break from the business of the day. Here in a mid-day confab are Drs. Earle Wiseman, alternate chairman from Greencastle; Don Wood, co-chairman of the Legislative Committee from Indianapolis; Dillon Geiger, I.U. Board of Trustees from Bloomington, and M. C. Topping, ISMA president from Terre Haute.



Lawyer Albert Stump appears to feel that the luncheon fare is mighty tasty at left, while Dr. Walter L. Portteus of Franklin (right) gets a chuckle from some unknown source, perhaps from Mr. Stump's evident pleasure. (Note: Just as the JOURNAL was going to press, the sad news of Mr. Stump's death was learned, too late to include a full article about him. It will be carried in next month's issue.)

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Science Fair at Hoosier Capital

Dates have been set for the National Science Fair to be held in Indianapolis in 1960. According to a recent news release from NSF headquarters, the teenage scientists of America will set up their exhibits in the Hoosier capital city May 11 through 14. This will be the 11th annual fair.

Continued

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PHOTOS BY WALT'S PHOTO SERVICE, HAWAII

SEVERAL HOOSIERS climbed off the PanAm plane in Hawaii in June to attend the Hawaii Summer Medical Conference. This, of course, was a serious undertaking but they paused for the photographer and simulated happy holiday smiles. . . .



OR WAS this a serious undertaking? Of course, the wives didn't have to ignore the pleasures of Hawaii while their husbands worked . . . so they learned to hula at a Japanese Tea House party. It was great fun they reported . . .



Who They Are:

Delighted at their welcome to Hawaii above are (l. to r., back): Dr. Clay A. Ball of Muncie almost hidden behind the hat of Dr. W. M. Barton of Centerville, Dr. Floyd A. Boyer, Indianapolis, Dr. M. C. Topping, Terre Haute, Mrs. Wm. R. Wise and Dr. Wise of Indianapolis and Jim Waggener. He's from Indiana. In front a member of the Hawaiian Convention Bureau, Mrs. Ball, Mrs. Barton, Mrs. Boyer, Miss Brenda Boyer, Mrs. Topping, another of the Hawaiian lasses, Mrs. Waggener and Mrs. R. H. Young and Dr. Young of Goshen. The two youngsters are Lynn and Tony Topping. Holding the sign at right is a representative of the McKinzie Travel Service.

Ladies learning the Hawaiian dance are (l. to r.): Mrs. Young, Miss Boyer and Mrs. Boyer, Mrs. Wise and Mrs. Barton.

Gentlemen in the grass skirts include (l. to r.): Jim Waggener and Drs. Barton, Topping, Wise, Boyer and Ball. Hiding behind Dr. Ball is Dr. Young. It has been rumored the gentlemen brought home Certificates of Graduation from the class.

← **WHOSE WORKING?** The doctors just had to tear themselves away from their work for more serious undertakings! After all, if their wives learned to hula, they had to go along with the show. It takes two to tango. But does it take two to hula?

News Notes

Continued

Films of AMA Annual Meeting

Filmed highlights of the AMA's 107th Annual Meeting—presented by the American Medical Association in cooperation with Merck, Sharp & Dohme—will be available after Sept. 1 for showing to medical meetings. Entitled "San Francisco—1958" (TV Abstracts of the AMA Annual Meeting), the 40-minute black and white films taken from kinescopes of five daily television programs may be secured either from the AMA Film Library or Merck, Sharp & Dohme, Philadelphia 1, Pa. These programs will feature interviews with speakers on the convention program.

Future Meeting Dates Announced

The American College of Physicians has announced the dates and places of its future meetings to include Chicago April 20-24, 1959, San Francisco April 4-8, 1960, and Bal Harbour, Fla., May 8-12, 1961. Chicago headquarters will be the Conrad Hilton Hotel and the Americana Hotel has been designated as Florida headquarters.

New Hill-Burton Grant Approved For Indiana

The Department of Health, Education, and Welfare has reported a new Hill-Burton grant project approved for St. Anthony Hospital at Terre Haute to the tune of an estimated total cost of \$405,664, according to AMA's Washington office. The approved Federal share on this grant is \$106,143. It will give an additional 54 beds.

As of April 30 a total of 45 projects have been approved for Indiana (including the above grant) at a total cost of \$45,195,746 including \$16,420,-948 Federal contribution, designed to supply 2,266 additional beds.

Twenty-two projects are under construction and seven are completed and in operation. The latter supplies 278 additional beds. Those now under construction will supply 781 additional beds.

Dr. Elliot E. Foltz, 530 Winnetka Ave., Winnetka, Ill., is chairman of the 1959 meeting. In San Francisco the chairman named is Dr. Robert F. Escamilla, 384 Post St. in the City by the Bay.

Continued

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EXTENTABS**
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for patients who
require higher
methamphetamine
dosage



News Notes

Continued

Psychosomatic Meeting Slated

Fifth annual meeting of The Academy of Psychosomatic Medicine will be held Oct. 9-11, 1958, at the Park Sheraton Hotel, New York City. The program will be devoted to "The Psychosomatic Aspects of Internal Medicine," and will include formal papers, panel discussions and luncheon conferences.

This meeting will be open to all scientific disciplines as well as psychologists, social workers and nurses. Information may be obtained from Dr. Bertram B. Moss, Suite 1035, 55 East Washington St., Chicago 2.

Doctors in good standing in their county medical society and clinical psychologists with degree of Ph.D. are eligible to join the Academy.

Dr. A. B. Scales and his son, Dr. Allen D. Scales, have opened a new clinic in Huntingburg at 409 Van Buren St.

Lake County Medical Society has occupied new offices. The society is now at 4640 West Fifth Avenue, Gary. Phone is Turner 6-3222.

New Films Available from AMA

Three new non-scientific films for lay audiences recently have been added to the AMA's Film Library. (1) "You Are There: The Discovery of Anesthesia"—dramatizes the first time ether was used successfully in a surgical operation. This 25-minute film is narrated by Walter Cronkite of CBS Television.

(2) "You Are There: The First Major Test of Penicillin"—discusses the place of scientific development in modern medicine and its influence on both peace and war. It also demonstrates preparations for testing the drug on a group of wounded soldiers. This 25-minute film also was produced by CBS Television and narrated by Walter Cronkite.

(3) "Someone Is Watching"—depicts actual cases from the files of the New York State Health Department's Bureau of Narcotics Control. The film runs 16 minutes. All three of these 16mm, black and white sound films are available from AMA for showings by state and local medical societies.

Continued

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A non-profit psychiatric institution, offering modern diagnostic and treatment procedures—insulin, electroshock, psychotherapy, occupational and recreational therapy—for nervous and mental disorders. The Hospital is located in a 75-acre tract, amid the scenic beauties of the Smoky Mountain Range of Western North Carolina, affording exceptional opportunity for physical and emotional rehabilitation. The OUT-PATIENT CLINIC offers diagnostic services and therapeutic treatment for selected cases desiring non-resident care.

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Medical Director

JOHN D. PATTON, M.D.
Clinical Director

ROBERT L. CRAIG, M.D.
Associate Medical Director

News Notes

Continued

Ruling Given on Income Tax

AMA WASHINGTON OFFICE, June 13. —The Internal Revenue Service has ruled that physicians on a full-time staff basis with hospitals do not have to include in their gross income those checks they receive from patients and which are immediately endorsed over to the hospital.

Comments IRS: "He is an agent for the hospital, merely acting as a conduit for the fees collected." Doctors are expected, however, to list when filing their returns, the sources of the fees, the amounts received and disposition made.

In another ruling, IRS holds that expenses paid for special aids to assist in the education of a child progressively becoming blind are deductible as expenses paid for medical care. Listed were such things as tape recorder, special typewriter, projection lamp for enlargements and special lenses.

Hoosiers on Chest Program

Two Hoosiers were included on the program of the American College of Chest Physicians' meeting which was held June 18-22 at San Francisco.

Dr. W. Donald Close, I.U. School of Medicine, participated in a conference with Dr. C. W. Lillehei of Minneapolis on the subject, "Risk of Major Surgery in Cardiac Operation and Results of Aortic and Mitral Valve Surgery, Recent Advances."

"The Viruses in Respiratory Diseases" was discussed by Thomas G. Ward, Professor of Virology, University of Notre Dame, with Milton V. Davis and Edwin H. Lennette.

An Interim Meeting of the American Institute of Ultrasonic Medicine will be held Aug. 23 at the Bellevue-Stratford Hotel, Philadelphia. For information write John H. Aldes, M.D., secretary, 4833 Fountain Ave., Los Angeles 29.

Dr. Jane M. Ketcham, an ISMA Senior member, has retired from the Hume Mansur building, Indianapolis, after having her office there for 52 years. She is now practicing at her capital city home, 3906 Ruckle.



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News from the County Societies

Fourteen members of the Dubois County Medical Society were present June 12 to hear Ken Moeller of Indianapolis discuss Malpractice Insurance. The meeting was held at the Huntingburg Country Club. A plaque was presented to Dr. L. A. Salb in recognition of 50 years of medical practice during the meeting. Next meeting will be Oct. 9, 1958 at Jasper.

In the June issue of the *Journal*, it was reported in error that action was proposed by the LaPorte County Medical Society "to secure a psychotherapist for LaPorte County." The article should have read "to secure a physiotherapist for LaPorte County."

A discussion of "Upjohn Grand Rounds Treatment of Coronary Lesions" was given by Dr. John Ling, internist and president of Wayne County Heart Association, at the June 10 meeting of Fayette-Franklin County Medical Society. Fourteen members were present to see a film presented by Dr. Ling in conjunction with his talk. At the same meeting it was "Resolved that this society is opposed to any construction of a state (ISMA) office building." The next meeting will again be held at Mounds Restaurant, Brookville, on August 9.

Fellowship Awarded Dr. Hammond

Dr. Keith Hammond of Paoli has been awarded a Wyeth Laboratories fellowship which will enable him to participate in a 2-year pediatric residency training program at the University of Louisville. Dr. Hammond has been engaged in a general practice in Paoli for many years and will return at the end of his special training to practice pediatrics.

Dr. Foster C. Keller, 1952 graduate of I.U. School of Medicine, is commencing his third year of orthopedic residency at Highland-Alameda County Hospital, Oakland, Calif., in affiliation with Stanford University.

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October 27
Basic Principles in General Surgery, Two Weeks, October 13
Gallbladder Surgery, Three Days, November 3
Surgery of Hernia, Three Days, November 6
General Surgery, Two Weeks, November 10; One Week,
October 27
Fractures & Traumatic Surgery, Two Weeks, October 20
American Board Review Course, Two Weeks, November 10
Blood Vessel Surgery, One Week, October 20

GYNECOLOGY & OBSTETRICS—

Office and Operative Gynecology, Two Weeks, September 8
Vaginal Approach to Pelvic Surgery, One Week, October 6
General and Surgical Obstetrics, Two Weeks, September 22

MEDICINE—

General Review Course, Two Weeks, October 20
Electrocardiography, Two-Week Basic Course, October 6
Gastroscopy and Gastroenterology, Two Weeks, November 3
American Board Review Course, One Week, September 29
(For Part I Candidates Only)

DERMATOLOGY—

Clinical & Didactic Course, Two Weeks, November 3

UROLOGY—

Two-Week Intensive Course, October 13
Ten-Day Practical Course in Cystoscopy by appointment

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Clinical Uses of Radioisotopes, Two Weeks, September 29

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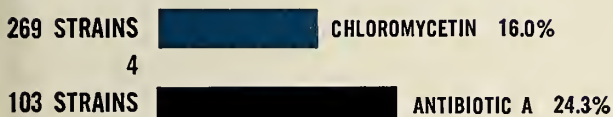
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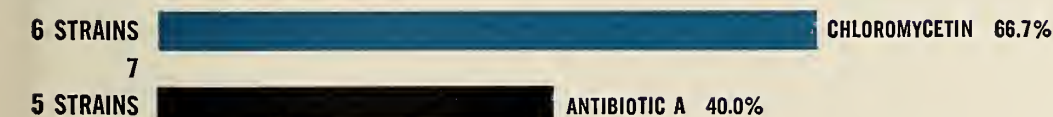
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COVER PICTURE

Beginning with this issue the *Journal* will feature a cover picture depicting scenic Indiana. This month 11-year-old Steve Skelton of Indianapolis is taking a rest after a walk in search of game (and it looks as if the game found him first). Photo by Richard Beikman. Color plates courtesy *Outdoor Indiana*, published by Indiana Department of Conservation.

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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. 32:705 (Dec. 11) 1957.

(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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2.	Sam I. Rotman, M.D., Jasonville	J. S. Brown, M.D., Carlisle	1959
3.	Robert LaFollette, M.D., New Albany	Daniel H. Cannon, M.D., New Albany	New Albany, 1959
4.	Robert O. Zink, M.D., Madison	Frank W. Hare, M.D., Madison	Madison, May 6, 1959
5.	James Richart, M.D., Terre Haute	Roy Pearce, M.D., Terre Haute	1959
6.	Frank Lewis, M.D., Liberty	John H. Smith, M.D., Greenfield	New Castle, 1959
7.	Malcolm O. Scamahorn, M.D., Pittsboro	Arthur W. Records, M.D., Franklin	1959
8.	B. D. Wagoner, M.D., Union City	Howard W. Koch, M.D., Winchester	Portland, 1959
9.	R. K. Kincaid, M.D., Tipton	A. E. Stouder, M.D., Kempton	Monticello, May 21, 1959
10.	George N. Lewis, M.D., Gary	George A. Carberry, M.D., Gary	1959
11.	Robert M. Brown, M.D., Marion	Charles L. Wise, M.D., Camden	1959
12.	F. B. Kantzer, M.D., Garrett	Max M. Gitlin, M.D., Bluffton	Fort Wayne, May 20, 1959
13.	R. L. Bender, M.D., Elkhart	James M. Wilson, M.D., South Bend	Michigan City, Nov. 12, 1958



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^{*}Morrison, L. F.: Arch. Otolaryng. 59:48-53 (Jan.) 1954.

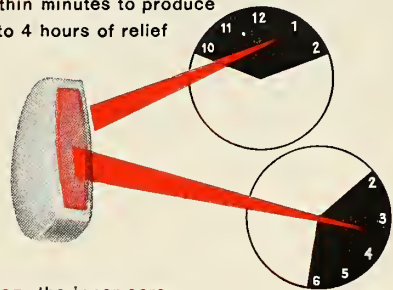
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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—The civilian Medicare program is struggling through an uncomfortable period of readjustment while attempting to cut its costs by about 30%.

Had the program continued the way it was operating last year, the cost this year would be an estimated \$100 million. Instead, the Defense Department, on the urging of Congress, is attempting to keep the costs within the appropriated \$70.2 million.

No one can estimate as yet actually what is being saved. Some services that previously were authorized in civilian hospitals and from civilian doctors have been eliminated, thus shifting these costs from the government to the service families. At the same time many dependents who had been cared for outside the military now are required to go to the service hospitals.

If they don't like what is happening, there is not much the Medicare administrators, the doctors and the hospitals can do about it, at least not until the new Congress meets next January. Then, if situation is out of hand and there is widespread discontent among the service families, the problem could be returned to the lap of Congress.

Awkward as are the restrictions in some areas, the situation could have been much worse. The House originally proposed only \$60 million for the civilian program, and ordered the Defense Department not to exceed that figure. In the Senate, Senator Knowland (R., Calif.) sponsored an amendment increasing the total to \$70.2 million and lifting the ceiling on spending. The Knowland proposal was approved.

The conference committee accepted the Senate changes, but in its report on the bill instructed the department to stay within the \$70.2 million. This the department is attempting to do, but if the figure has to be exceeded for good reasons, the department would have to shift funds or

ask for a supplemental appropriation and explain the need.

If the ceiling had been kept in the bill itself, the department couldn't have spent a penny more than the \$60 million.

Here are the major restrictions as outlined by the department to a meeting of Medicare contractor representatives:

Dependents living with their sponsors to use military facilities, unless the military authorities certify that civilian care is necessary because service facilities are not available. Dependents not living with sponsors to have freedom of choice of military or civilian medicine, as now.

In maternity cases, if the patients are living apart from sponsors, they will continue to have freedom of choice. If living with sponsors, new patients or those in the first trimester must use service facilities if available. Those in the second and third trimester, if under civilian care October 1, may continue, but if for any reason they change doctors, military facilities must be used if available.

The new regulations also discontinue all services "not clearly specified in the law" for all dependents. The eliminated services include medical care ordinarily rendered on an outpatient basis, acute emotional disorders and elective surgery. Emergency care may be obtained from civilian sources without prior authorization.

Where more than one service facility is located in the area, a military clearing house will screen dependents and hospitals to insure that all service hospitals are used "to the optimum."

* * * * *

Congress has received a variety of advice on what to do about the hospitalization of veterans now and in the years ahead. Everybody seems to agree that 20 to 30 years from now will see

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Month in Washington

Continued

a sharp increase in the number of non-service-connected disabilities among the veteran population. The question then is how many of these cases should be taken care of by the federal government.

During hearings by the House Veterans Affairs Committee, Dr. Russell B. Roth, chairman of the American Medical Association Committee on Federal Medical Services, reiterated the AMA stand that service-connected cases should receive best care possible in VA facilities and that non-service-connected illness should be the responsibility of state and local governments, if the veteran is unable to pay for his care.

Before adjourning, the House Committee introduced a bill that did little to clear up the issue of non-service-connected care. It was aimed rather at the Budget Bureau in an effort to assure that some 5,000 beds now closed because

of "administrative decisions" would be placed in use—presumably for non-service-connected cases.

* * * * *

NOTES

A group of physicians, research executives and a former director of the Budget Bureau has concluded that the nation should treble its expenditures for medical research and double its annual output of physicians, all in the next 12 years. The consultants' group to the Secretary of Health, Education, and Welfare proposes that the federal government supply about half a billion dollars by 1970, with an equal amount to come from industry and philanthropy. Head of the study group was Dr. Stanhope Bayne-Jones, former dean of the Yale medical school.

* * * * *

Under a Senate resolution, a statue of the late Dr. Florence Rena Sabin, who was noted for her research in the lymphatic system and tuberculosis, would be placed in the Capitol's Statuary Hall as one of Colorado's distinguished citizens. Each state is allowed two such statues.

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The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Kaiser Medical Plan Details Are Revealed

Details of the Kaiser Foundation Health Plan, which is scheduled to become operative on Oahu (Hawaii) Dec. 1, were outlined today by Kaiser assistants.

Two basic plans are offered, and members may enroll as individuals or through groups, a Henry J. Kaiser news release said.

"Both plans emphasize keeping the members well through periodic physical checkups and preventive medical care," the release added.

The plans will center around the Kaiser Foundation Hospital, now under construction on Ala Moana Boulevard.

Services Listed

The so-called "Plan One" includes the following service:

1—Up to 130 days hospital care yearly for each illness, including room and board, general nursing, medicines, various special services and ambulance transportation.

2—Services of physicians and surgeons, including operations.

3—Unlimited office visits to a doctor. A \$1 "registration fee" is charged for office calls.

4—Outpatient services, including X-rays and physical therapy.

5—Home calls by doctors for \$5 per visit. Nurses' home calls, no charge.

6—Maternity care. Cost: \$60 if confinement takes place after 10 months membership; \$140 if before 10 months membership.

7—Members select doctors from a group serving members.

8—Regular physical examinations.

Other Centers

Benefits also are available at Kaiser medical centers in the San Francisco-Oakland, Los Angeles and Portland, Oregon, areas.

Members away from Oahu and more than 30 miles from a Kaiser hospital may receive up to \$250 for emergency hospital care.

"Plan One" monthly dues for group subscribers are \$5.70 for an individual, \$12.80 for a subscriber plus one dependent and \$16.90 for a subscriber and two or more dependents.

For individuals, monthly payments for the same classifications are \$6.95, \$13.40 and \$18.50 respectively.

Some Exceptions

"Plan Two" provides the same service with these exceptions:

1—Hospitalization without charge is for 70 days per illness per year.

2—Members pay one-half "prevailing local charges" for X-ray and other services in the hospital.

3—Maternity care after 10 months membership costs \$80.

On a group basis, "Plan Two" dues are \$4.30 for one subscriber, \$9.50 for subscriber and one dependent and \$13.90 for subscriber and two or more dependents.

Those enrolled on an individual basis pay \$5.70, \$10.90 and \$15.30.

The hospital will have only one- and two-bed air conditioned rooms, the release said.

Star-Bulletin

Honolulu, T. H.

MINISTERS AND MENTAL HEALTH

Howard County was distinguished and honored in being chosen recently as a typical American community in which to try an experiment of enlisting clergymen in the cause of mental health. Through a grant from the Lilly Foundation, the University of Chicago invited ministers from this county to attend a series of workshops on "The Role of the Minister in Mental Health."

The first workshop was held at Chicago, and 22 clergymen, 19 from Howard County and three from Tipton and Cass Counties, attended. The ministers represented different denominations. Their expenses over a week's period were paid by the foundation and they heard talks by members of the University of Chicago departments of psychiatry, the Feder-

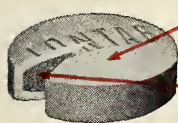
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Special outer shell releases 33 mg. Pyribenzamine hydrochloride within 10 minutes.

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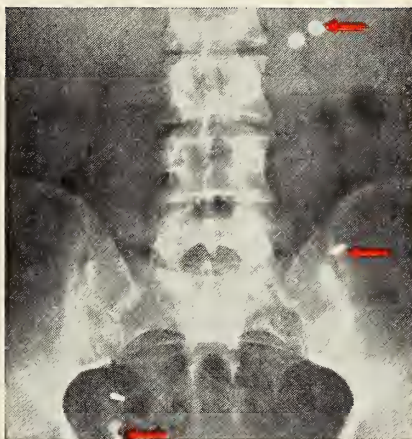
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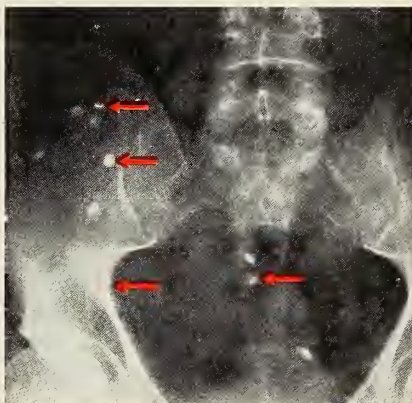
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C I B A SUMMIT, N. J.

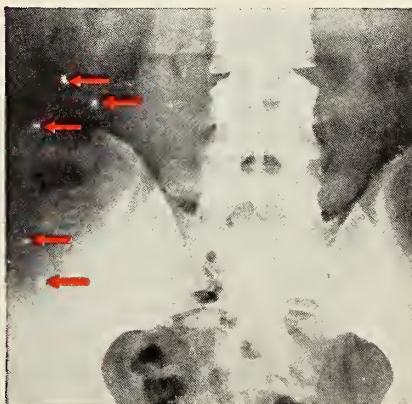
2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



4 hours Lontabs are in the ileum and cecum as core has steadily eroded.



8 hours Lontabs are still visible as substance of core continues to be released.



The Fourth Estate

Continued

ated Theological Faculty and the university's department of Religion and Health. Classes and discussion groups were interwoven in the seminar.

Certainly the minister is in a strategic position to be of help in the area of mental health, because he has access to the homes of every family in his congregation. Few in any community are in a better position than the minister to be of aid to people who are upset emotionally.

This is the first experiment of its kind of which we are aware and the National Institute of Mental Health is watching it to determine whether it may suggest ways in which clergymen of all denominations throughout the nation might be oriented to this part of their pastoral task.

Other workshops will follow. On July 14, Aug. 11 and Sept. 8, leaders from the University of Chicago will come to Kokomo to conduct seminars, and all ministers of Howard County are invited to take part in them. They may make reservations through the office of the Howard County Council of Churches.

Then, during the first week in November, the clergymen will return to Chicago for a concluding week of study and clinical exploration.

The project cannot fail to be a significant contribution to the new interest that Americans are taking in the great problems of mental health. To participating ministers themselves the seminars must be of unusual value, for there is no clergyman who is not confronted day after day by problems of emotional distress arising among members of his congregation and also among individuals who may not be affiliated with a church but who turn to the clergy for advice and help in time of trouble.

It is an experiment which everyone will want to see succeed.

—Kokomo Tribune

Taxpayer's Pockets

Another hand is being plunged deeper into the taxpayer's pocket; and if an increase in fees is granted doctors for treating patients under supervision of the Grant County Department of Public Welfare, the taxpayer must put more money into the public till.

We do not begin to consider ourselves as experts in the setting of medical fees. But we do know that the taxpayer's pocket is not a bottomless money bag and that he cannot continue to cough up more and more tax dollars.

Doctors are asking for a sizeable increase in charges for welfare patients. For office calls, the jump is from \$3 to \$4. Daytime home calls

have been \$5 and the request is for \$6. Day or night calls on welfare patients in the hospital have been \$3; the new proposal asks for \$5 in the daytime, \$7 for calls from 6 p.m. to 11 p.m. and \$10 for the 11 p.m. to 7 a.m. shift.

Night calls at home currently are \$6, regardless of the hour. The proposal asks \$7 for the first part of the night and \$10 for 11 p.m. to 7 a.m.

A big boost also is asked for mileage for calls of more than three miles from the doctor's office or home. Now the charge is 50 cents per mile; the new rate would be 75 cents.

Board members of the Department of Public Welfare are studying the proposal submitted by the Grant County Medical Society and comparisons are being made with the fees charged by doctors in counties similar in size and population to Grant County.

This comparison should be done carefully and thoroughly. But figures already tend to show that the charges locally are as high or higher than those in six counties where comparisons have been made.

Nobody thinks that doctors should not be paid adequate fees for the welfare patients. And, certainly, Grant County is fortunate in having good doctors and good hospital facilities. But when it is the taxpayer who is footing the bill, we strongly urge the doctors to take this into consideration.

According to a spokesman for the doctors, the new fee schedule is based on "average charges" of local doctors for private patients.

In the case of welfare patients—and for the benefit of the taxpayer—we believe the fees should not be based on the average but held to a rock-bottom level.

Marion Chronicle

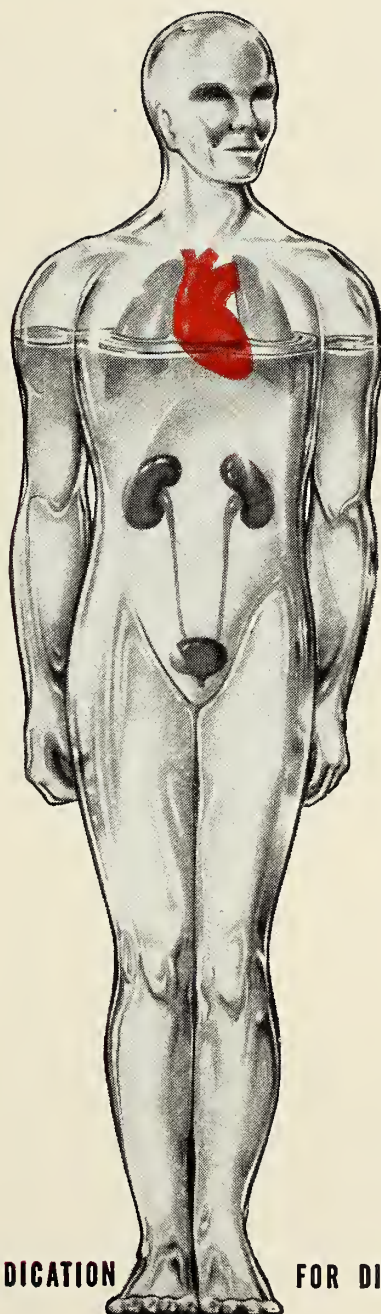
New I. U. Faculty Members

Two additions to the faculty of the Indiana University School of Medicine were announced recently by Dean John D. Van Nuys.

Dr. Charles A. Hunter, Jr., associate professor in the University of Kansas School of Medicine, will become assistant professor of obstetrics and gynecology, and Paul C. Johnson, Western Reserve University physiologist, has been named assistant professor of physiology.

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ANY INDICATION FOR DIURESIS IS AN INDICATION FOR DIURIL

Coaches-Physicians Conference Slated To Deal With Athletic Injury Problems

An annual conference of coaches and physicians with the theme of "Prevention and Treatment of Athletic Injuries" has been planned for October 23 at the Farmers' Building, Indiana State Fairgrounds, Indianapolis. It will begin at 2 p.m. to be followed by a banquet at 6:30.

Among the speakers will be Dr. John Hetherington on "The Prevention and Treatment of Head and Brain Injuries"; Dr. Frank Teague on "The Prevention and Treatment of Common Muscular-Skeletal Injuries," and Dr. J. E. Simmons on "The Prevention and Treatment of the Undue Emotional Aspects of Athletic Com-

petition." In addition three panel discussions will be held by doctors and coaches.

Feature speaker of the evening will be one of Notre Dame's famed "Four Horsemen," Harry Studrelher, now assistant to the vice president of U. S. Steel.

ISMA is sponsoring the event with the cooperation of the Indiana High School Athletic Association, Indiana High School Coaches Association and Indiana College Coaches Association.

Attendance will be by reservation and pre-registration for the banquet.

Post Grad Courses Announced; To Be Held at I. U. Med Center

Post graduate courses recently announced by the Division of Postgraduate Medical Education, I. U. School of Medicine, include radiation physics, psychiatric problems of medical practice and three courses in radiology. Classes will be held at the Medical Center in Indianapolis.

Following are descriptions and details.

Radiation physics: Every Wednesday, 5 to 6 p.m., Oct. 8 thru Feb. 25. Course designed for all students and practitioners of diagnostic or therapeutic radiology. Offers comprehensive coverage of fundamental and advanced physics of this field. Radiologists or other physicians who use radiation are eligible. Course meets requirements of physics and Nuclear Medical sections of American Board of Radiology. Fee: \$100.00.

Psychiatric Problems of Medical Practice: Wednesday afternoon, November 19; all day Thursday, November 20. Course designed to consider in more concentrated fashion techniques for recognizing and appraising emotional and mental contributions to physically and surgically ill patients. Will review short-term techniques for effective psychiatrically oriented therapy of such disturbances as they are encountered in general medical and surgical patients. No fee.

Diagnostic Radiology Seminar: Fridays, 5 to 6 p.m., October thru May. A teaching exercise

designed chiefly for presentation of diagnostic roentgen signs in various specialty fields. Eight illustrated lectures presented for each subject on weekly basis.

Radiotherapy Seminar: above dates, 7 to 8 p.m. Residents and faculty of Radiology Department will present prepared discussions on radiation therapy of various lesions amenable to this form of treatment. Discussions will be given every two weeks. On alternate weeks interesting therapeutic problems will be discussed in form of case presentations.

Diagnostic Film Reading Conference: above dates, 8 to 9 p.m. Presentation of roentgen films of proven diagnostic cases as unknowns to residents and staff of Radiology Department. Interpretations of films supervised by faculty and visiting staff of departments. Films submitted from various units of the Medical Center campus as well as participating radiologists throughout state. Physicians from all medical fields invited to participate.

Dr. Henry G. Edwards, who has been a fellow in urology in the Mayo Foundation in Rochester, Minn., has left that city and will be located in Terre Haute.

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TRAFFIC SAFETY: A LOCAL RESPONSIBILITY

By Mrs. Robert Acher*

State Safety Chairman

In 1956 the Woman's Auxiliary to the American Medical Association added a Safety Committee to its list to work with the AMA Committee on the Medical Aspects of Automobile Injuries and Deaths in the highway and traffic phase of Safety.

This National Safety Committee consists of a chairman and four regional chairmen. Likewise, each state is similarly organized with a state chairman, area chairmen and county chairmen.

The National Safety Committee sets up an Auxiliary Action Program for Traffic Safety based upon recommendations made by the AMA Committee. This Committee also encourages each State to tailor their instructions to meet their own needs.

Therefore, one of the specific projects recommended by the Safety Committee of the Woman's Auxiliary to the Indiana State Medical Association is to promote and organize Traffic Safety Committees or Safety Councils at a community level.

Official co-ordination and strong co-operative citizen support are accepted essentials of a successful traffic safety program.

There are many traffic safety services avail-

* As State Safety Chairman for the Woman's Auxiliary to ISMA for the third year, Mrs. Acher has attended a three-day seminar at Northwestern University, sponsored by The President's Committee For Traffic Safety; a two-day Mid-Western Regional Conference at Chicago, sponsored by The President's Committee; a Governor's Conference at the I.U. Medical Center, and has worked in close cooperation with the Safety Education and Auto Crash Injury Research Divisions of The Indiana State Police. In April, 1957, she received the Carol Lane Award Special Commendation for active participation in the cause of Traffic Safety in the Community of Greensburg, presented by the National Safety Council.

able to communities in assisting with local traffic safety organization by Indiana State departments. A summary of these services are:

1. The Indiana Highway Department provides technical assistance to cities and counties upon request.

2. The State Department of Public Instruction has qualified personnel available to assist in planning driver education courses in public schools and for consultation on school bus and school child safety problems.

3. The Indiana State Police Department, including the Safety Education and Auto Crash Injury Research Divisions, has many services available.

4. The Indiana Office of Traffic Safety prepares kits of traffic safety materials adaptable to local use under the title "Operation Live Longer."

5. The Indiana Traffic Safety Foundation serves in a consulting capacity and assists in preparing reports.

Dr. W. L. Wilson of the Texas Department of Health stated, at the Auxiliary 13th National Convention on Rural Health, March, 1958, held in Jackson, Miss., that safety depended on LOCAL organization and was a LOCAL responsibility.

It is also very aptly put by Harold S. Zeis, superintendent of The Indiana State Police, in a recent letter of commendation to the Indiana Medical Auxiliary,

"It is my belief that the solution to our problem is not only the responsibility of police agencies but is a responsibility of the citizen as well. Efforts such as your own will be instrumental in eventually reducing Indiana's traffic deaths."



GREENSBURG'S SAFETY EDUCATION program includes visual aids initiated in five elementary schools through the local Council for Traffic Safety. Shown is Sgt. Ed. Schwendenaman, safety education division, Indiana State Police, and a member of the Greensburg Council. He is giving instructions to pupils at Washington Elementary school.

Example of Local Organization

A traffic safety organization at a local level is illustrated by the successful projects and results in Decatur County (Greensburg, Indiana.) Population 8,500-9,000.

This organization was started in January, 1957, for the following reasons:

- (1) To coordinate a more complete and efficient traffic safety program for the community.
- (2) The City and State Police Department had felt the need of a Community Safety Council For Traffic Safety for several years to cooperate with them in their traffic safety efforts.
- (3) Need for school safety programs.
- (4) As an effective procedure for County Medical Auxiliaries to aid the State Safety Medical Auxiliary program in their own communities.

The traffic safety organization at Greensburg includes representatives of all civic organizations such as the Chamber of Commerce, Rotary, Kiwanis, Lions Club, Jr. Chamber of Commerce and the Business and Professional Women's Club. It also includes representatives of the industries, Decatur County Medical Association and Auxiliary, City and State Police, city officials, fire department, Sheriff's office, City Coun-

cil, sororities and the elementary schools and high schools.

The Association was organized formally by adopting by-laws, electing officers and becoming a member and affiliating with the National Safety Council. Regular meetings are held once a month at the City Hall, with an annual dinner meeting at the end of each year. The Council is financed by each organization represented paying annual dues of ten dollars, and by special money making projects sponsored in the community.

The local newspapers give the organization full support, running front page articles on all meetings, plus numerous editorials concerning the projects of the Council. The Safety Education Division of The Indiana State Police featured several members of the Greensburg Association on their television program, as an example of an effective citizen supported traffic safety organization. Since being organized, the city has received an award in recognition of no traffic deaths by The Indiana Traffic Safety Foundation.

Direct Results

The organization has undertaken numerous projects with effective results. The following are listed to illustrate how different age levels are reached in the community.

Continued to page 1170

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Controls Inflammation and Swelling...Relieves Pain...
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References: 1. Innerfield, I.; Shub, H., and Boyd, L. J.: New England J. Med. 258: 1069 (May 24) 1958. 2. Miller, J. M., Godfrey, G. C.; Ginsberg, M. J., and Papastrat, C. J.: J. A. M. A. 166:478 (Feb. 1) 1958. 3. Davidson, E.; Prigot, A., and Maynard, A. de L.: Harlem Hosp. Bull. 11: 1 (June) 1958 *Reg. U. S. Pat. Off.

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Furuncles, carbuncles, abscesses... checks swelling and pain... hastens healing.^{1, 2}

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PROBLEM

- Traffic accidents are at or near all-time highs
- Congestion is increasing
- Both threaten to get worse
 - Travel doubled in 10 years
 - Will rise equal amount next 10 years

SOLUTION

- Accidents can be cut one-half
 - Traffic can be expedited
 - Only strong official programs can do this
 - The work of public officials must have organized citizen support
 - Citizen leaders can influence others to be safety-minded
- Organize citizen support for accident prevention

Here's What Greensburg Did

Continued from page 1167

1. Bicycle Ordinance Program.
2. Teen-age Safe Driving Club.
3. Adult driver training classes.
4. Elementary safety education program by means of visual aids, initiated in all elementary schools.
5. Annual "car check" program.
6. Safety education programs presented at regular intervals in junior and senior high schools.
7. Traffic safety programs sponsored at meetings of civic organizations.
8. Erection of safety signs at city limits and entrances to industries.
9. Sponsoring of a Safety Display Booth at County Fairs in cooperation with County Medical Society and Auxiliary.

It should be pointed out that each community is different in its traffic safety needs and action should be taken accordingly.

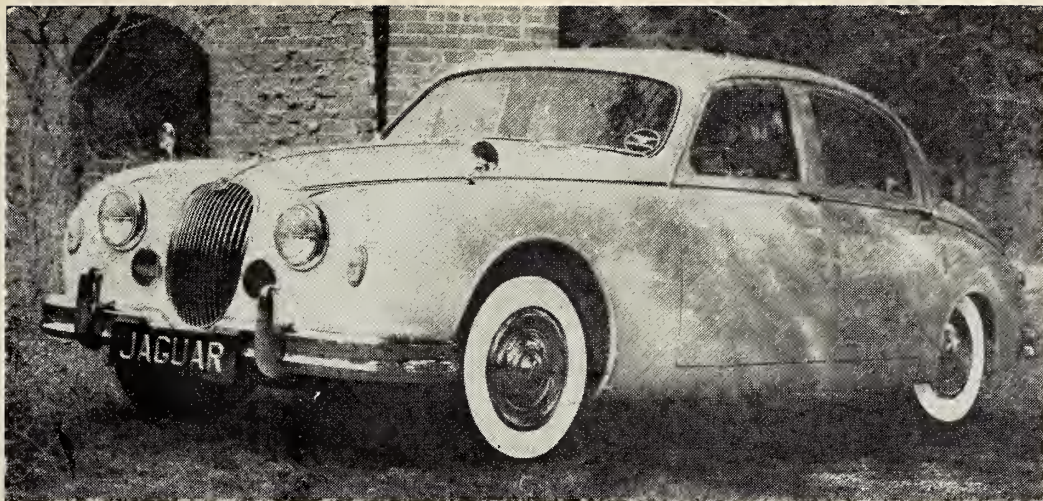
The Scientific Exhibit at the American Med-

ical Association meeting, San Francisco (June, 1958) of "Human Factors In Motor Vehicle Accidents" portrayed an epidemiological approach to the study and control of motor vehicle accidents. It is up to each community to get the facts and find out why their particular locality is more accident prone than others.

There has been encouraging progress made in uniting efforts of city, county and state units of government in a state-wide offensive against traffic accident causes; but even greater strides must be taken in Indiana before the fullest benefits of a co-ordinated effort can be realized. Lasting improvements in our traffic program will come only after maximum citizen support for the official program is realized. This presents a major challenge to the citizens of Indiana interested in the reduction of needless traffic losses.

It is felt that the traffic safety problem is made up of many community organizations, with a united program, striking at the source of traffic accidents.

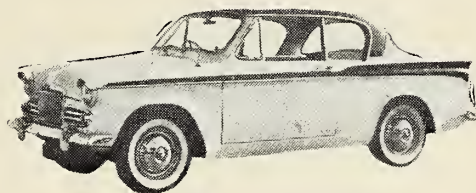
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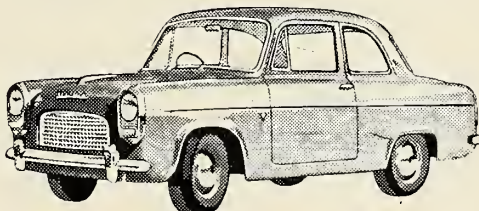
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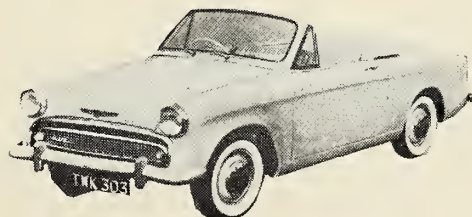
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September 1958 1173

Indiana Medical Profession Grows; New Offices Open Across State

The medical profession in Indiana is growing, according to reports of new offices being opened throughout the state. The following are reports the *Journal* was able to glean from news clippings during the past month.

Dr. George E. Bullington became a general practitioner in association with Dr. Charles A. Jones at Franklin July 1. He is a graduate of Indiana State Teachers College and Indiana University School of Medicine, and took his internship at Indianapolis General.

Dr. Marvin Christie, who has been a flight surgeon the past three years in the U. S. Air Force, will join Dr. Charles Dill in Beech Grove. He is a graduate of I. U. Medical School.

Dr. Robert C. Colvin opened medical practice in Newburgh July 1 after leaving Public Health Service with which he had been chief of Out-patient Clinic, U. S. Public Health, in the Old Custom House, St. Louis. He also had seen duty at the P.H.S. Hospital, Seattle. Dr. Colvin is a graduate of I. U. Medical School.

Dr. Frederick H. Evans, who has completed three years of specialist training in ear, nose and throat diseases and surgery, has announced he will open offices at Medical Associates Clinic, 2140 N. Capitol, Indianapolis.

Dr. Hansel Odell Foley is opening his office for general practice at 1306 North Ironwood Dr., South Bend. He is a graduate of Decatur High and I. U. Medical School, and took his internship at South Bend.

Dr. John G. Haywood has hung up his shingle at 120 N. 11th St., Noblesville, in joint occupation with Dr. Robert F. Harris. He is an I. U. Medical School grad, served his internship at Memorial Hospital, South Bend. He served in France for three years with the U. S. Air Force.

Dr. Stanley Lewis, another I. U. medical graduate, has opened an office in general medicine at 6357 Rockville Road. He completed his internship at Methodist Hospital, Indianapolis.

Dr. Thomas A. Rafalski opened his office for the practice of internal medicine at 3120 N. Meridian in the capital city. He is a graduate of Loyola University, Chicago, and I. U. Medical School. He has been a resident physician at

Wanted: PHYSICIANS LOCATIONS

Following are areas where physicians are needed in Indiana.

BROWNSTOWN — Jackson County—population 2,500 with a drawing population of 18,000. Ten miles from a 100-bed hospital at Seymour. Contact William Sharp, Secretary, Chamber of Commerce, Brownstown, Indiana.

FRANCESVILLE — Pulaski County—population 900. Contact Mel Gudeman of Francesville for details.

FARMERBURG — Sullivan County — population 1,100. Located 15 miles south of Terre Haute and 12 miles north of Sullivan where hospitals are located. Anyone desiring a general practice in a prosperous area contact Mrs. H. C. O'Dell, widow of the late Doctor O'Dell who practiced in Farmersburg many years.

VEVAY — Switzerland County — population 1,700—county seat town. The people of the community are considering providing some facilities in order to have a physician locate there. Two physicians in the community, one doing a limited practice. Contact H. C. Benedict, Superintendent of Schools, Vevay.

Westside V.A. Hospital, Chicago, and Indianapolis General.

Dr. Lloyd Smith chose North Manchester to open his practice. He is an I. U. Medical School alumnus.

Dr. William M. Waymire began practice in Franklin in association with Drs. Jack L. Walters and Walter L. Portteus last month. He graduated from I. U. Medical School and interned at Methodist Hospital, Indianapolis.

Dr. Richard Stump is opening his medical office in the Harry Clendenen House, Chesterfield. He is an I.U. graduate.

The personnel manager was checking over a job application. He was amazed to see the figures 127 and 123 in the spaces marked "Age of father, if living," and "Age of mother, if living."

Looking unbelievably at the job applicant, the personnel manager asked:

"Your parents aren't really that old?"

"No," answered the applicant slyly, "but they would be, if living."

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — September 1958 — Number 9

Ion Exchange Resins in Treatment of Diarrhea[†]

*JEROME WEISS, M.D.

New York, New York

CHRONIC ILL HEALTH and concomitant economic losses continue to be the "price tags" of the diarrheal disorders. The patient with chronic or recurrent diarrhea presents a problem which at times may tax the ingenuity of most physicians, and despite our increasing medical knowledge, the diarrheal syndrome continues to be a serious medical problem. In the past, diarrhea received little attention from clinicians; it was frequently dismissed with a prescription for castor oil and paregoric. The responsibility for this should rest with the gastroenterologists and the general practitioners for their oversight in stressing the seriousness of this problem. As has been said: "It is because of this oversight that these diseases have created a serious problem of diagnosis and treatment."

[†] Presented at the 10th Anniversary Meeting, Indiana Academy of General Practice, April 17, 1958.

* Fellow American College of Gastroenterology; Associate Fellow American College of Physicians; Attending Gastroenterologist Polyclinic Medical School and Hospital O.P.D.

The existing knowledge of the diarrheal syndrome is not too substantial and, as a result, many cases are not properly diagnosed. This deficiency often leads to inadequate and frequently the wrong treatment. However, there are certain recognizable facts involved which have at least partially raised the veil of ignorance. Diarrhea is a symptom, and not a disease in itself. The causes which bring about the general abnormal exaggerated frequency of stools may be variable and numerous. It is not "just something I ate." It is essential to ascertain the underlying factor in the causation of each case of diarrhea before intelligent management can be instituted. We are now aware that diarrhea may be caused by the abnormal irritation of the mucous membrane of the intestine by noxious substances, the prolonged use of certain drugs; it may be a symptom of general infectious diseases, or diarrhea may be the result of intestinal reflexes such as occur in emotional and anxiety states. The physician must know the significance of functional problems and be prepared to cope

with them in order to realize results profitable to the patient. Too much stress cannot be placed on the concept that "effective rational therapy early in the disease, based on a sound etiological study, will often save patients from life-long invalidism."

It has been established that diarrhea may be referred to as:

(1) A state in which there is an increase in the number of evacuations of stool of fairly normal consistency.

(2) A state in which there is a normal number of evacuations of stools which are abnormal in that they are fluid in consistency.

(3) A state in which there are increased number of evacuations of fluid stool.

We must appreciate that the gastrointestinal tract is a long tube containing intricate biochemical stations responsible for physiologic balances necessary for homeostasis. Any insult to this delicate mechanism frequently results in diarrhea, which is an expression that the body is trying to eliminate the offending agent and to re-establish balance. Often this effort is rather violent, so much so that it becomes a serious problem within itself.

The bowel exhibits definite movements under the various physiological stimuli such as the ingestion of food, water, etc. These movements are so adjusted that water is absorbed from the bowel, and in time the residue has its consistency changed to that of normal stool. This residue is then evacuated as a bowel movement.

If the bowel becomes so irritable that the normal antiperistalsis is lost, then the contents reach the rectum without absorption of the water, and are evacuated as a watery stool.

It is obvious that this physiological mechanism may be upset in many ways. Thus a mental situation may become so acute as to over-stimulate the extrinsic motor nerves and a nervous diarrhea or "irritable colon" supervenes.

Local processes in the gut, new growths or ulcerations may originate peristaltic rush waves which lead to repeated violent evacuations such as ulcerative colitis.

Bacteria, parasites and toxins may be irritants which initiate frequent crampy movements as is found in the "antibiotic syndrome."

Finally putrefactive products, undigested food

and foods to which the patient is sensitive constitute various stimuli as may be associated with the "summer diarrheas."

The pathologic picture which might well result from severe diarrhea may be characterized by edema as a result of engorgement of vessels and readily bleeding areas in the intestinal mucosa. This picture is representative of that observed in ulcerative colitis and "could well be a reflection or the result of cholinergically-induced smooth muscle spasm leading in turn to tissue ischemia and hypoxia, thence to increased permeability of capillaries associated with hypoxia and improper metabolism of function of mucosal tissues."

DIAGNOSIS

The diagnostic features of diarrhea are based on the following criteria:

History

Physical examination

Stool examination

Digital examination of the rectum

Sigmoidoscopic examination

Barium enema

Special laboratory studies

History

The age of the patient is significant. It must be emphasized that ulcerative colitis occurs in young people, predominantly between the ages of 14 and 30, while diarrhea in carcinoma and diverticulosis usually affects patients beyond middle-life as does the diarrhea due to pancreatic disease. A condition which has been present for over two years is not likely to be due to carcinoma. In the history, exacerbations of chronic diarrhea by states of tension, anxiety and mental conflict should suggest a functional condition such as "irritable colon." It has been pointed out that this is found more often in women than in men because they are more prone to colonic neuroses and emotional stress. Where there is a tendency for movement soon after the ingestion of food, the likelihood of ileitis or ulcerative colitis must be considered. Where there is elicited a definite relationship between the ingestion of certain specific foods, notably sugars and sweets or iced drinks or following marked physical exertion and excessive perspiration during the summer months causing an electrolyte imbalance due to sodium and potassium depletion,

so-called summer diarrhea, which for many years puzzled investigators is to be thought of. If there is a history of recent infectious or "virus" disease treated intensively with antibiotics and accompanied by pruritus ani and then your antibiotic syndrome is the most likely answer.

Physical Findings

Diarrhea with abdominal distention may be the result of malignant obstruction, enteritis or secondary to nutritional deficiency states. The ability to palpate a mass in the abdomen of the patient with chronic diarrhea is always of great clinical significance. In finding a mass in the left lower quadrant, if it is above the crest of the ilium, you must think first of a carcinoma, since the inflammatory tumor of diverticulitis is usually found lower in the left quadrant. Many times a mass in the lower left quadrant may be feces impacted above a carcinomatous lesion in the lower sigmoid, or an inflammatory obstruction secondary to diverticulitis.

The presence of a tumor located in the right abdomen of the patient with chronic diarrhea is most suggestive of carcinoma. It is well to remember that one of the earliest and most persistent symptoms in a carcinoma of the cecum is a constant diarrhea accompanied by anemia.

In chronic ulcerative colitis it is sometimes possible to palpate a stiff narrow segment of descending or pelvic colon. This is often difficult to differentiate from a segment of spastic irritable colon. Usually the colon, due to ulcerative colitis, is more tender than that of simple spasm, but if the spasm is associated with diverticulitis it may possess the same characteristics on palpation.

Stool examination

The most significant finding in the examination of the stool is the presence or absence of blood. In general the presence of blood in the evacuations indicates an *organic diarrhea* until ruled out by other studies. Of course you must remember that it is possible to have an irritable colon and a bleeding hemorrhoid or anal fissure at the same time.

The most frequent cause of sporadic bloody stools with tenesmus and griping, especially in the lower left quadrant, is characteristic of chronic ulcerative colitis. In the full-blown attack accompanying very active symptoms the discharge always contains some blood that is

usually mixed with large amounts of pus and mucus. At times there may be the frequent appearance of bloody rectal discharges containing pus or mucus but no stool. There is no other colonic disease except bacillary dysentery which is associated with such prolific purulent discharge.

Carcinoma of the rectum or lower sigmoid may also be associated with a bloody discharge from the rectum. This may be the initial complaint. Usually it does not contain recognizable pus although mucus may be present in considerable amounts.

Diverticulitis is sometimes accompanied by a discharge of bloody mucus but rarely of pus, and there are other local signs which help in differentiation.

Evacuations of almost pure mucus without blood and uncontaminated with visible pus are most commonly the result of neurogenic or irritable colon. In these cases mucus may appear as liquid gobs of material simulating raw egg albumin, or as strands or flecks of coagulated milk-white mucus. At times it may also be composed of large, long, flat membranes of mucus.

It should be kept in mind that patients who have chronic constipation may pass an excessive amount of clear uncontaminated mucus following the use of strong purgatives or laxatives.

Pure mucus, without pus and unaccompanied by blood, is never found in true ulcerative colitis.

Voluminous, pale, pasty and greasy stools, usually grayish in color, are due to steatorrhea as a result of some fault in intestinal absorption or pancreatic insufficiency.

If the stool is seen to contain gross food particles, undigested muscle tissue, starch or vegetable fibers, it may be due to a hypermotility following vagotomy or gastrojejunostomy, or hypochlorhydria caused by atrophic gastritis or carcinoma of the stomach.

Semi-liquid or liquid discharges, yellowish-green or green in appearance and at times foamy in nature, are often noted following severe attacks of gastro-enteritis (so-called summer diarrhea) which may be due to ingestion of toxic, or bacterially contaminated foods.

The passage of large, pale, greyish, or greenish semi-liquid stools containing gas bubbles and often possessing a penetrating, pungent or sour odor, but lacking the typical fecal odor, suggests

the possibility of fungus infections by *Monilia*-like organisms. This is often a complication of extensive broad spectrum antibiotic therapy, where the gram positive and negative bacilli are suppressed to the point where the fungi and monilia take over, producing a diarrheal syndrome that was formerly extremely difficult to treat.

Digital examination

Although it may seem unnecessary to dwell on this point, it cannot be emphasized too strongly that all cases of chronic diarrhea should be subjected to a digital examination of the rectum. All too often this has been deferred for one reason or another, and a malignant lesion or or stricture of the rectum has been missed. In ulcerative colitis the palpating finger may note a change in the surface of the rectal mucosa. In some cases it may appear firm and granular and in others, hyperplastic polypoid areas may be detected. Chronic diarrhea may be caused by pelvic inflammatory disease or peri-appendiceal abscess, which can be elicited by tenderness induced by the exploring finger during digital examination of the rectum.

In all events it is well to remember the old adage that more things in medicine are missed by not seeing than by not knowing.

Sigmoidoscopic examination

Bockus has said that the sigmoidoscopic examination is often of value in a negative way in the study of patients with chronic diarrhea. The failure to discover any abnormality in the rectum and lower sigmoid tends to exclude as diagnostic possibilities many organic diseases.

Irritable colon does not always produce a typical appearance sigmoidoscopically, but in many cases the membrane of the upper rectum and lower sigmoid has a peculiar sheen which occurs as a result of the excessive secretion of mucus.

In ulcerative colitis the characteristic lesions begin in the rectum or rectosigmoid and can readily be seen through a sigmoidoscope. Early the membrane appears angry, hyperemic and edematous and may be covered in scattered areas by an adherent exudate of mucopus and blood. Later it is usually dotted with pin-point or large pitted ulcers and scars. The mucosa is extremely friable and bleeds readily at the touch of an applicator or on manipulating the scope.

A malignant lesion of the rectum and lower

sigmoid can often be recognized through the sigmoidoscope, and it usually leaves little doubt as to its nature and, of course, biopsy will prove it conclusively. Sigmoidoscopic examination is an essential part of the diagnostic procedure; however, the barium enema not only confirms the presence of ulcerations but also helps to identify the extent of involvement of segments proximal to the sigmoid by revealing the shortening, narrowing and distortion of the mucosal pattern of the colon. In addition diverticula, polypi, benign and malignant growths also become visible by means of the barium enema.

In many intractable cases of chronic diarrhea, before one can determine the origin of the complaint, the motor behavior of the entire alimentary tract must be studied. Hypermotility of the G.I. tract may be diagnosed by noting the rapid passage of the barium into the colon within an hour after being ingested. There may be no organic disease other than a fistula which causes such rapid passage through the alimentary tract.

The objective of the physician dealing with the diarrheal syndrome, regardless of etiology, is to prescribe that treatment which will produce satisfactory relief of the distressing symptoms and control the diarrhea. Specific management is based on the recognition of the specific etiologic factor. We must not overlook the general management of the patient, which is obviously based upon the appreciation of the magnitude of the pathologic physiology produced by the diarrhea in the patient under treatment. An acute intense diarrhea is likely to involve considerable local irritation and inflammation with a resultant desquamation of the intestinal wall. Dehydration and disturbance of electrolyte balance often result from a chronic intense diarrhea, and a chronic mild diarrhea is conducive to nutritional disturbances.

The interest in the problems presented by the diarrheal syndrome is emphasized by the plethora of therapeutic agents available. In spite of this, the need for an effective therapeutic method continued to be obvious until the introduction of a multiple intestinal adsorbent, Resion.

The formulation of Resion impressed us as possibly being an ideal treatment for the diarrheal syndrome. Our best results in controlling diarrhea accrue from the use of the formula of polyamine anion exchange resin, synthetic sodium

aluminum silicate and synthetic magnesium aluminum silicate, which is reported to have the capacity to remove toxic amines, to adsorb bacterial metabolites, to remove noxious agents comparable to shell fish poison, and to inhibit lysozyme.

Lysozyme has been assigned a role in the pathogenesis of ulcerative colitis. Some evidence has been reported to show that an overproduction of lysozyme in a local area results in the removal of the protective mucus, making possible the necrotizing action of the indigenous bacteria on the mucosa. It has been shown in a group of patients with acute ulcerative colitis that fecal lysozyme content was significantly elevated and that the lysozyme titer appeared to parallel the course of the disease, decreasing with remission and increasing with exacerbation, but it was concluded from evidence that lysozyme did not play a significant role in the pathogenesis of ulcerative colitis. It has been strongly suggested that the mucous protection of the sigmoid and rectum is significantly lowered by lysozyme and that this lowered resistance of the mucous lining may allow tryptic digestion and invasion by bacteria apparently innocuous to a normally protected mucous lining.

I would like to offer at this point my belief that the apparent overproduction of lysozyme may be the result of a reaction to some trauma and that it does not constitute an initiating factor in ulcerative colitis.

So the fact that lysozyme production can be inhibited is important in preventing the perpetuation and extension of the denuding process which is characteristic of ulcerative colitis. Despite all these properties that are exhibited by Resion essential nutritional factors such as vitamins, minerals and amino acids were not removed.

Clinical experiences with Resion have established it as an effective treatment for diarrhea in pediatric practice, in the management of nausea and vomiting in pregnancy, in the treatment of food poisoning diarrhea, in "virus enteritis," Staphylococcus infection and dietary indiscretions, and treatment of gastrointestinal complications in chronic alcoholic patients.

However, our problem was to obtain a treatment with effective capacities in the management of diarrheas resulting from oral antibiotics, diar-

rhea associated with ulcerative colitis, irritable colon and summer infectious diarrhea.

As a result of these demands an "improved" preparation of Resion was made available. The formula was fortified with polymyxin and phthalylsulfacetamide. The selection of these two compounds was dictated by clinical evidence of their effectiveness. It was demonstrated that polymyxin activity is not depressed in the presence of Resion, and that polymyxin and phthalylsulfacetamide act synergistically.

The oral administration of polymyxin does not produce significant blood levels and has a rapid bacteriostatic action on most coliform bacteria and some cocci. The polymyxins are a group of polypeptides produced by *B. polymyxin* with high bacterial activity against Gram-negative bacteria. Polymyxin has been found to be the ideal treatment of *Shigella* infection in children. In liquid cultures of *Candida albicans*, growth was inhibited at concentrations as low as 250 units per milliliter, whereas growth was stimulated by Neomycin at concentrations of 75 units or more per milliliter.

Sodium phthalylsulfacetamide is highly soluble at the physiologic pH range of the intestinal tract. The oral administration of the drug yields a highly concentrated solution in the contents of the small and large bowel. Although absorption into the blood stream from the lumen of the gut is minimal, considerable amounts diffuse into the deeper strata of the intestinal wall. Findings indicate that the compound possesses many desirable properties of an intestinal antiseptic.

Clinically, it has proved to be effective in reducing healing time in cases of surgery for hemorrhoids and other anorectal conditions. No postoperative infections, allergic reactions, or any untoward effects were reported. Restoration to normal stools, disappearance of pain, reduction of gas in intestines, and return to roentgen and sigmoidoscopic findings to normal were reported in 65 per cent of 28 patients with ulcerative colitis.

The addition of polymyxin and phthalylsulfacetamide to the Resion formula gave it the properties necessary for an ideal treatment of not only the usual types of diarrhea, but also of those diarrheas representing serious medical problems.

Our first concern in dealing with the patient

is to relieve the pain, cramps and the diarrhea as quickly as possible. This is expected by the patient; it is the reason he seeks advice and treatment. After these factors have been adequately controlled, then the patient can be treated as a whole entity.

Resion P-M-S was evaluated in four groups of patients, namely: summer diarrhea, irritable colon, ulcerative colitis diarrhea and in antibiotic diarrheal syndrome.

The summer diarrheas represent those diarrheas usually encountered during hot summer months. In these cases, as we know, home remedies and druggist-recommended "cures" had been tried for an average of at least five days prior to "imposing on the physician's good nature to render immediate relief." Medical histories in these cases did not reveal anything of clinical significance except that the remedies tried did not control their diarrheas.

In all cases of summer diarrhea we prescribed Resion P-M-S in tablespoonful doses at hourly intervals for four doses, then a tablespoonful every three hours as long as necessary.

Approximately fifty per cent of our summer diarrhea patients on Resion P-M-S reported satisfactory relief within 24 hours, seventy-five per cent within 36 hours and all of them within 48 hours.

The irritable colon cases were a little more difficult. Resion P-M-S, one tablespoonful four times daily, was prescribed for the first day, and thereafter one tablespoonful three times daily so long as necessary. In fifty per cent of the patients, results were dramatic; the abdominal pains were completely relieved and the stool was formed within 36 hours. All symptoms were absent within five days. We found it profitable, for the prevention of recurrences, to continue treatment for an additional five to seven days.

In the remaining fifty per cent of the irritable colon cases we added homatropine methylbromide, 2 mg. to each tablespoonful of Resion P-M-S, on the second day and continued this treatment for six days, when all symptoms were under complete control. The homatropine methylbromide was discontinued at this point, but the treatment with Resion P-M-S was continued for an additional week.

All of the irritable colon cases responded with gratifying results to the Resion P-M-S treatment.

Ulcerative colitis cases present multiple problems to the physician. It has been said that "Intractability of ulcerative colitis depends on the skill and perseverance of the medical advisor and the man managing the case. When these are satisfactory, ulcerative colitis will be found to be a disease that is curable and controllable to a high percentage by medical means, and cases so handled will leave but a few cases for operation."

We are now aware that the administration of antibiotics in cases of ulcerative colitis may result in severe damage in the form of hemorrhagic enteritis.

Since an increased number of bowel movements in these patients is most distressing, anti-diarrheal measures are indicated. Rapid control of the diarrheas should make management of the ulcerated colon easier and more tractable.

We used the Resion P-M-S in 40 ulcerative colitis patients and obtained gratifying results in 36 of these. Treatment was individualized for each patient.

In the more severe cases Resion P-M-S was prescribed, one tablespoonful every four hours for two weeks, then reduced to one tablespoonful b.i.d. for two weeks, then discontinued. Abdominal soreness and frequency of bowel movements were definitely relieved and controlled within the first two-week period.

In the less severe cases, Resion P-M-S was prescribed, 2 tablespoonfuls q.i.d. By the third day cramps were less severe and the frequency of bowel movements was reduced to normal; in fact, in one case constipation resulted. Treatment in these cases was carried on for a minimum of two weeks, even though diarrhea was apparently controlled.

We do not want to convey the impression that Resion P-M-S cures ulcerative colitis. Our concept is to control the diarrhea, relieve cramps and pain, then treat the whole patient.

Antibiotic diarrheas pose the real problem for medical management. The most significant complaints in these patients were severe lower abdominal cramps, nausea, vomiting, diarrhea and pruritus ani. Pruritus ani was observed in approximately 25 per cent of our patients in this category.

Resion P-M-S, one tablespoonful in water five times a day, reduced to four times a day after

the second day, represented our approach to the control of the cramps and diarrhea. In a majority of the cases the stools were formed and less frequent within an average of two days. The pruritus was relieved within 72 hours in a majority of cases. In those cases with severe mycotic infection, we found the use of Mycostatin as an adjunct to Resion P-M-S very effective. In no case was it necessary to continue treatment for more than ten days, in most cases it was possible to discontinue the treatment within five days.

CONCLUSION

Mounting evidence, developed from continued clinical experiences with Resion P-M-S, demonstrates that the use of this treatment simplifies many problems of diarrhea management. Patients get the welcomed relief and we feel gratified that we have been a part in the development of a preparation which apparently approaches most nearly the ideal treatment for the diarrheal syndrome, regardless of etiology.

REFERENCES

1. Weiss, J.: Diarrheal Syndrome: Report on Therapy using Resion with Polymyxin and Phthalylsulfacetamide. *Am. J. Gastroent.*, 22:64 (July) 1954.
2. Martin, W. J., Nichols, D. R., and Geraci, J. E.: General Principles and Use of Antibiotics. *Amer. Pract.*, 5:813 (Oct.) 1954.
3. Finland, M., and Weinstein, L.: Complications Induced by Antimicrobial Agents. *New England J. Med.*, 248:220 (Feb.) 1953.
4. Prissick, F. H.: Antibiotic Resistant Staphylococci and Related Infections. *Am. J. Med. Sci.*, 225:229 (Mar.) 1953.
5. Fieschi, A., and Cuneo, F.: Medical Treatment and Prognosis of Ulcerative Colitis, *Minerva Med.*, 46:1171 (Apr.) 1955. *Abst. J. A. M. A.*, 159(4): 401 (Sept. 24) 1955.
6. Kunz, H.: Symposium on Antibiotics. Soc. of Physicians, Vienna, Austria, Jan. 21, 1955. *Abst. J. A. M. A.*, 158:764 (July 2) 1955.
7. Boller, R.: Symposium on Antibiotics. Soc. of Physicians, Vienna, Austria, Jan. 21, 1955. *Abst. J. A. M. A.*, 158:764 (July 2) 1955.
8. Marshall, H. C. Jr., Palmer, W. L., and Kirsner, J. B.: Effects of Chemotherapeutic Agents on Fecal Bacteria in Patients with Chronic Colitis. *J. A. M. A.*, 144:900 (Nov. 11) 1950.
9. Valentine, F. C. O.: Alternative Antibiotics. *The Practitioner*, 174:29 (Jan.) 1955.
10. Woods, J. W., Manning, I. H. Jr., and Patterson, C. N.: Monilial Infections Complicating the

Therapeutic Use of Antibiotics. *J. A. M. A.*, 145: 207 (Jan. 27) 1951.

11. Harris, H. J.: Aureomycin and Chloramphenicol in Brucellosis. *J. A. M. A.*, 142:161 (Jan. 21) 1950.
12. Weiss, S.: Editorial, *Rev. Gastroent.*, 20:587 (Aug.) 1953.
13. Szasz, T. S.: Physiologic and Psychodynamic Mechanism in Constipation and Diarrhea. *Psychosomatic Med.*, 13(2):112 (Mar.-Apr.) 1951.
14. Yonkman, F. F.: The Pharmacology of Newer Agents Employed in the Treatment of Gastrointestinal Disturbances with Special Reference to Regional Ileitis and Ulcerative Colitis. *Bull. N. Y. Acad. Med.* 28:700 (Nov.) 1952.
15. Maratka, Z., Kraus, V., Setka, J., and Tejnsky, J.: Fragility of Capillaries of the Skin and of Mucous Membranes of the Mouth and Rectum, with Special Regard to Ulcerative Colitis. *Casop. lik. Cesk.*, 90: 1175 (Sept.) 1951.
16. Moss, J. N., and Martin, G. J.: The Inhibition of Lysozyme Activity. *Am. J. Digest. Dis.*, 15: 412 (Dec.) 1945.
17. Martin, G. J., and Alpert, S.: Comparative Capacities of Adsorptive Agents for Endogenously Produced Toxic Chemicals. *Am. J. Digest. Dis.*, 17:151 (May) 1950.
18. Moss, J., and Martin, G. J.: Adsorption of Bacterial Toxins by Inert Particulate Materials. *Am. J. Digest. Dis.*, 17:18 (Jan.) 1950.
19. Swayne, V. R., and Martin, G. J.: Adsorption of Paralytic Shellfish Poisons. *Am. J. Digest. Dis.*, 17:39 (Feb.) 1950.
20. Joslin, L. C.: Multiple Adsorbents in the Treatment of Diarrhea in Pediatrics. *Delaware State M. J.*, 22:35 (Feb.) 1950.
21. Quintos, F. N.: Intestinal Adsorbents as Adjuncts to the Chemotherapy of Infectious Infantile Diarrheas. *J. Philippine M. A.*, 26:155.
22. Fitzpatrick, V. deP., Hunter, R. E., and Brambel, C. E.: The Use of Multiple Intestinal Adsorbents as an Adjunct in the Management of Nausea and Vomiting of Pregnancy. *Am. J. Digest. Dis.*, 18:340 (Nov.) 1951.
23. Fitzpatrick, V. deP., Fleming, A. R., and Brambel, C. E.: Hyperemesis Gravidarum. Management by an Adsorbent, Resion. *Obst. and Gynec.*, 3:447 (April) 1954.
24. Lichtman, A. L.: Polyphasic Adsorption Therapy in Food Poisoning. *Exper. Med. and Surg.*, 9:90 (Feb.) 1951.
25. Gabroy, H., and Horoschak, S.: The Treatment of Diarrheal Syndrome with Resion. *Rev. Gastroent.*, 19:660 (Aug.) 1952.
26. Gabroy, H., and Selsman, G. J.: The Rapid Control of Uncomplicated Diarrhea with Resion. *Am. J. Digest. Dis.*, 20:395 (Dec.) 1953.
27. Kissen, M. D., Yaskin, H. E., and Morgan, D. R.:

- Treatment of Gastrointestinal Complications with Resion, a Multiple Adsorbent, in Chronic Alcoholic Patients. *Rev. Gastroent.*, 19:576 (July) 1952.
28. Martin, G. J.: Personal Communication.
 29. Javetz, E., and Coleman, V. R.: Laboratory and Clinical Observations of Aerosporin (Polymyxin B.) *J. Lab. and Clin. Med.*, 34:751 (June) 1949.
 30. Lieberman, D., and Javetz, E.: Treatment of Shigella Infection in Children with Oral Polymyxin. *Pediatrics*, 18:249 (Aug.) 1951.
 31. Loefer, J. W., and Weichlein, R. G.: Growth Response in Certain Fungi of Polymyxin and Neomycin. *Texas J. Science*, 3:541 () 1952.
 32. Lahr, D.: Experimental Evaluation of a New Gastrointestinal Antiseptic: Na Phthalylsulfacetamide. *Gastroent.*, 12:648 (Apr.) 1949.
 33. Segal, L.: Reduction of Pain and Morbidity in Anorectal Surgery with Thalamyd. *Am. J. Surg.*, 84:684 (Dec.) 1952.
 34. Heineken, T., and Seneca, H.: Phthalylsulfacetamide in Ulcerative Colitis. *Rev. Gastroent.*, 15: 611 (Aug.) 1948.

AMA Adopts New Code For Doctors and Lawyers

A new "National Interprofessional Code for Physicians and Attorneys" was approved by the AMA's House of Delegates at its Annual Meeting in San Francisco. The Code will serve as a suggested guide for physicians and attorneys in their inter-related practice in the areas covered by its provisions—subject to the principles of medical and legal ethics and the rules of law prescribed for their individual conduct.

The Code was formulated by a joint national medicolegal liaison committee made up of representatives appointed by the American Bar Association and the American Medical Association. The three medical representatives include Doctors David B. Allman, Hugh Hussey and George Fister. Besides drawing up this new Code, the joint committee has considered such things as the encouragement of state and local medicolegal meetings, medical professional liability problems, medicolegal forms and the possibility of establishing medicolegal courses in law schools and medical schools.

The Code has been prepared in general terms to permit its adaptation in light of local conditions. The same Code will be presented for approval to the Board of Governors and the House of Delegates of the American Bar Association at its meeting in August.

In the preamble the Code states that it "will serve its purpose if it promotes the public welfare, improves the practical working relationships of the two professions, and facilitates the admin-

istration of justice." Various sections cover such topics as medical reports, conferences between the physician and the attorney, subpoena for medical witness, arrangements for court appearances, physician called as witness, fees for services of physician relative to litigation, payment of medical fees, implementation of the Code at state and local levels, consideration and disposition of complaints.

Booklet Features Heart Stats

A new 16-page statistical handbook, "Cardiovascular Diseases in the U.S.—Facts and Figures," has been published by the American Heart Association in cooperation with the National Heart Institute and the Heart Disease Control Program.

The book answers some of the most common questions people ask about cardiovascular disease statistics such as: How many people die of cardiovascular diseases in the U.S. and at what ages do cardiovascular deaths occur? The data are presented in a series of color charts, each accompanied by a short interpretive text understandable to laymen and professional alike.

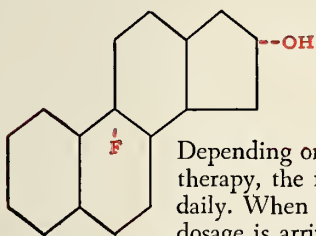
Single copies of the booklet may be obtained without cost by writing National Heart Institute, Public Health Service, Bethesda 14, Md.; or American Heart Association, 44 East 23rd St., New York 10. Additional copies may be purchased from American Heart Association at 15 cents per copy, \$15 per 100 copies.

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...in Respiratory Allergies: "Good to excellent" results in 29 of 30 patients with chronic intractable bronchial asthma at an average daily dosage of only 7 mg.⁶... Average dosage of 6 mg. daily to control asthma and 2 to 6 mg. to control allergic rhinitis in a group of 42 patients, with an actual reduction of blood pressure in 12 of these.⁷

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Depending on the acuteness and severity of the disease under therapy, the initial dosage of ARISTOCORT is usually from 8 to 20 mg. daily. When acute manifestations have subsided, maintenance dosage is arrived at gradually, usually by reducing the total daily dosage 2 mg. every 3 days until the smallest dosage has been reached which will suppress symptoms.

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ARISTOCORT is available in 2 mg. scored tablets (pink), bottles of 30; and 4 mg. scored tablets (white), bottles of 30 and 100.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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MEDICAL ESSAY CONTEST

During the present intern year *The Journal* is conducting a medical essay contest for interns and residents of Indiana hospitals and will award a first prize of \$100.00, a second prize of \$50.00 and an honorable mention for those entries judged the best.

A state medical journal has many functions, one of which is the encouragement of good medical writing. All medical knowledge has been acquired, first, by the precise observation of physicians of clinical facts, and second, by the recording of these observations for the instruction of other physicians.

Were it not for medical writing the practice of medicine would be little more than witch doctoring. All that we know now and all that we will know in the future depends on the faithful re-

cording of clinical observations—medical writing. Medicine is now enjoying its greatest expansion of knowledge. It is of the utmost importance to aid and inspire physicians in this task. *The Journal* is dedicated to this purpose. The essay contest for interns and residents is a part of its program to assist and promote good medical writing.

The essays will be received prior to May 1, 1959, and will be judged by a special committee. The manuscripts will be identified by a code symbol by a method to be announced later in order to assure impartiality in grading.

Staff members of hospitals with intern or resident training programs are requested to stimulate interest in this project and to advise interns and residents in the work which it entails.

REFERENCE COMMITTEE MEETINGS

"The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association."

The above provision of the By-laws makes it possible for any member of the Association who is present at the Annual Convention to participate in the discussion of any resolution or standing committee report which is under consideration by a reference committee of the House of Delegates.

In addition to encouraging members to attend reference committee meetings, the By-laws also stress the importance of having the officers and chairmen of standing committees testify to reference committees in regard to their reports.

In an association as large as ISMA a relatively small governing body such as the House of

Delegates is necessary in order to transact business and determine policies. However, the House is itself a large body when it comes to investigating the facts involved in each situation. Therefore, reference committees function as fact finding and opinion determining bodies. Reports are made to the House as a whole in order that the delegates may be informed before they vote.

In all this process delegates and committee members are usually anxious to know what the membership at large thinks about each problem. It is for this purpose that members are invited and urged to attend reference committee meetings and join in the discussion.

"LET'S GET TO THE BOTTOM OF THIS" WE DID!

Governor Handley on July 8 announced completion of an exhaustive five-week investigation by the Indiana State Police into charges of malfeasance and misconduct by members and employees of the Indiana State Board of Medical Registration and Examination. Results of the investigation were complete exoneration of the Board and its employees, and the reinstatement with back pay of the Board's inspector who had been suspended during the investigation.

The State Police inquiry was ordered in May after charges of favoritism were made against the Board. Specific allegations were that examination questions were being sold prior to examinations, that the examination papers were selectively graded to favor certain applicants and that licenses could be obtained for a price.

Two detective sergeants were assigned to the case and have been quoted as reporting to the Governor as follows: "After five weeks continuous investigation of the above allegations and [from] other information supplied us from various sources it is the opinion of the investigators

that the affidavits and charges made against the medical board and its employees are wholly without foundation."

Sworn testimony was obtained from all interested parties and polygraph tests were taken in several instances. The police inquired minutely into the methods employed by the Board for the writing of questions, conduct of examinations and the grading of answers submitted by applicants. Thorough investigation was made of all the safeguards practiced by the Board to maintain secrecy of questions and to insure impartiality in the marking of manuscripts. The results provided complete clearance of all charges.

An interesting by-product of the inquiry was the discovery and announcement that each of the four chiropractors who originated the complaints was unlicensed, that a permanent court injunction was in effect against each of them, and that one of them was actively engaged in practice of the "healing art" at the time of the State Police investigation.

MEDICAL ALUMNI

Indiana University School of Medicine will celebrate its 11th Annual Alumni Day this year on Wednesday, Oct. 1.

Special reunions will be held for all classes graduating in years ending in eight and three, from 1908 to 1953.

Alumni Day, usually observed in May each year, was postponed in order to coincide more accurately with the opening of the newly constructed Medical Science Building. The various departments have been moving into the new building during the summer and active instruction is now commencing in the new location. The entering class of 156 students are receiving the first year courses on the Medical School campus for the first time.

The five-story, seven million dollar structure with 272,598 square feet of space will house the entire four years of medical school instruction

and, in addition, will accommodate basic science courses for the School of Dentistry and School of Nursing. The building is planned for classes of 200 students, although the present policy of limiting classes to approximately 150 will be followed because of limitations in teaching staff and clinical material.

This magnificent building, as well as other structural changes of the Indianapolis campus, will furnish an interesting and inspiring background for the Medical School reunions this year.

Scheduled activities for the day will consist of conducted tours of the Medical Science Building. Refreshments at noon will be in the form of a beef barbecue. Dr. John VanNuys will report on the state of the medical school, and the guest speaker will be Dr. Edward Turner, secretary of the AMA Council on Medical Education and Hospitals.

KAISER MEDICAL PLAN

Details of the Kaiser Foundation Health Plan for the island of Oahu, Territory of Hawaii, are presented in a news story from the Honolulu Star-Bulletin reproduced elsewhere in this issue of *The Journal*.

The plan contains several remarkable characteristics, one of which is a cost apparently high enough to price it out of the market. The "good" plan for an individual with two or more dependents is tagged at \$18.50 per month. For this the family is entitled to unlimited office visits at \$1.00 per visit, house calls at \$5.00 and obstetrical service for \$60.00 anytime after 10 months of membership and \$140.00 before.

The "lesser" plan gets the tab down to \$15.30 for the same type of family, but charges one-half of the cost of x-rays and similar hospital services, limits the length of hospitalization to almost

half of the "good" plan, and collects \$80.00 for obstetrical service after the subscriber has been a member for 10 months or more.

Apparently the Kaiser plan wishes to take advantage of the rule that patients get well faster when they pay something out of their own pockets at the time, but with the monthly dues so high, it might be cheaper to pay the whole bill out of pocket.

Emphasis is placed on the provision for regular periodic physical examinations and preventive medical care, a provision which together with the announcement of a new air-conditioned hospital will be depended upon to popularize the plan.

The plan is interesting and just a little mysterious. How are they going to sell it?



In Memoriam

Albert Stump was born February 24, 1888, on a farm in Noble County, Indiana. He graduated from Indiana University with an A.B. degree in 1912, and from the University of Chicago in 1917, with the Degree of Juris Doctor cum laude. He was a special lecturer for the University of Wisconsin for two years and has also lectured widely throughout Indiana to medical and bar association groups in their conventions.

He became interested in the field of law pertaining to hospitals and to the practice of medicine. He has been the regular lecturer on medical jurisprudence in Indiana University School of Medicine for more than thirty years. During that time he was active in the drafting and passage of medical practice and hospital laws. He has contributed extensively to professional and trade journals throughout the country and has written many articles intended to protect the public against incompetence in the care and treatment of the sick. As attorney for the Indiana State Medical and Hospital Associations, he participated in organizing the Indiana Blue Cross and Blue Shield Plans for providing medical and hospital care insurance.

He is survived by his widow, Susan Thro Stump; a daughter, Margaret Matchett, Chicago; a son, Robert Stump of Lawrence, Kansas; and a son, Thomas Stump, M.D., of Indianapolis.

The President's Page

Of Shoes for John and Mary

About every second child has some sort of foot defect that he will no doubt carry over into pedal-weary adulthood. Mothers are becoming increasingly aware of these conditions because of the promotional activities of the shoe salesman. It is becoming unusual to have the children shod at a children's specialty store without receiving recommendations from the salesman for a "corrective" shoe. These salesroom diagnosticians have been responsible for increased sales of specialty shoes and unprecedented numbers of assorted wedges, bars, pads and Thomas heels. They have, no doubt, been responsible for much good, and in many cases have advised consultation with the family physician or orthopedist before supplying prescription items.

They have also been responsible for removing from the traditional joys of childhood, much that we of an older generation have held most dear. What of the bare-foot boy—can you remember the little squirts of hot dust erupting from between each toe when walking down the lane? Then the delicious feel of cool mud in every puddle that was sought—not detoured? The many uses to which prehensile toe wiggling could be put? The increased speed with which one could run on sand or wet grass in sneakers? Their unsurpassed aid in tree climbing? How can anyone play the old games of childhood without sneakers—even baseball, basketball, tennis, require the foot freedom only to be obtained in this type of shoe.

Let us not go overboard in this trend to put "corrective" shoes on our children. If, because of a real orthopedic defect, a special shoe has been prescribed, the benefits to be derived may outweigh the loss of some of childhood's prerogatives. On the other hand, unnecessary restrictions imposed by such gear for ephemeral defects, may do more harm to the developing child than good for his feet.

W. C. Lippert M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

Safeguard Today's Health for Tomorrow

Report on the National Convention:

The Hotel Fairmont in San Francisco was the headquarters for the Woman's Auxiliary to the American Medical Association. It is a beautiful hotel and the California Auxiliary as hostess made each and every one welcome. They also had a committee for the entertainment of the teenagers who had come with their parents. They were well cared for and entertained with swimming parties and trips to Chinatown.

A side trip arranged for the Auxiliary members and their guests was a tour of six lovely homes in the San Francisco area. Of course, there was so much to see and do that everyone enjoyed the visit to California and returned home tired but better informed by attending the Convention.

Registration numbered 2,155 with representatives from practically every state auxiliary, including Alaska and Hawaii.

Indiana was well represented with 17 delegates seated on Tuesday.

At the A.M.E.F. luncheon, Mrs. Ritter, national chairman, gave the awards and recognition to the states and counties with the highest contribution to the American Medical Education Foundation. Nevada 1st; Nebraska 2nd; and Indiana 3rd. Marion and Vanderburgh Counties, Indiana, in the over \$1,000.00 group received recognition.

The total national contribution from the Auxiliary was \$126,188.18.

Today's health winners were announced. In the state group III, Indiana had 109%, which was second in that group. Mrs. Wendell Stover accepted the Today's Health Award for Indiana and attended the Today's Health luncheon.

Indiana counties' most exclusive group with 500% or more—Marshall and Kosciusko.

Other Indiana counties given recognition with 200%-499%—White, Wabash, Perry, Carroll, Randolph, Cass, Gibson, Lawrence, Morgan, Laporte, Floyd and St. Joseph county.

St. Joseph county won third prize of \$15.00 in group IV.

On Thursday election was held and our own Ethel (Mrs. Frank Gastineau) now holds the office of president-elect of the Auxiliary to the American Medical Association. Indiana is very happy and proud to have a Hoosier doctor's wife in such an honored office.

The 1959 A.M.A. Convention is scheduled for Atlantic City, June 8-12. Auxiliary headquarters will be Hotel Haddon Hall.

ATTENTION

The Indiana State Medical Association will meet in Indianapolis October 13-15, 1958. Registration at the Murat Temple. Auxiliary Headquarters will be the Columbia Club. The full agenda will be found printed on page 1221 of this *Journal*.

Please plan to attend and urge your wife to attend the Auxiliary meetings and entertainment.

Mildred Bailey
Mrs. Earl W. Bailey, President

Summary of Law:

National Board of Medical Examiners As Related to Recognition By the Board of Medical Registration and Examination of Indiana

P. T. LAMEY, M.D.*

Anderson

The Medical Practice Act empowers the Board of Medical Registration and Examination of Indiana to establish rules and regulations for reciprocal recognition of certificates of *other States*.

The National Board of Medical Examiners is a voluntary evaluating agency without legislative power to grant certificates or licenses to practice. Therefore, the Board of Medical Registration and Examination of Indiana does not have the power or authority to establish reciprocal relations with that agency.

In 1935, the Board requested the Attorney General of Indiana to make a study of the Medical Practice Act to ascertain whether or not this Board could, by any method or procedure, grant recognition of National Board of Medical Examiners certificates. An official opinion rendered Jan. 12, 1935 provided, in substance, that the Medical Board could, by adoption of a rule, grant recognition of such certificates by obtaining from the National Board of Medical Examiners a certified copy of the original examination questions and the applicant's answers thereto, said answers to be graded by the Indiana Board according to its own standard of grading; and, this would constitute examination by the Board of Medical Registration and Examination of Indiana. A resolution was adopted in accordance with said Official Opinion and the procedure functioned very satisfactorily until 1945. Approximately 20 Indiana licenses a year were granted on this basis.

Chapter 120 of the Acts of 1945, a procedural Act, provided that all regulatory agencies or boards propose rules, advertise same in a daily

newspaper at least ten days in advance of a designated date for public hearing before the Board, then formally adopt the rule; after adoption of rule five copies of same be forwarded to the Attorney General for legal approval, to the Governor of the State for signature, and to the Secretary of State for approval and certification. The rule was to become effective on the date one copy, officially stamped "approved," is returned to the Board by the Secretary of State. All rules adopted by the Board prior to the effective date of Chapter 120 of the Acts of 1945 had to be submitted in accordance with provisions of said Act by Jan. 1, 1946, and this Board's rule governing recognition of National Board of Medical Examiners certificates was invalidated by the Attorney General, for the reason that the Medical Board, in exercising provisions of said rule, was delegating to others the powers vested in the Board by the Medical Practice Act. The Board of Medical Registration and Examination discontinued its procedure of recognition of National Board certificates in 1946.

By request of the Medical Board, the Indiana State Medical Association sponsored a Bill in 1947 Legislature to amend the Medical Practice Act, such amendment to provide for the procedure as prescribed in the rule which had been invalidated by the Attorney General. Chapter 253, Acts of 1947, General Assembly, State of Indiana, embodies such amendment and printed section of the specific clauses of Chapter 253 are here inserted:

Except as last above provided, no certificate shall be issued to any person whomsoever until he shall have satisfied the said board that he has graduated at a reputable medical

* Secretary, Indiana State Board of Medical Examination and Registration.

college, as in this section set forth, maintaining a standard of medical education as above prescribed and shall have passed an examination as to his qualifications to practice medicine, surgery and obstetrics, conducted by said board, or by any other medical examining board approved by said board:

Provided, that any such other medical examining board submits and certifies to this board the questions used by such other board and the answers thereto given by the applicant, in the examination conducted by such other board; and that this board shall grade such examination according to its own rules and regulations.

From the effective date of said amendment, enacted March 13, 1947, this procedure again functioned very satisfactorily until July, 1953, at which time the National Board of Medical Examiners changed its method of essay type examination to multiple choice questions, and IBM grading with "code sheet" reports. The Medical Board could not grade the code sheets, and the National Board advised they could not release the questions due to the fact they were to be used for subsequent examinations. The Medical Board continued to grant recognition to applicants whose essay type examination manuscripts could be obtained from the National Board. While the Board was attempting to resolve this problem with the National Board, the Medical Board had received several applications from individuals who, as directed by the Medical Board, had requested their examination manuscripts be forwarded to the Indiana Board. After waiting an unusual period of time without receiving any of the manuscripts, the Medical Board contacted the National Board by long distance telephone and was informed by the secretary that the National Board would no longer be able to supply the Board of Medical Registration and Examination with the examination manuscripts of National Board diplomates, as all essay type manuscripts

of past examinations had been destroyed. The Board of Medical Registration and Examination, bound by the provisions of the 1947 Law, cannot grant recognition of National Board of Medical Examiners certificates.

This situation created hardship on all involved, as well as much controversy and criticism, a great deal of which could have been avoided if some advance notice had been given by the National Board of Medical Examiners to the Medical Board, or in the National Board's monthly publication, as preservation of manuscripts could have been accomplished by the individual diplomates of the National Board.

For approximately one year the National Board of Medical Examiners assumed travel, subsistence, and examination costs for applicants to obtain another State license by examination, in order to obtain Indiana license by endorsement. The Indiana Board was not the only State involved in similar situations with the National Board.

The Board of Medical Registration and Examination, on Jan. 12, 1954, adopted a rule in accordance with provisions of Chapter 120, Acts of 1945, providing for granting of a temporary permit to practice pending the next following examination by the Indiana Board, provided, the applicant meets the requirements of the Indiana Board, but who is not in possession of a license obtained by examination in one of the other States of this Country, which would entitle such applicant to apply for licensure by endorsement. This rule governing issue of a temporary permit does not apply to graduates of foreign medical schools.

While the rule providing for temporary permit does require examination at the next following examination conducted by the Indiana Board to obtain Indiana license, it eliminates the factor of delay in obtaining legal status for practice upon approval of application and credentials.

THE
**KEELEY
INSTITUTE**
DWIGHT, ILLINOIS

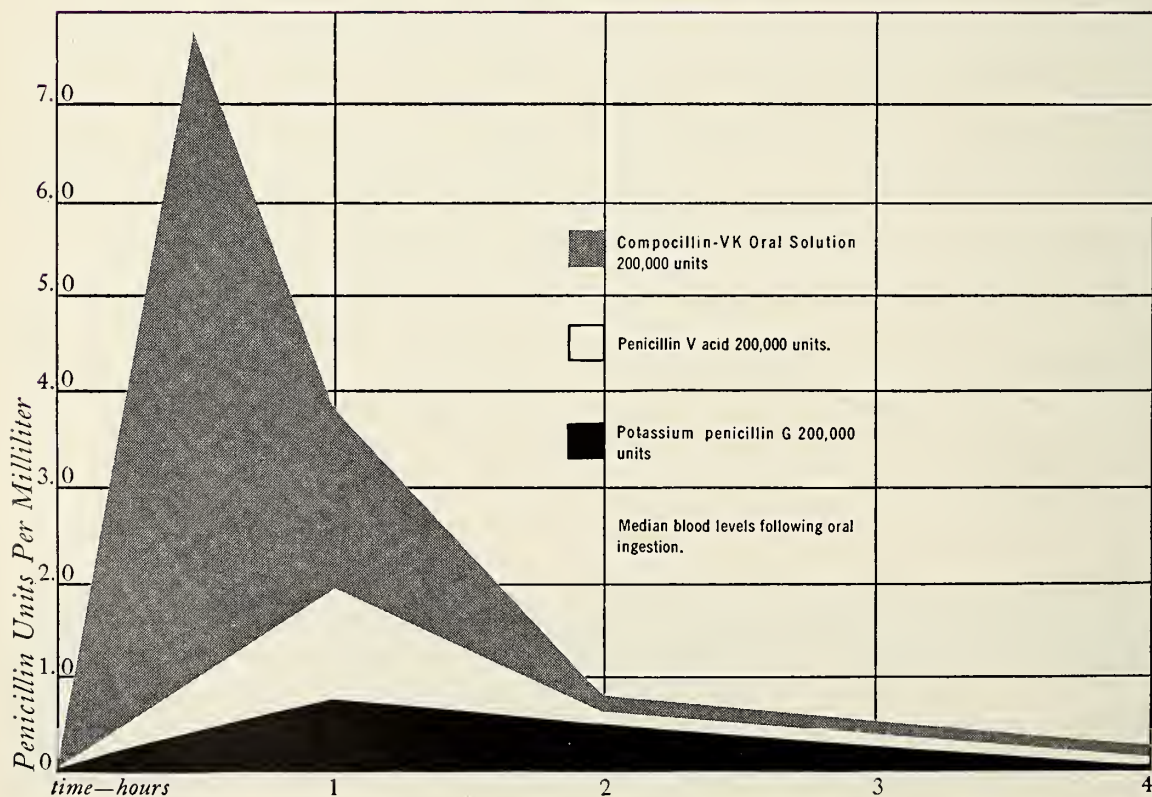
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109th

Annual Convention

INDIANA STATE MEDICAL ASSOCIATION

October 12, 13, 14 and 15, 1958

All Time—Eastern Standard Time

Murat Temple

Indianapolis

*Complete Program and
Annual Reports on
Following Pages*

Official Call to the House of Delegates

The next annual session of the Indiana State Medical Association will be held at the Murat Temple, Indianapolis, Indiana, October 12, 13, 14 and 15, 1958.

The House of Delegates will be constituted as follows: Marion County, twenty-one delegates; Lake County, seven delegates; Allen County, five delegates; St. Joseph County, four delegates; Vanderburgh County, four delegates; Delaware-Blackford, three delegates; Bartholomew-Brown, Daviess-Martin, Dearborn-Ohio, Elkhart, Fayette-Franklin, Fountain-Warren, Harrison-Crawford, Jasper-Newton, Jefferson-Switzerland, LaPorte, Madison, Owen-Monroe, Parke-Vermillion, Tippecanoe, Vigo, and Wayne-Union County Societies, each two delegates; the other fifty-nine county societies, each one delegate; thirteen councilors and the ex-presidents, namely Charles N. Combs, George R. Daniels, F. S. Crockett, R. L. Sensenich, Herman M. Baker, Karl R. Ruddell, M. A. Austin, Carl H. McCaskey, Cleon A. Nafe, Augustus P. Hauss, Alfred Ellison, Paul D. Crimm, William Harry Howard, Walter L. Portteus, Walter U. Kennedy, and Elton R. Clarke; and ex-officio, the president, president-elect, executive secretary, and the treasurer of the association, and the delegates to the American Medical Association, all without power to vote, except in the case of a tie vote, when the president shall cast the deciding vote.

Blank credentials have been sent by the secretary to each county society, and the properly executed credentials should be mailed to the Indiana State Medical Association, 1021 Hume Mansur Building, Indianapolis 4, Indiana, or brought to the session. No delegate will be seated unless wearing the official badge.

The House of Delegates will convene promptly at 6 p.m. Sunday, Oct. 12, in the Ball Room, 10th floor, Columbia Club (dinner meeting), and again at 1:30 p.m., Wednesday, Oct. 15, in the Dining Room, basement, Murat Temple.

The order of business will be as follows:

1. Call to order by the president.
2. Roll call and seating of qualified delegates.
3. Reading of the minutes of previous meetings.
4. Appointment of reference committees.
5. Address of president-elect.
6. Report of executive secretary.

7. Report of treasurer.
8. Report of the chairman of the Council.
9. Reports of councilors.
10. Reports of committees and commissions:
 - (1) Executive Committee.
 - (2) Grievance.
 - (3) Student Loan.
 - (4) Medical-Legal Review.
 - (5) Convention Arrangements.
 - (6) Constitution and Bylaws.
 - (7) Legislation.
 - (8) Public Information.
 - (9) Governmental Medical Services.
 - (10) Public Health.
 - (11) Voluntary Health Agencies.
 - (12) Medical Economics and Insurance.
 - (13) Inter-Professional Relations.
 - (14) Medical Education and Licensure.
 - (15) Special Activities.
11. Unfinished business.
12. New business.
 - (1) Resolutions from the floor.

The election of officers will be the first order of business at the second meeting of the House of Delegates. In addition to the regular officers, the terms of the following officers expire Dec. 31, 1958, and their successors must be elected at the session: Delegates to the American Medical Association to succeed Earl W. Mericle, Indianapolis, and E. S. Jones, Hammond; and alternates, James W. Denny, Indianapolis, and William C. Wright, Fort Wayne.

Delegates from the Sixth, Ninth, and Twelfth districts are reminded that the terms of their councilors will expire December 31, 1958, and the new councilors should be elected to succeed the following:

Sixth District: Harry P. Ross, Richmond.

Ninth District: K. O. Neumann, Lafayette.

Twelfth District: Maurice E. Glock, Fort Wayne.

Some of these elections already may have been held, but they should be reported to the House of Delegates at this session for confirmation.

JAMES A. WAGGENER, *Executive Secretary*.

HOUSE OF DELEGATES

Indiana State Medical Association

Indianapolis

Delegates	Alternates
ADAMS	
Richard K. Parrish, Decatur	James M. Burk, Decatur
ALLEN	
Eugene F. Senseny, Fort Wayne	John F. Jackson, Fort Wayne
Frederic W. Brown, Fort Wayne	Frederic L. Schoen, Fort Wayne
William R. Clark, Fort Wayne	Gerald H. Sommer, Fort Wayne
Jack L. Loudermilk, Fort Wayne	E. D. Hamilton, Fort Wayne
Francis L. Land, Fort Wayne	P. L. Smith, Fort Wayne
BARTHOLOMEW-BROWN	
Robert Reid, Columbus	Donald C. Smith, Columbus
Kenneth Schneider, Nashville	Robert Seibel, Nashville
BENTON	
Dan Tucker Miller, Fowler	
BOONE	
Clarence G. Kern, Lebanon	Ritchie Coons, Lebanon
CARROLL	
Robert M. Seese, Delphi	Charles L. Wise, Camden
CASS	
Lowell J. Hillis, Logansport	Earl Bailey, Logansport
CLARK	
Joel Carney, Jeffersonville	George Wolverton, Clarksville
CLAY	
Charles E. Moon, Center Point	
CLINTON	
Claude D. Holmes, Frankfort	G. K. Hammersley, Frankfort
DAVIESS-MARTIN	
C. Philip Fox, Washington	Robert H. Rang, Washington
E. B. Lett, Loogootee	Robert E. Chattin, Loogootee
DEARBORN-OHIO	
G. S. Fessler, Rising Sun	
J. K. Jackson, Aurora	George Vail, Lawrenceburg
DECATUR	
William Shaffer, Greensburg	J. C. Miller, Greensburg
DEKALB	
Bonnell Souder, Auburn	Loren Jinnings, Garrett

Delegates	Alternates
DELAWARE-BLACKFORD	
Thomas M. Brown, Muncie	Glynn Rivers, Muncie
Wendell E. Covald, Muncie	Donald Taylor, Muncie
Dean Jackson, Hartford City	George Parks, Hartford City
DUBOIS	
J. P. Salb, Jasper	Elton Heaton, Huntingburg
ELKHART	
S. T. Miller, Elkhart	Jack Hannah, Elkhart
Burton E. Kintner, Elkhart	Floyd Martin, Goshen
FAYETTE-FRANKLIN	
Francis B. Mountain, Connersville	Gerald T. Watterson, Connersville
Perry F. Seal, Brookville	H. N. Smith, Brookville
FLOYD	
John M. Paris, New Albany	H. P. Sloan, New Albany
FOUNTAIN-WARREN	
Lee J. Maris, Attica	Lowell R. Stephens, Covington
James W. Crain, Williamsport	Carl A. Nelson, West Lebanon
FULTON	
Dean K. Stinson, Rochester	James U. Guthrie, Rochester
GIBSON	
Virgil McCarty, Princeton	Roland E. Weitzel, Princeton
GRANT	
Robert M. Brown, Marion	Max S. Long, Marion
GREENE	
Jerome A. Graf, Bloomfield	Sam Rotman, Jasonville
HAMILTON	
Alton W. Ridgway, Lapel	Haldon C. Kraft, Noblesville
HANCOCK	
Dee D. Gill, Greenfield	Wayne Endicott, Greenfield
HARRISON-CRAWFORD	
William E. Amy, Corydon	David Dukes, Corydon
N. E. Gobbel, English	Jesse Benz, Marengo
HENDRICKS	
O. T. Scamahorn, Pittsboro	Malcolm Scamahorn, Pittsboro

Delegates	Alternates
HENRY	
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HOWARD	
Richard P. Good, Kokomo	Garvey B. Bowers, Kokomo
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Grover M. Nie, Huntington	Howard H. Marks, Huntington
JACKSON	
Jack E. Shields, Brownstown	Harold E. Miller, Seymour
JASPER-NEWTON	
Ralph Hartsough, Remington	
Arthur Schoonveld, Brook	
JAY	
Forrest Keeling, Portland	Eugene Gillum, Portland
JEFFERSON-SWITZERLAND	
George A. May, Madison	Francis Prenatt, Madison
Noel S. Graves, Vevay	Anthia A. Hamilton, Vevay
JENNINGS	
D. W. Matthews, North Vernon	B. W. Thayer, North Vernon
JOHNSON	
Harry Murphy, Franklin	Charles A. Jones, Franklin
KNOX	
E. T. Edwards, Vincennes	Virgil McMahon, Vincennes
KOSCIUSKO	
John J. Johnson, Warsaw	
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Nicholas Egnatz, Hammond	J. B. Nicosia, East Chicago
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Peter J. Stecy, Whiting	A. F. Gregoline, Gary
W. R. Troutwine, Crown Point	Charles F. Bradley, Hobart
Harry R. Stimson, Gary	Michael Shellhouse, Gary
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P. Q. Row, Hammond	
LAPORTE	
T. D. Armstrong, Michigan City	Francis Fargher, Michigan City
J. C. Richter, LaPorte	R. A. Fargher, La Porte
LAWRENCE	
Howard T. Hammel, Bedford	
MADISON	
P. T. Lamey, Anderson	S. W. Ellis, Anderson
Gordon B. Wilder, Anderson	J. L. Larmore, Anderson

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Floyd A. Boyer, Indianapolis	Walter F. Ramage, Beech Grove
Ralph V. Everly, Indianapolis	Dwight W. Schuster, Indianapolis
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Roy A. Geider, Indianapolis	A. D. Dennison, Indianapolis
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John W. Hendricks, Indianapolis	Richard M. Nay, Indianapolis
James N. Leffel, Indianapolis	C. A. Stayton, Jr., Indianapolis
D. S. Megenhardt, Indianapolis	Francis P. Jones, Indianapolis
Earl W. Mericle, Indianapolis	Robert W. McTurnan, Indianapolis
William H. Norman, Indianapolis	Hugh K. Thatcher, Jr., Indianapolis
Harold Ochsner, Indianapolis	Sam J. Davis, Indianapolis
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Russell J. Spivey, Indianapolis	Donald H. McCartney, Indianapolis
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Irvin W. Wilkens, Indianapolis	Kenneth R. Woolling, Indianapolis
Donald E. Wood, Indianapolis	John M. Young, Indianapolis
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James Kubley, Plymouth	M. O. Klingler, Plymouth
MIAMI	
R. E. Barnett, Peru	Donald Ferrara, Peru
MONTGOMERY	
J. M. Kirtley, Crawfordsville	
MORGAN	
Robert Van Bokkelen, Mooresville	John Van Wienen, Martinsville
NOBLE	
Q. F. Stultz, Ligonier	Everette D. Mattmiller, Avilla
ORANGE	
W. E. Schoolfield, Orleans	B. E. Sugarman, French Lick
OWEN-MONROE	
William Karsell, Bloomington	William Stangle, Bloomington
Donald S. Blackwell, Indianapolis	M. S. Brown, Spencer
PARKE-VERMILLION	
Basil M. Merrell, Rockville	
Milton Herzberg, Clinton	

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PIKE Milton Omstead, Petersburg	
PORTER Ralph C. Eades, Valparaiso	H. C. Ashmore, Chesterton
POSEY Frank Oliphant, Mt. Vernon	L. John Vogel, Mt. Vernon
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SULLIVAN Joe E. Dukes, Dugger	C. E. Whipps, Carlisle
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TIPTON A. E. Stouder, Kempton	
VANDERBURGH Charles P. Schneider, Evansville John Alexander, Evansville Dallas Fickas, Evansville	Robert Kessler, Evansville John Sterne, Evansville P. J. V. Corcoran, Evansville

Delegates	Alternates
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WARRICK Wendell Stover, Boonville	Arthur Rogers, Newburgh

WASHINGTON I. E. Huckleberry, Salem	A. R. Episcopo, Salem
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WHITLEY C. Jules Heritier, Columbia City	Thomas Hamilton, Columbia City
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REFERENCE COMMITTEES—1958

ANNUAL CONVENTION—October 13, 14 and 15

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Irwin W. Ditton, Fort Wayne
Noah Zehr, Fort Wayne

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Everett A. Rainey, Lebanon

CASS COUNTY

Estle P. Flanagan, Walton

CLINTON COUNTY

Ivan E. Carlyle, Michigantown

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DECATUR COUNTY

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DELAWARE-BLACKFORD COUNTY

Ferrell W. Dunn, Muncie

DUBOIS COUNTY

Leo A. Salb, Jasper

ELKHART COUNTY

Floyd M. Freeman, Goshen

FLOYD COUNTY

Frank T. Tyler, New Albany

FOUNTAIN-WARREN COUNTY

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HAMILTON COUNTY

John L. Reck, Sheridan

HENDRICKS COUNTY

Oscar T. Scamahorn, Pittsboro
James C. Stafford, Plainfield

JAY COUNTY

Mark M. Moran, Portland

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John W. Little, Indianapolis
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VIGO COUNTY

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WELLS COUNTY

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Ernest V. Nolt, Columbia City

1957 - 1958

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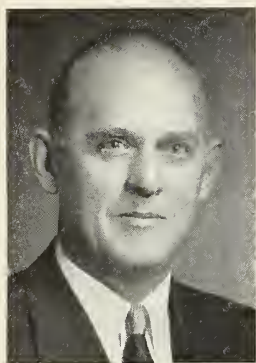
M. C. TOPPING, M.D.

Terre Haute

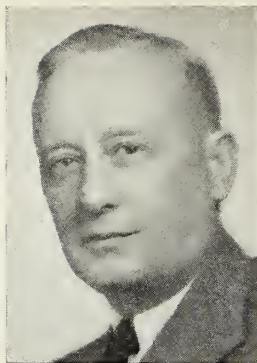
PRESIDENT

INDIANA STATE MEDICAL ASSOCIATION

1957-1958



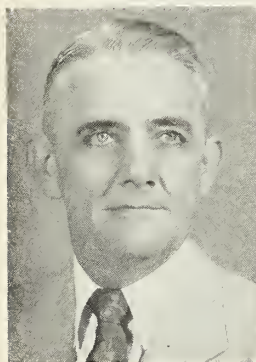
KENNETH L. OLSON, M.D.
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South Bend



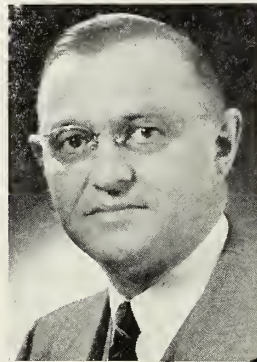
OKLA W. SICKS, M.D.
Treasurer
Indianapolis



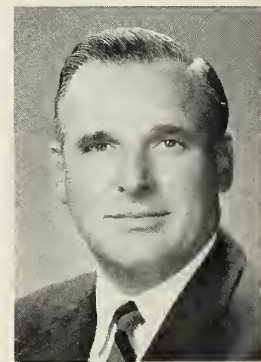
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Executive Secretary
Franklin



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Chairman of Council
Hartford City



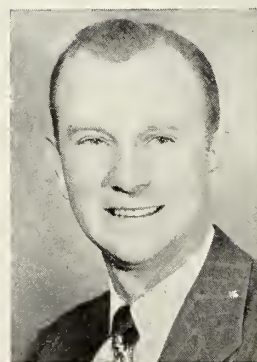
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Chairman, Executive Committee
Muncie



DON E. WOOD, M.D.
Executive Committee
Indianapolis



MRS. EARL W. BAILEY
President, Auxiliary
Logansport



ROBERT J. AMICK
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Scottsburg



HOWARD GRINDSTAFF
Field Secretary
Indianapolis



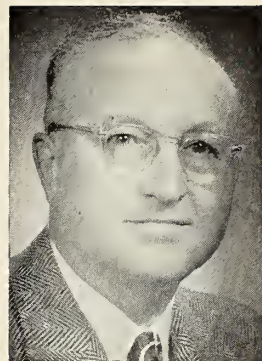
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THE JOURNAL
Indianapolis



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Associate Editor
Terre Haute



L. G. MONTGOMERY
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Associate Editor
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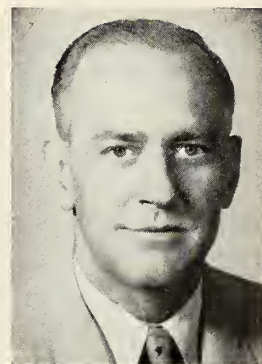
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Associate Editor
Evansville



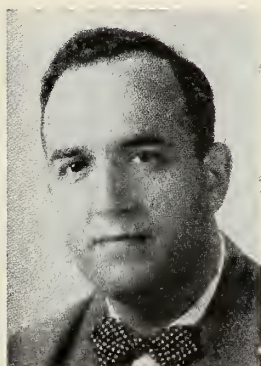
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Editorial Board
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Editorial Board
Richmond

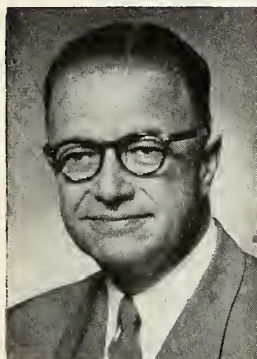


IRVIN W. WILKENS
Editorial Board
Indianapolis

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Surgery

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RICHARD B. STOUT
Elkhart

VICE-CHAIRMEN



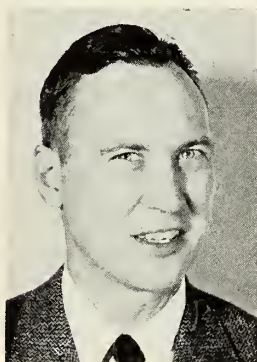
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Medicine



JOHN F. LING
Richmond



WALTER F. KAMMER
Muncie



V. BROWN SCOTT
Shelbyville

Ophthalmology and Otolaryngology



MARVIN P. CUTHBERT
Indianapolis



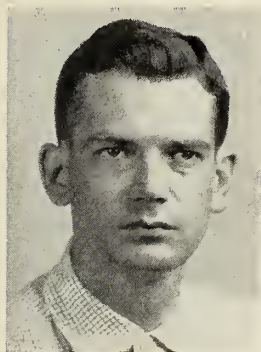
JOHN R. SWAN
Indianapolis



M. RICHARD HARDING
Indianapolis

Anesthesiology

CHAIRMEN



CHARLES O. HAMILTON
South Bend

VICE-CHAIRMEN



GLEN G. MUSSELMAN
Terre Haute

SECRETARIES



PAUL A. LITTLEFIELD
Indianapolis

General Practice



WILLIAM R. TINDALL
Shelbyville

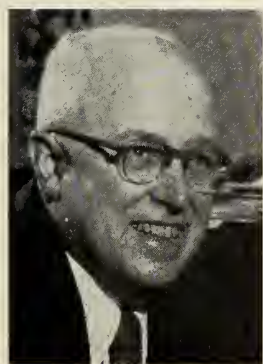


CHARLES R. ALVEY
Muncie



EDWARD C. VOGES
Terre Haute

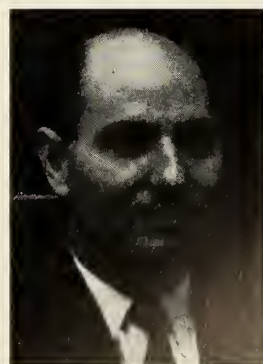
Obstetrics and Gynecology



ELWOOD J. MEREDITH
Richmond



CHARLES F. GILLESPIE
Indianapolis



EDWARD C. LIDIKAY
Indianapolis

Public Health and Preventive Medicine

CHAIRMEN



KENNETH O. NEUMANN
Lafayette

VICE-CHAIRMEN



LOUIS E. HOW
South Bend

SECRETARIES



ALBERT L. MARSHALL JR.
Indianapolis

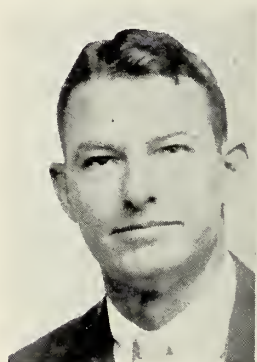
Radiology



ARTHUR A. HOBBS
Evansville



WALLACE D. BUCHANAN
South Bend



C. A. STAYTON JR.
Indianapolis

PROGRAM

109th Annual Convention

INDIANA STATE MEDICAL ASSOCIATION

MURAT TEMPLE, INDIANAPOLIS

October 12, 13, 14, 15, 1958

(All events on Eastern Standard Time)

The entire scientific program of the 109th annual convention of the Indiana State Medical Association is approved for Category II Credit by the Indiana Academy of General Practice for its members.

Sunday, October 12

- 12 noon Executive Committee meeting, Parlor 1, fourth floor, Columbia Club.
- 3:00 p.m. Council meeting, Harrison Room, fourth floor, Columbia Club.
- 6:00 p.m. Meeting of House of Delegates, Ballroom, tenth floor, Columbia Club.

Monday Morning, October 13

- 7:30 a.m. Breakfast meeting of the Council, Harrison Room, fourth floor, Columbia Club.
- 8:30 a.m. Registration starts, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.
- 8:30 a.m. Opening of technical and scientific exhibits, lounge and Egyptian rooms, Murat Temple.
- 8:30 a.m. Annual golf tournament, Meridian Hills Country Club. (North on Meridian to 71st Street; west on 71st to Spring Mill Road; south on Spring Mill Road to the entrance of Club.)
- 9:00 a.m. Reference Committees meet. Basement dining room, Murat Temple.
- 11:00 a.m. Annual trap-skeet shoot, Indiana Gun Club.
- 11:00 a.m. Editorial Board meeting, Directors' Room, Athenaeum. (Luncheon meeting.)

Monday Noon, October 13

- 12 to 1:30 p.m. Round Table Luncheons, Athenaeum. Discussions at tables for 12 persons.

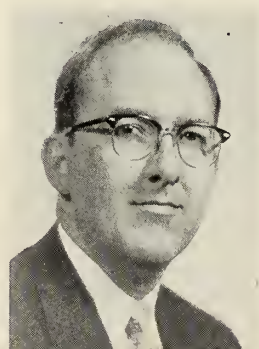
- (1) "*Hayfever and Other Allergies.*"
Leader: DONALD J. WHITE, M.D., Indianapolis.
- (2) "*Current Status of the Correct Management of Thyroid Disorders.*"
Leader: GLENN W. IRWIN, Jr., M.D., Indianapolis.
- (3) "*Evaluation of Patients for Cardiac Surgery.*"
Leader: HARRIS B. SHUMACKER, Jr., M.D., Indianapolis.

Abstract: A brief survey will be made of the various sorts of cardiac disorders now currently best treated by closed method on the one hand, and by open cardiectomy using extracorporeal circulation on the other. Methods of evaluating patients for cardiac surgery will be reviewed briefly.

Monday's Speakers

DONALD J. WHITE, M.D.
Indianapolis

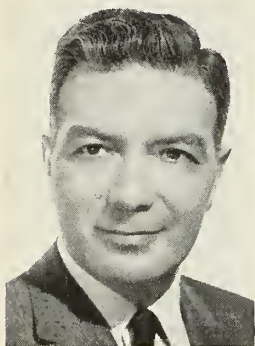
In practice (allergy) in Indianapolis; teaching connection with Department of Medicine, I. U. School of Medicine; consultant to Veteran's Administration Hospital (allergy); native of Indianapolis.



GLENN W. IRWIN JR., M.D.
Indianapolis

Associate Professor of Medicine, Indiana University School of Medicine; born Roachdale, Ind.; M.D. from I. U. School of Medicine, 1944; specialty is in internal medicine.

Monday's Speakers



DAVID A. BICKEL, M.D.
South Bend

In private practice of obstetrics and gynecology; attending staffs Memorial and St. Joseph Hospitals, South Bend; native of Indiana; graduate, I. U. School of Medicine, 1921; Diplomate, American Board of Obstetrics and Gynecology; associate editor of the JOURNAL, ISMA.

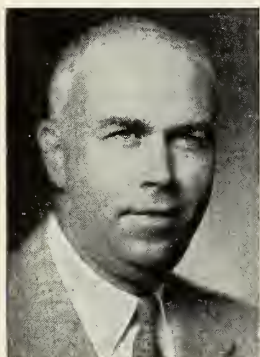
HARRIS B. SHUMACKER JR.
M.D.
Indianapolis

Professor of Surgery and chairman, Department of Surgery, Indiana University Medical Center; formerly assistant Professor of Surgery, Johns Hopkins University; Associate Professor of Surgery, Yale University School of Medicine; holds membership in 11 surgical societies; president of the Society for Vascular Surgery, vice-president, International Cardiovascular Society; M.A., Vanderbilt University; M.D., Johns Hopkins University, 1932.



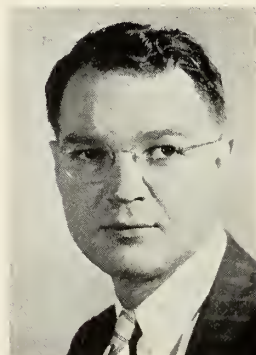
CARL S. CULBERTSON, M.D.
South Bend

Medical Director, South Bend Medical Foundation and Central Blood Bank (South Bend); pathologist, Memorial, St. Joseph (South Bend) and Elkhart General Hospitals; Certified by American Board of Pathology in Clinical Pathology and Pathological Anatomy, 1942; Lt. Col. in Medical Corps, 1942-46 with 2 years in Europe; M.D., residency, I. U. Medical School and Center; member JOURNAL editorial board.



ALEXANDER T. ROSS, M.D.
Indianapolis

Professor and Chairman of the Department of Neurology, Indiana University School of Medicine; Councilor, American Neurological Association (1958); President-elect, Indiana Neuropsychiatric Association; military duty 1941-45; A.B., Stanford University; M.D., University of Oregon; M.S. in neurology, University of Michigan.



Monday Afternoon, October 13

2 to 3:30 p.m. *Teaching Sessions:* (Classes limited to 40 persons; tickets \$2.00 per session.)

(Murat Candidates Room)

- (1) "*Bleeding During Gestation and the Puerperium.*"

DAVID A. BICKEL, M.D., South Bend.

CARL S. CULBERTSON, M.D., South Bend.

(Egyptian Foyer)

- (2) "*Surgical Therapy of Herniated Discs of the Cervical and Lumbar Regions.*"

ALEXANDER T. ROSS, M.D., Indianapolis.

REID L. KEENAN, M.D., Indianapolis.

ROBERT F. HEIMBURGER, M.D., Indianapolis.

(Egyptian Room)

- (3) "*The Use of Exfoliative Cytology in the Diagnosis and Treatment of Cancer of the Cervix.*"

CARL P. HUBER, M.D., Indianapolis.

FRANK VELLIOS, M.D., Indianapolis.

2 to 4 p.m. Reference Committees meet. See bulletin board for exact time and place.

3:30 p.m. Time allowed to view exhibits.

Monday Evening, October 13

6:00 p.m. Reception and annual dinner meeting for women physicians, Parlor A, Indianapolis Athletic Club. (Dinner at 6:30.)

6:00 p.m. Buffet supper, smoker and stag party, Dining Room, Murat Temple.

8:15 p.m. Entertainment for physicians, their wives, and guests, Murat Theater.

REID L. KEENAN, M.D.
Indianapolis

In private practice as an orthopedic surgeon; graduate of Northwestern University, 1940; Fellow in American College of Surgeons and American Academy of Orthopedic Surgeons.



Tuesday Morning, October 14

7:30 a.m. Breakfast meeting of the Council, Harrison Room, fourth floor, Columbia Club.

8:30 a.m. Registration continues, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.

8:30 a.m. Technical and scientific exhibits, lounge and Egyptian rooms, Murat Temple.

GENERAL MEETING

(Murat Theater)

9:30 a.m. Call to order by M. C. Topping, M.D., Terre Haute, president, Indiana State Medical Association.

Edward B. Smith, M.D., Indianapolis, Chairman of Committee on Scientific Work, presiding.

9:30 a.m. "Chemical Tests for Intoxication." — Mock trial.

The program will consist of a twenty-minute talk by Herman A. Heise, M.D., Milwaukee, Wisconsin, outlining the scientific background and general acceptance of breath tests used in determining the degree of intoxication of a person charged with drunken driving. Dr. Heise's talk will be followed by a two-hour mock trial demonstration. Participants will be a judge, the defendant, an arresting officer, a police technician who conducts the chemical test, a defense attorney, a prosecuting attorney and an expert medical witness. All of these parts, with the exception of the arresting officer, the police technician and the expert medical witness, will be played by members of the staff of the American Medical Association.

This mock trial has been presented in Atlanta, Chicago, Denver, New York, and other cities, at large conventions, and has been enthusiastically received. In addition, there will be a special "scientific" exhibit on:

"Problems in Forensic Sciences by the Forensic Sciences Study Commission of the Legislative Advisory Commission of Indiana."

11:30 to 12 Time allowed to view exhibits.

Monday's Speakers

ROBERT F. HEIMBURGER, M.D.
Indianapolis

Associate Professor of Surgery and Director, Section of Neurological Surgery, Indiana University School of Medicine; consultant to U. S. Air Force (1958); member Harvey Cushing Society, Neurosurgical Society of America, Interurban Neurosurgical Society, Indiana Neuropsychiatric Assoc.; Air Force, 1953-54; B.S., Drury College; M.D., Vanderbilt; Douglas Smith Fellow in Neurological Surgery, University of Chicago.



CARL P. HUBER, M.D.
Indianapolis

Professor and chairman, Department of Obstetrics and Gynecology, I. U. School of Medicine; native of Michigan; graduate, University of Michigan School of Medicine, 1928; past president, American Academy of Obstetrics and Gynecology; Diplomate, American Board of Obstetrics and Gynecology, and member of several specialty groups.

FRANK VELLIOS, M.D.
Indianapolis

Associate professor of clinical pathology, I. U. School of Medicine; native of St. Louis; M.D., Washington University, St. Louis, 1946; interned at Barnes Hospital, also St. Louis, and residency at Barnes and Columbia University; certified by American Board of Pathology, member several societies.



Tuesday's Speakers



HERMAN A. HEISE, M.D.
Milwaukee

Vice-Chairman of the American Medical Association Committee on Medicolegal Problems; member National Safety Council Committee on Tests for Intoxication.

ENTERTAINMENT FEATURES...

October

13

8:15 p.m.

Murat Temple



Benny Meroff, emcee, rapid fire comedy talk combined with top showmanship . . . plays assortment of crazy antique musical instruments . . . with Kathleen McLaughlin who demonstrates that talent and unusual beauty can be combined. Master showman Meroff and Kathleen, "A Rhapsody in Blue," make a team to tickle and tantalize you.



Dolinoffs and Raya Sisters present black art at its best . . . they seem to defy gravity . . . a world renowned attraction of choreographic dancers, their numbers exceed the mere telling of short stories in steps . . . humor, fantasy and novelty. Also this same night, Joe Sodja, one of the nation's most sensational electric guitarists . . . was ten years with Fred Waring . . . recently completed a picture in which he plays a feature role and recorded the entire musical score on the guitar.

In Addition: The Walt Jackson Band

ANNUAL DINNER

Ballroom, Indianapolis Athletic Club, October 15, 7 p.m.



"The World's Foremost Whistling Virtuoso," Fred Lowery, and "The Golden-Voiced Singing Satirist," Catharine Toomay, are featured for the evening. Lowery has met with great success in many entertainment facets . . . personal appearances, radio, TV recordings, films. He has been endorsed by many greats, such as Paul Whiteman, Fritz Kreisler and others, for his whistling ability. Catherine Toomay began with concert singing but turned to the more popular classical, light opera and pops . . . has appeared on all major radio and TV nets as well as with symphonies and light opera companies. It has been said she is "like a MADAM Victor Borge, a Gracie Fields, a Hildegarde."

THE PRESIDENT'S NIGHT...

October 14, 8 p.m., Murat Theater



The Freedom Chorus—A Vocal Spectorama — Power in Voice. This versatile chorus combines colorful visual and vocal excitement... they not only sing but are excellent baton twirlers and dancers.

As the emcee of the evening, presenting "Mr. Funnyface," Jack Marshall has an act as flexible as his face. Wherever he appears whether on Sullivan's TV show, at New York's Paramount, the Thunderbird Hotel, he "lays 'em in the aisles!" His characterizations and gags are as fresh as today's news.



The Ciro-Rimac Latin American Extravaganza is a tempestuous maze of rhythm, dancing and color.

And Walt Jackson's Band

Tuesday's Speakers



HENRY VISCARDI JR.
Kings Point, L.I., N.Y.

President and chairman, Board of Directors of Abilities Inc.; faculty member, New York University College of Medicine, New York University-Bellevue Medical Center; has served as civilian advisor on various Governmental committees and agencies; recipient of AMA Citation for Outstanding Service; holds many honorary degrees and recipient of several outstanding service citations.

RALPH D. RABINOVITCH, M.D.
Northville, Michigan

Director, Hawthorn Center, Northville, Mich.; Served as Research Fellow in Child Psychiatry at Bellevue Hospital, New York City until 1949; chief of Children's Service, University of Michigan and Associate Professor of psychiatry until 1956; graduate in medicine, McGill University, Montreal; psychiatric training at Toronto University and New York University.



ESTHER J. SWENSON, B.S., M.A., Ph.D.
Tuscaloosa, Ala.

Professor of Elementary Education, College of Education, University of Alabama; has been professor and research director at Universities of Minnesota, Chicago and Alabama and Ball State Teachers College; has written textbooks and teachers' guides; degrees all from the University of Minnesota.



12:00 noon Luncheon meeting, Section on Public Health and Preventive Medicine, East Room, Athenaeum.
Business meeting.
Election of Section officers for 1959.

Conference of Physicians and Schools, Murat Theater.

12:00 noon Phi Chi luncheon, Blue Room, Athenaeum.

12:00 noon Phi Beta Pi luncheon, Fraternity Room, Athenaeum.

Tuesday Afternoon, October 14

GENERAL MEETING

(Murat Theater)

2:00 p.m. M. C. Topping, M.D., Terre Haute, president, Indiana State Medical Association, chairman.

Robert M. Seibel, M.D., Nashville, presiding

2:00 p.m. *"The Role of the Permanently and Totally Disabled."*

HENRY VISCARDI, JR., Abilities, Inc., Albertson, New York.

2:30 p.m. Annual Conference of Physicians and Schools of the Indiana State Medical Association.

"The Role of the Teacher in Early Recognition of Mental Disturbances in School Children and in Fostering Maximum Developmental Potentials in the School Age Child."

RALPH D. RABINOVITCH, M.D., Director, The Hawthorne Center, Northville, Michigan.

"Continuity of the Learning Experience in School as Related to Mental and Emotional Needs of the Normal School Age Child."

ESTHER J. SWENSON, Ph.D., Professor of Elementary Education, University of Alabama.

Abstract: Changing a child's environment is an upsetting procedure for the child, more for some than others. It is comparable to transplanting flowers. It succeeds with the least damage when done by experts, when done with understanding and when the conditions from one location to the other are changed the least. The rules and precautions to be observed in the changes which are necessary in children's lives, especially in education, will be discussed.

4:15 p.m. *"The Impact of the Family and Home Environments on the Performance of the School Age Child."*

JAMES E. SIMMONS, M.D., Associate Professor of Psychiatry, and coordinator of Child Psychiatric Service, Indiana University Medical Center, Indianapolis.

5:00 p.m. Time allowed to view exhibits.

Tuesday Noon, October 14

12:00 noon Luncheon meeting, Indiana State Society of Anesthesiologists and Section on Anesthesia, Veterans Room, Athenaeum.

Election of Section officers for 1959.

Tuesday Evening, October 14

- 8:00 p.m. *President's Night*, Murat Theater.
James M. Leffel, M.D., chairman, Convention Arrangements, Master of Ceremonies.
- Address: M. C. TOPPING, M.D.,
Terre Haute, president.
- Entertainment.

Wednesday Morning, October 15

- 7:30 a.m. Breakfast meeting of the Council, Harrison Room, fourth floor, Columbia Club.
- 8:30 a.m. Registration continues, lounge room, Murat Temple. Purchase your banquet tickets at the registration desk.
- 8:30 a.m. Technical and scientific exhibits, lounge and Egyptian rooms, Murat Temple.
- 9:00 a.m. Conference of Physicians and Schools continues, State Board of Health and Indiana University Student Union Buildings.
Discussion groups of 20 persons each.

GENERAL MEETING

(Egyptian Room)

- 9:30 a.m. M. C. Topping, M.D., Terre Haute, president, Indiana State Medical Association, chairman.

9:30 a.m. SYMPOSIUM

"Chronic Inflammatory Diseases of the Lungs."

Moderator: Edward B. Smith, M.D., Indianapolis.

"Radiologic Investigation of Chronic Pulmonary Inflammations."

TED F. LEIGH, M.D., Professor of Radiology, Emory University School of Medicine, Atlanta.

Abstract: Radiologic examination of the chest can aid in the identification, extent, and severity of chronic inflammations of the lungs, such as bronchiectasis, abscess, and pneumonitis. Adequate investigation not only requires routine chest films, but frequently necessitates such special procedures as fluoroscopy, tomography, bronchography, and angiocardiology. Representative cases illustrating these investigations will be presented.

"Factors in the Pathogenesis of Bronchiectasis, Lung Abscess and Pulmonary Emphysema."

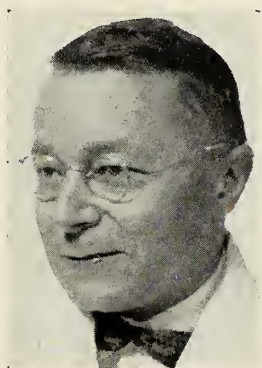
AVERILL A. LIEBOW, M.D.,
Professor of Pathology, Yale University School of Medicine, New Haven, Connecticut.

Abstract: Infection is common to bronchiectasis, lung abscess, and many cases of pulmonary emphysema; the outcome is dictated by the nature and distribution of the lesions produced. In lung abscess, there is a massive necrotizing pneumonia, usually of aspirative origin, with "cross-country"

Wednesday's Speakers

TED F. LEIGH, M.D. Atlanta

Professor of Radiology, Emory University School of Medicine, Atlanta; chairman of the Section of Radiology of the AMA; secretary of the Section of Radiology, Southern Medical Association; certified by American Board of Radiology; M.D. from Emory University School of Medicine; radiology residency at Columbia-Presbyterian Medical Center, New York City; chief interest in clinical research.



AVERILL A. LIEBOW, M.D. New Haven, Conn.

John Slade Ely Professor of Pathology, Yale University School of Medicine; Guggenheim Fellow; Praelector, Faculty of Medicine, Univ. St. Andrews; Francis Gilman Blake Award, Yale School of Medicine; member, Joint Atomic Bomb Commission, 1945-46; consultant, Armed Forces Institute of Pathology, 1946; born in Austria; B.S., College of the City of New York; M.D., Yale University, 1935; intern, New Haven Hospital.

(NO PHOTO AVAILABLE)

THOMAS H. BURFORD, M.D. St. Louis, Mo.

Professor of Thoracic and Cardiovascular Surgery, Washington University School of Medicine; born New Franklin, Mo.; specialty is thoracic surgery; holds Legion of Merit from World War II.

destruction of tissue. Bronchiectasis results from complete scarring of small foci of necrotizing bronchopneumonia; as these scars contract, they exert a pull on less involved and more proximal bronchi which become the "sacs." In the common and important type of emphysema the necrotizing section occurs in minute foci in the most peripheral air passages. The disease results from the combination of effects: destruction of inter-alveolar septa; traction, the consequence of the formation of minute interstitial scars; obstruction of bronchioles; and possibly alterations of elasticity of the pulmonary substance.

"Surgical Treatment of Chronic Infections of the Lungs."

THOMAS H. BURFORD, M.D.,
Professor of Thoracic Surgery, Washington University School of Medicine, St. Louis.

SECTION MEETINGS

11:30 a.m. Business meetings, for the purpose of electing Section officers for 1959 will be held by the following Sections:

SECTION ON SURGERY, Murat Candidates Room.

SECTION ON MEDICINE, Basement Dining Room Foyer.

SECTION ON OBSTETRICS AND GYNECOLOGY, Egyptian Foyer.

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY. Meeting deferred because of conflict with the annual meeting of the American Academy of Ophthalmology and Otolaryngology in Chicago, October 12 to 17, 1958.

Wednesday Noon, October 15

12:00 noon Luncheon meeting, Section on General Practice, Kellersaal, Athenaeum.
Election of Section officers for 1959.

12:00 noon Luncheon meeting, Indiana Roentgen Society and Section on Radiology, Blue Room, Athenaeum.

Speaker: TED F. LEIGH, M.D., Atlanta.

Subject: "*Radiologic Characteristics of Masses in the Anterior Mediastinum.*"

Election of Section officers for 1959.

12:00 noon Luncheon meeting of Past Presidents of the Indiana State Medical Association, Directors' Room, Athenaeum.
Elton R. Clarke, M.D., President 1957, chairman.

12:00 noon Luncheon meeting of members of State and County Tuberculosis Committees, East Room, Athenaeum. Indiana Chapter of American College of Chest Physicians participating.
Business meeting.

Speaker: THOMAS H. BURFORD, M.D., St. Louis.

12:00 noon Luncheon meeting of Indiana Association of Pathologists, honoring AVERILL A. LIEBOW, M.D., New Haven, Connecticut. Ladies' Parlors (large room), Athenaeum.

12:00 noon Luncheon meeting of Medical Appointees of the Indiana Bell Telephone Company, Kellersaal, Athenaeum.

Speaker: I. DOROTHEA LEMCKE, M.D., Medical Director, Long Lines Division, Amer-

ican Telephone and Telegraph Company, New York, New York.

12:00 noon Luncheon meeting, Class of 1923, Indiana University School of Medicine, Palm Room, Athenaeum.

12:00 noon Nu Sigma Nu luncheon meeting, Fraternity Room, Athenaeum.

12:00 noon Phi Rho Sigma luncheon, Kneipe Room, Murat Temple.

Wednesday Afternoon, October 15

1:30 p.m. Final meeting of House of Delegates, Dining Room, basement, Murat Temple.

Meeting of Council and Executive Committee immediately following adjournment of House of Delegates, Murat Candidates Room.

5:15 p.m. Reception for members of Fifty-Year Club, and guests (anyone who wishes to come), Parlor A, Indianapolis Athletic Club.

Chairman: L. A. ENSMINGER, M.D., Indianapolis.

Entertainment: CHARLES G. WERNER, editorial cartoonist, THE INDIANAPOLIS STAR.
Chalk talk.

Charles G. "Chuck" Werner, Indianapolis Star editorial cartoonist, is winner of numerous national awards including the Pulitzer Prize in 1938, National Safety Council award, Sigma Delta Chi award and recognition by the National Headliners Club. His cartoons have won national recognition, are even included in the Encyclopedia Britannica. Began his career in Springfield, Mo.; was cartoonist on the Chicago Morning Star; came to the Indianapolis Star in 1946.



Wednesday Evening, October 15

6:15 p.m. President's reception, Green Room, Indianapolis Athletic Club.

7:00 p.m. Annual dinner, Ballroom, Indianapolis Athletic Club.

Presiding officer, M. C. TOPPING, M.D., President, Indiana State Medical Association.

Invocation.

Recognition of Fifty-Year Club members.

Award to Physician of the Year.

Entertainment.

WOMEN'S ENTERTAINMENT

Mrs. Morris B. Paynter, General Chairman

Monday, October 13

8:30 a.m. Registration starts, lounge room, Murat Temple.

Purchase tickets for the dinner and luncheon at Auxiliary table, near registration desk, and obtain free ticket for tea, one each, for members only (limit 200). All tickets available also at bowling.

9:00 a.m. Bowling in the new 40-lane Meadows Bowl.

Remember to bring handicap. Unnecessary to be experienced bowler. Balls and shoes available for rent. Spectators welcome. Snack bar. Convention tickets available.

12:00 noon Dutch treat lunch for all members and guests, at Sam's Subway Terrace room. Both bowling and lunch in Meadows Shopping Center, 2800 East 38th Street. Ample free parking. Linger with us after lunch, or tour the many lovely, adjoining shops.

5:00 p.m. Reception in honor of Mrs. Frank M. Gastineau, president-elect of the Woman's Auxiliary to the American Medical Association, Vineyard room, third floor, Columbia Club. You are invited to be a guest of the Auxiliary.

6:00 p.m. "Hail to the Chiefs!" dinner, in honor of past presidents of the Woman's Auxiliary to the Indiana State Medical Association, Columbia room, third floor, Columbia Club.

MRS. EARL W. BAILEY, Logansport, president, presiding.

Music by Shortridge High School brass quartet, directed by Mr. James B. Calvert.

Red Cab service to Murat Theater available at the door, following dinner.

Tickets for dinner must be purchased before 2:00 p.m.

8:15 p.m. Entertainment, in conjunction with the Indiana State Medical Association, Murat Theater.



MRS. JOHN F. WILD, III
Indianapolis

Primarily housewife and mother of three children; also a professional musician, teacher and performer, presents whole programs of narration and singing, often in costume, musical reviews, historically authentic, related to definite themes for specific occasions. Idealistic and romantic, her programs are sheer entertainment. Graduate of Butler University. Student of harp under Mrs. Bernard D. Rosenak and Mildred Dilling. Member of Sigma Alpha Iota, national music fraternity, and National Society of Arts and Letters.

10:00 a.m. at Auxiliary table near registration desk, or during Coffee Hour, at Columbia Club between 9:00 and 10:00 a.m. Also, obtain free ticket for tea, for members only, one each (limit 200).

9:00 a.m. Coffee Hour, Parlors 1, 2 and 3, fourth floor, Columbia Club.
Convention tickets available.

10:00 a.m. Board meeting (county presidents, county presidents-elect, district councilors, State officers and chairmen), Parlors 1, 2 and 3, fourth floor, Columbia Club. Members and guests welcome.

12:30 p.m. "Fine Feathers" luncheon and fashion show, presented by L. S. Ayres and Company, Ballroom, tenth floor, Columbia Club.

Tickets must be purchased before 10:00 a.m.

Tuesday, October 14

8:30 a.m. Registration continues, lounge room, Murat Temple.

Purchase luncheon tickets before

8:00 p.m. President's night.

Entertainment, in conjunction with the
Indiana State Medical Association,
Murat Theater.

for members only, at Auxiliary table
near registration desk (limit 200).

1:30 to

3:00 p.m. Tea at the Governor's Mansion.

Admission by card, for members only,
as guests of Mrs. Handley and the
Auxiliary.

Music by Mrs. John F. Wild, III,
harpist.

Wednesday, October 15

8:30 a.m. Registration continues, lounge room,
Murat Temple.

For tea, obtain free ticket, one each,

7:00 p.m. Annual dinner, in conjunction with the
Indiana State Medical Association,
Indianapolis Athletic Club.

Convention Arrangements Committees

GENERAL CONVENTION ARRANGEMENTS:

James M. Leffel, Indianapolis, chairman; Harold S. Brubaker, Huntington, vice-chairman; William B. Lybrook, Indianapolis, secretary; Ray H. Burnikel, Evansville; Irvin H. Scott, Sullivan; Jesse Benz, Marengo; George W. Ritteman, Columbus; Jack G. Weinbaum, Terre Haute; John H. Mader, Richmond; Leland G. Brown, Muncie; Robert H. Wiseheart, Lebanon; Michael Shellhouse, Gary; Donald G. Mason, Angola; Burton E. Kintner, Elkhart; Edward B. Smith, Indianapolis.

HOUSING: Harry Pandolfo, chairman.

GOLF: J. M. McIntyre, chairman.

TRAP-SKEET SHOOT: Horace M. Banks, chairman.

RECEPTION: John W. Hendricks, chairman.

ENTERTAINMENT: Ray H. Burnikel, chairman.

PUBLICITY: Harry G. Becker, M.D., chairman.

WOMEN PHYSICIANS: Olga Bonke Booher, chairman.

WOMEN'S ENTERTAINMENT: Mrs. Morris B. Paynter, chairman; Mrs. Howard S. Williams, bowling and luncheon; Mrs. Max S. Norris, reception and dinner; Mrs. Robert Flanders, Jr., coffee hour; Mrs. John B. White, Jr., luncheon; Mrs. J. William Wright, Jr., and Mrs. Keith R. Ruddell, tea; Mrs. Wendell E. Brown, reservations; Mrs. Dwight W. Schuster, publicity.

FIFTY-YEAR CLUB RECEPTION: L. A. Ensinger, chairman.

Photo Credits

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1958

Round Table Luncheons

Order Your Tickets Now!

As a special feature of the annual convention of the Indiana State Medical Association at Indianapolis, the Scientific Work Committee has arranged for three round table luncheons, to be held from 12 to 1:30 p.m., Monday, October 13, 1958, at the Athenaeum, Indianapolis.

Inasmuch as these will be luncheon meetings, it will be necessary to have your reservation in advance. The cost will be \$4.25 (includes lunch and tip).

Please indicate the luncheon which you wish to attend, and return the blank, with your check, to 1021 Hume Mansur Building, Indianapolis 4.

Your ticket will be held for you at the Registration Desk, and may be procured any time after 8:30 a.m., Monday, October 13.

The entire scientific program of the 109th annual convention of the Indiana State Medical Association is approved for Category II Credit by the Indiana Academy of General Practice for its members.

Indiana State Medical Association
1021 Hume Mansur Building
Indianapolis 4, Indiana

Enclosed find check for \$4.25. Please reserve a ticket for me for:

- ☐ *"Hayfever and Other Allergies,"*
Leader: DONALD J. WHITE, M.D.,
Indianapolis
- ☐ *"Current Status of the Correct Management of Thyroid Disorders,"*
Leader: GLENN W. IRWIN, Jr., M.D.,
Indianapolis
- ☐ *"Evaluation of Patients for Cardiac Surgery,"*
Leader: HARRIS B. SHUMACKER, Jr.,
M.D., Indianapolis

I will pick up my ticket at the Registration Desk at the convention.

Signed _____, M.D.

Address _____

1958

Teaching Sessions

Order Your Tickets Now!

Three teaching sessions will be offered during the annual convention of the Indiana State Medical Association, from 2 to 3:30 p.m., Monday, October 13, 1958.

The entire scientific program of the 109th annual convention of the Indiana State Medical Association is approved for Category II Credit by the Indiana Academy of General Practice for its members.

Admission to each class will be by ticket. Classes will be limited to 40 physicians. The cost is \$2.00 per class. All classes will be held in the Murat Temple.

Order now—classes are filled early!

Indiana State Medical Association
1021 Hume Mansur Building
Indianapolis 4, Indiana

Enclosed find check for \$2.00. Please reserve a ticket for me for the following session:

- ☐ *"Bleeding During Gestation and the Puerperium,"*
DAVID A. BICKEL, M.D., South Bend
CARL S. CULBERTSON, M.D.,
South Bend
- ☐ *"Surgical Therapy of Herniated Discs of the Cervical and Lumbar Regions,"*
ALEXANDER T. ROSS, M.D.,
Indianapolis
REID L. KEENAN, M.D., Indianapolis
ROBERT F. HEIMBURGER, M.D.,
Indianapolis
- ☐ *"The Use of Exfoliative Cytology in the Diagnosis and Treatment of Cancer of the Cervix,"*
CARL P. HUBER, M.D. Indianapolis
FRANK VELLIOS, M.D., Indianapolis

I will pick up my ticket at the Registration Desk at the convention.

Signed _____, M.D.

Address _____

Next year please include _____

classes on these topics _____

Reports of Officers

THE EXECUTIVE SECRETARY

The report of the Executive Secretary will not be as detailed as that submitted last year, inasmuch as, to a large extent, it would be a duplication of the reports of the Executive Committee, the Council and the various committees and commissions of the Association.

The Headquarters' office operation has grown in the past several years and we seem to be experiencing the same situation as reported by other states and the AMA in that the load of work is continually increasing with the lull periods that used to be apparent having completely disappeared from the picture. The activation of the new commissions in the Association has apparently produced increased activity in this area which, I believe, is evidenced by the reports of these various committees and commissions. It is the responsibility of the Headquarters' office to work with these various commissions in planning their meetings, doing their research work, and carrying out the requests which they develop under their various programs.

ASSOCIATION HEADQUARTERS

The operation of the Association is now broken down into various semi-departments, known as Association Activities: Medicare, the *Journal*, Accounting, Tape Library and Field Service. The staff now includes two secretaries in the Association operation—the same with which we have operated for the past twenty years. The Medicare Department has two full-time employees, the expense of which is fully reimbursed by the government. Accounting is staffed by one employee and the *Journal* is staffed by one and one-half employees. The Field Service is staffed by two full-time field men and, in addition, your Association has an Executive Secretary.

It is difficult to give you a picture of the work load being carried by these individuals. The Secretary at this time calls to your attention the loyalty of the employees in working long hours and with considerable overtime at no additional expense to the Association in carrying out the volume of work assigned to your Headquarters' office. It may be difficult to realize that your Headquarters' office operation, including Medicare and the *Journal*, is approaching the million dollar a year business level.

We call to your attention the constant growth of membership in the Association, ending the year 1957 with the largest membership in the history of the Association. As of July 31, 1958, we lacked only

ten members to equal the total number on the roll as of Dec. 31, 1957. From past experience in this area, it indicates that the total membership in the Association for the year 1958 will show a net gain over 1957 of from twenty-five to fifty additional members.

We are happy to report that through continued negotiations with the American Medical Association, we have finally obtained a policy decision to the effect that all members of the American Medical Association will be carried on the rolls until January 1 of the year following decease. This means, as this report is written, we lack only twelve members to have sufficient AMA membership to entitle us to another delegate to the American Medical Association. In the past, the American Medical Association has been subtracting as members those who died, which kept us always in the position of being unable to obtain 4,001 members of the American Medical Association which would entitle us to a fifth delegate. With this new ruling going into effect as of Jan. 1, 1958, it is believed that by Dec. 31, 1958, membership in the AMA will entitle us to a fifth delegate in 1959. It might be wise for the House in this session to consider the election of a fifth delegate and an alternate in case this becomes a reality.

Your Secretary has continued to serve during the past year as a member of the Advisory Committee to the Department of Defense under the Medicare Program and as Secretary-Treasurer of the Conference of Presidents and Officers of State Medical Associations. His resignation as Secretary-Treasurer of the Conference of Presidents and Officers was tendered at the San Francisco meeting of the group and will become effective at the Atlantic City meeting in 1959—a completion of five years in this position.

The Secretary expresses his sincere appreciation to the officers and members of the Association for their unselfish help and counsel during the year and also expresses his appreciation to the hard-working staff for their loyalty to the conduct of the Headquarters' office.

The Secretary again renews his invitation to all members of the Association for their suggestions and criticisms and invites all of them to visit the Headquarters' office in order to become better acquainted with the activities being carried on by your staff.

It is our sincere hope that we have fulfilled the wishes of all who have had occasion to call upon us.

JAMES A. WAGGENER

TREASURER'S REPORT

Since Jan. 13, 1958, when the auditors submitted their annual report for 1957, the following additional investments have been made from the General Fund:

91-day United States Treasury Bills at 1.71% interest (maturity 8/14/58; will be automatically reinvested if General Fund does not require reimbursement) -----	\$30,000.00
United States Treasury Bonds at 2½% interest; (maturity 11/15/61) -----	10,000.00
United States Treasury Bonds at 2½% interest; (maturity 12/15/72-67) -----	20,000.00
Securities purchased prior to January 1958 and listed below in auditors' report-----	221,000.00
<hr/>	
Total investments, GENERAL FUND, July 31, 1958-----	\$281,000.00
No additional investments have been made during the past year from the Medical Defense Fund due to the expense of litigation in numerous cases.	
Total investments, MEDICAL DEFENSE FUND, July 31, 1958-----	26,000.00
<hr/>	
Total investments, ALL FUNDS--	\$307,000.00

Since Jan. 1, 1958, it has been necessary, in order to grant loans to students, to redeem the \$5,000.00 invested from the Student Loan Fund in United States Treasury Bills. Interest from this investment is shown in the following brief report on this Fund from the time of its establishment in May, 1956 to July 31, 1958.

RECEIPTS:

Transferred from General Fund, as directed by the Council -----	\$ 15,000.00
Donations -----	200.03
Interest on U. S. Treasury Bills -----	270.51
<hr/>	
Total receipts-----	\$ 15,470.54

EXPENDITURES:

Printing: loan applications, notes, checks-----	\$ 110.25
Loans to students:	
28 at \$500.00	
each -----	\$14,000.00
1 at \$425.00 ---	425.00
1 at \$420.02 ---	420.02
1 at \$400.00 ---	400.00
1 at \$100.00 ---	100.00
<hr/>	
32 loans -----	15,345.02
<hr/>	
Total expenditures-----	15,455.27
<hr/>	
Balance -----	\$ 15.27
Repayment of loan -----	500.00
<hr/>	
Balance in Student Loan Fund, July 31, 1958---	\$ 515.27

Cash balances in the respective funds of the association, as shown by the July 31, 1958, bank statements:

General Fund -----	\$ 8,375.38
Medical Defense Fund --	869.04
JOURNAL Fund -----	19,636.52
Student Loan Fund ----	515.27
Petty Cash Fund -----	873.29
<hr/>	
Total Cash on hand, July 31, 1958-----	\$ 30,269.50

Following is a detailed report prepared by Geo. S. Olive & Co., of Indianapolis, showing the financial status of the association as of December 31, 1957.

OKLA W. SICKS, M.D., *Treasurer.*

January 13, 1958.

The Council,
Indiana State Medical Association,
Indianapolis, Indiana.

Gentlemen:

We have examined the accounts and financial records of the Indiana State Medical Association as of December 31, 1957, maintained on a cash receipts and disbursements basis. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements, on a cash receipts and disbursements basis, present fairly the position of the Indiana State Medical Association at December 31, 1957, and the results of its operations for the year then ended, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Yours very truly,

GEO. S. OLIVE & CO.,
Certified Public Accountants.

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION
Statement of Assets, All Funds,
At December 31, 1957

GENERAL FUND:

Cash on deposit—Exhibit C \$	3,742.84
Petty cash fund -----	1,500.00
Loan to North Central District Blood Bank Clearing House -----	1,000.00
Investments:	
U. S. Treasury certificates of indebtedness—series A -----	\$ 10,000.00
U. S. Treasury bonds -----	115,000.00
U. S. Savings bonds -----	96,000.00
<hr/>	
	221,000.00
<hr/>	
	\$227,242.84

Deduct: Due to Medicare Fund -----	218.55	
Total general fund -----		\$227,024.29
THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION:		
Cash on deposit—Exhibit D -----		\$ 2,702.27
MEDICAL DEFENSE FUND:		
Cash on deposit—Exhibit E \$	1,249.62	
Investments:		
U. S. Treasury bills -----	3,000.00	
U. S. Treasury bonds -----	14,000.00	
U. S. Savings bonds -----	9,000.00	
		26,000.00
Total Medical Defense Fund -----		27,249.62
STUDENT LOAN FUND:		
Notes receivable from medical students -----	\$ 10,725.00	
Investments:		
U. S. Treasury bills -----	5,000.00	
		15,725.00
Deduct: Bank overdraft—exhibit F -----	374.47	
Total Student Loan Fund -----		15,350.53
MEDICARE FUND:		
Cash on deposit—exhibit G \$	26,012.84	
"Medicare" claims paid for which reimbursement has not yet been received—exhibit G -----	49,780.11	
Due from general fund ---	218.55	
		\$ 76,011.50
Deduct: Note payable—The Indiana National Bank of Indianapolis -----	75,000.00	
Total Medicare Fund ---		1,011.50
TOTAL ASSETS, ALL FUNDS—exhibit B --	\$273,338.21	

Exhibit B

INDIANA STATE MEDICAL ASSOCIATION	
Analysis of Increase in Assets, All Funds,	
Year Ended December 31, 1957	
TOTAL ASSETS, DECEMBER 31, 1957	
exhibit A -----	\$273,338.21
TOTAL ASSETS, JANUARY 1, 1957 -----	271,980.17
NET INCREASE -----	\$ 1,358.04

Arising from the following sources:

Excess of operating cash receipts over operating cash disbursements, year ended December 31, 1957:	
General fund—exhibit C:	
Receipts ---	\$137,393.84
Disbursements ----	129,938.90
	\$ 7,454.94

Student Loan fund—exhibit F:	
Receipts ---	162.15
Disbursements ----	
	162.15

Indiana Medical Education Foundation Fund—exhibit H:	
Receipts ---	5,662.50
Disbursements ----	5,662.50

Deduct: excess of operating cash disbursements over operating cash receipts, year ended December 31, 1957:

The Journal of the Indiana State Medical Association—exhibit D:	
Disbursements ---	65,969.19
Receipts ---	60,098.66

5,870.53

Medical Defense fund—exhibit E:	
Disbursements ---	5,666.14
Receipts ---	5,484.67

181.47

Medicare fund—exhibit G:	
Disbursements ---	\$170,584.40
Receipts ---	170,377.35

207.05

6,259.05

NET INCREASE ----- \$ 1,358.04

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION
Comparative Statement of Cash Receipts and Disbursements, Years Ended December 31, 1957, and December 31, 1956

GENERAL FUND

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
CASH BALANCE (OVERDRAFT) --\$(686.99) \$13,497.53 \$(14,184.52)			
RECEIPTS:			
Membership dues			
—current year	107,666.00	105,464.00	2,202.00
Membership dues —1958 dues received in advance -----	4,389.00	-----	4,389.00
Income from exhibits -----	12,225.00	21,205.00	(8,980.00)
Interest income and discount on securities purchased -----	6,516.27	6,515.59	.68
Interest income of prior years received by the Medical Defense fund, transferred to the general fund—exhibit E -----	75.00	-----	75.00

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
Deduct: Interest income held by Medical Defense fund—exhibit E	-----	(100.00)	100.00
Instructional courses	391.00	623.50	(232.50)
Collections on notes and scholarship agreements	292.05	700.00	(407.95)
Reimbursement of special committees' expenses incurred in administering the "Medicare" program	5,839.52	-----	5,839.52
Payment stopped on prior years' outstanding checks	-----	40.70	(40.70)
Total—exhibit B	137,393.84	134,448.79	2,945.05
Redemption of securities	60,000.00	82,000.00	(22,000.00)
Reimbursement from Medical Defense fund for securities purchased in 1956—exhibit E	2,974.89	-----	2,974.89
Total receipts	200,368.73	216,448.79	(16,080.06)

BEGINNING BALANCE PLUS CASH RECEIPTS	199,681.74	229,946.32	(30,264.58)
---------------------------------------------	------------	------------	-------------

DISBURSEMENTS:			
Operating cash disbursements—exhibit B, schedule C-1	129,938.90	124,658.42	5,280.48
Transfer to Student Loan fund exhibit F	5,000.00	10,000.00	(5,000.00)
Transfer to Medicare fund—exhibit G	1,000.00	-----	1,000.00
Purchase of securities—general fund	60,000.00	92,000.00	(32,000.00)
Purchase of securities for Medical Defense fund—exhibit E	-----	2,974.89	(2,974.89)
Loan to North Central District Blood Bank Clearing House	-----	1,000.00	(1,000.00)
Total disbursements	195,938.90	230,633.31	(34,694.41)

CASH BALANCE AT END OF YEAR	3,742.84	(686.99)	4,429.83
	(Exhibit A)		

Exhibit D

INDIANA STATE MEDICAL ASSOCIATION
Comparative Statement of Cash Receipts and Disbursements
Years Ended December 31, 1957, and December 31, 1956
THE JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
CASH BALANCE	\$ 8,572.80	\$ 6,932.62	\$ 1,640.18
RECEIPTS:			
Subscriptions—members—schedule C-1	11,820.00	11,547.00	273.00
Subscriptions—non-members	213.00	266.00	(53.00)
Advertising	46,030.92	44,352.01	1,678.91
Refund of postage	.71	-----	.71
Single copy sales	337.93	150.50	187.43
Sale of reprints	1,646.10	1,805.39	(159.29)
Sale of scrap metal	-----	89.60	(89.60)
Sale of typewriter	50.00	-----	50.00
Total receipts—exhibit B	60,098.66	58,210.50	1,888.16
BEGINNING BALANCE PLUS CASH RECEIPTS	68,671.46	65,143.12	3,528.34
DISBURSEMENTS:			
Salaries	10,711.44	10,451.55	259.89
Printing and reprints	48,420.59	39,898.32	8,522.27



HANGER'S Suction Socket Prostheses

"I walk without a cane or crutch—dance, ride horseback, and pitch horseshoes," says Chuck Koney, former baseball player now wearing this new Hanger Leg. The advantages of the Suction Socket Leg include a more life-like appearance, greater comfort, no straps or belts, lighter weight, improved stump condition, better walking. This new Hanger Leg is based on a new principle developed in conjunction with the National Research Council. 90% of Hanger Suction Socket cases have been successful, largely the result of careful selection and expert fitting.

Hanger
PROSTHESES

1529-33 N. ILLINOIS ST., INDIANAPOLIS 2, IND.
 3108 BURNET AVENUE, CINCINNATI 29, OHIO
 FAIRFIELD AT PONTIAC, FORT WAYNE, IND.
 418 N. MAIN ST., EVANSVILLE, IND.

Exhibit F

INDIANA STATE MEDICAL ASSOCIATION Comparative Statement of Cash Receipts and Disbursements

Years Ended December 31, 1957, and December 31, 1956

STUDENT LOAN FUND

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
CASH BALANCE AT BEGINNING OF YEAR	\$ 3,688.38	\$ -----	\$ 3,688.38

RECEIPTS:

Interest -----	162.15	98.60	63.55
Donations -----	-----	200.03	(200.03)

Total—exhibit B -----	162.15	298.63	(136.48)
-----------------------	--------	--------	-----------

Transfer from general fund—exhibit C -----	5,000.00	10,000.00	(5,000.00)
Collection of loan to student -----	100.00	-----	100.00
Redemption of securities -----	20,000.00	10,000.00	10,000.00

Total receipts -	25,262.15	20,298.63	4,963.52
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BEGINNING BAL- ANCE PLUS CASH

RECEIPTS -----	28,950.53	20,298.63	8,651.90
-----------------------	-----------	-----------	----------

DISBURSEMENTS:

Stationery and printing—exhibit B -----	-----	110.25	(110.25)
-----------------------------------------	-------	--------	-----------

Loans to students	9,325.00	1,500.00	7,825.00
Purchase of securities -----	20,000.00	15,000.00	5,000.00
Total disbursements -----	29,325.00	16,610.25	12,714.75

CASH BALANCE (OVERDRAFT) AT END OF

YEAR -----	\$(374.47)	\$ 3,688.38	\$(4,062.85)
	(Exhibit A)		

Exhibit G

INDIANA STATE MEDICAL ASSOCIATION Statement of Cash Receipts and Disbursements Six Months Ended December 31, 1957

MEDICARE FUND

RECEIPTS:

Reimbursements from U. S. Government:	
“Medicare” claims paid ----	\$168,546.41
Administrative expenses ---	1,645.94
Refunds of overpayments to physicians -----	185.00

Total—exhibit B -----	170,377.35
-----------------------	------------

Proceeds of loan from The Indiana National Bank of Indianapolis -----	75,000.00
Transfer from general fund—exhibit C -----	1,000.00

Total receipts -----	246,377.35
----------------------	------------

DISBURSEMENTS:

“Medicare” claims paid for	
----------------------------	--



“back-itis”
yes, any rheumatic “itis” calls for
Sigmagen®
corticoid-salicylate compound TABLETS

Schering

90-J-598

which reimbursement has been received -----	\$168,719.91
Reimbursements of administrative expenses transferred to general fund -----	1,645.94
I.B.M. accounting services ---	218.55
Total—exhibit B -----	170,584.40
"Medicare" claims paid for which reimbursement has not yet been received—exhibit A -----	49,780.11
Total disbursements -----	220,364.51
CASH BALANCE, DECEMBER 31, 1957—exhibit A -----	\$ 26,012.84

Exhibit H

INDIANA STATE MEDICAL ASSOCIATION Statement of Cash Receipts and Disbursements, Ten Months Ended December 31, 1957

INDIANA MEDICAL EDUCATION FOUNDATION FUND	
RECEIPTS:	
Contributions to American Medical Education Foundation, Inc.—exhibit B -----	\$ 5,662.50
DISBURSEMENTS:	
Endorsement stamp -----	\$.80
Proceeds of 1957 campaign to American Medical Education Foundation, Inc. -----	5,661.70
Total disbursements—exhibit B -----	5,662.50
CASH BALANCE, DECEMBER 31, 1957 -----	\$ -----

Schedule C-1

INDIANA STATE MEDICAL ASSOCIATION Comparative Analysis of Operating Cash Disbursements Years Ended December 31, 1957, and December 31, 1956

	Year Ended		
	Dec. 31, 1957	Dec. 31, 1956	Increase (Decrease)
Transfer of applicable portion of dues to:			
The Journal of The Indiana State Medical Association—exhibit D—	\$ 11,820.00	\$ 11,547.00	\$ 273.00
Medical Defense fund—exhibit E -----	4,722.50	4,615.00	107.50
Premium on purchase of securities -----	15.63	-----	15.63
Headquarters office expense -----	56,114.38	60,111.76	(3,997.38)
Council -----	1,964.78	1,054.77	910.01
Officers -----	3,542.36	8,129.76	(4,587.40)
Annual session -----	12,202.88	18,844.98	(6,642.10)
Standing committees —schedule C-2 -----	19,051.40	11,453.26	7,598.14
Special committees --	9,849.59	2,219.11	7,630.48
Federal insurance contributions tax--	527.96	487.20	40.76
Indiana and federal unemployment compensation taxes ---	89.25	73.44	15.81
Fifty-year Club -----	197.69	249.91	(52.22)
Employees' Retirement fund -----	6,036.16	5,872.23	163.93

Donation to Woman's Auxiliary to the Indiana State Medical Association -----	1,000.00	-----	1,000.00
Hungarian Relief ---	500.00	-----	500.00
Travel expenses of commissions -----	799.00	-----	799.00
Interest expense—bank loan to Medicare fund -----	571.88	-----	571.88
I.B.M. accounting services for Medicare fund -----	933.44	-----	933.44
Totals—exhibit C--	\$129,938.90	\$124,658.42	\$5,280.48

Schedule C-2

INDIANA STATE MEDICAL ASSOCIATION Analysis of Standing Committees Expenses, Year Ended December 31, 1957

COMMITTEE:	Amount
Medical Education and Licensure -----	\$ 1,427.70
Publicity -----	653.83
Public Relations -----	11,449.06
Preceptorship -----	33.15
Rural Health -----	486.91
Public Policy and Legislation -----	4,815.34
Scientific Work -----	105.30
Grievance -----	80.11
Total—schedule C-1 -----	\$19,051.40

CHAIRMAN OF THE COUNCIL

Minutes of all Council meetings held during the past year have been printed in the *Journal* and are being submitted to the Reference Committee for its information; therefore, I shall not attempt to go into detail on Council actions but shall report on some of the major matters which came before the Council during the past year.

The first meeting of the Council was held immediately following the adjournment of the House of Delegates on Oct. 9, 1957. By secret ballot, as provided for in the constitution and bylaws, Dr. Guy A. Owsley of Hartford City was elected as Chairman. The Council re-elected Dr. E. H. Clauser of Muncie as a member of the Executive Committee for the ensuing year, and on a ballot vote, Dr. Donald E. Wood of Indianapolis was elected a member of the Executive Committee. Dr. James B. Maple of Sullivan was elected as necrologist to the *Journal* staff in compliance with the new constitution and by-laws.

MEETING OF NOVEMBER 3, 1957

A special meeting of the Council was held for the purpose of implementing the action of the House of Delegates in attempting the resolution concerning a building for the Association. At this time the Council heard Dr. John D. Van Nuys proffer in behalf of the University several sites and the Council walked over these areas viewing these proposed offerings. Inasmuch as the full verbatim proceedings of all of the Council meetings concerning the building program were published in the

September *Journal*, we shall not elaborate on this subject at this time.

The Council met again on Sunday, Jan. 12, as guests of the Wisconsin State Medical Society to tour their building and to learn more about their costs and program. This was also incorporated as a part of the published proceedings.

Resolution 14, as adopted by the House of Delegates, was reviewed by the Council and the Commission on Legislation was instructed to implement the intent of this resolution.

A discussion was held as to whether or not the 1959 meeting of the Association would be held in Indianapolis rather than in French Lick, as approved by the House of Delegates. The matter was discussed thoroughly and it was the feeling of the Council that future conventions of the Association should be held in Indianapolis until such time as other sites having proper facilities might be available. The Council by vote moved that this be placed on the agenda at the next meeting of the House of Delegates with the recommendation of the Council that all meetings in the future, including the 1959 meeting, be held in Indianapolis until such time as other sites would become available in other parts of the State. If this report is approved as submitted, this will mean that you will adopt the recommendation of the Council that all conventions of the Association, including the 1959 meeting, be held in Indianapolis until such time as other facilities might become available.

The Council authorized the President to appoint a liaison committee with the University and the School of Medicine, whose responsibility would be in the field of policy.

JANUARY MEETING OF THE COUNCIL

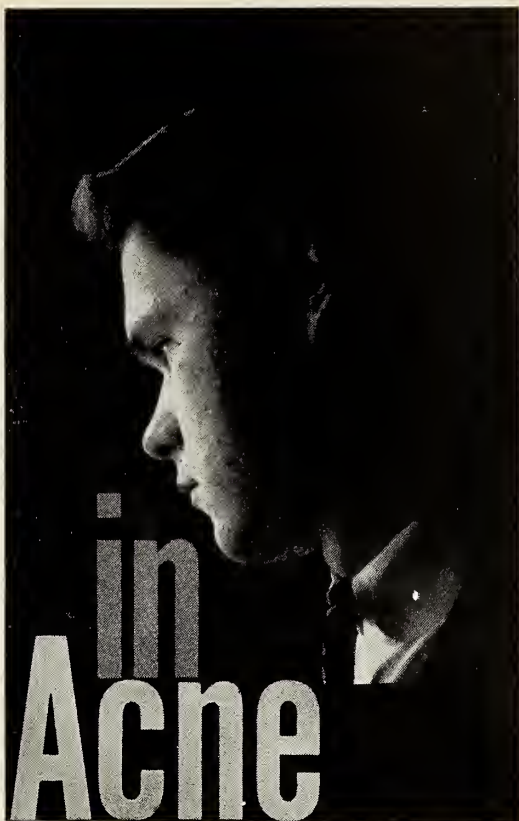
A request of the Pike County Medical Society for permission to affiliate with the Daviess-Martin Medical Society was refused inasmuch as it would conflict with Article 7 of the Constitution. The Society was instructed to present a resolution before the House of Delegates.

The Auditor's Report, prepared by George S. Olive and Company was approved. The Editor of the *Journal* called attention of the Council to the fact that additional scientific papers were desired by the *Journal* and he requested the Council to urge physicians to submit papers for publication.

The delegates to the A.M.A. reported on the actions of the Clinical Meeting held in Philadelphia in December. The Council heard a report from its new Liaison Committee appointed to investigate the relations between the medical profession and Blue Shield. As a result of this report, a permanent Liaison Committee of the Council was established consisting of Drs. William B. Challman, G. O. Larson and John M. Paris.

A report of the Commission on Special Activities concerning contributions to the American Medical Education Foundation, blood banks, and wel-

Continued



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fare and assistance to widows and disabled members of the Association was received.

Dr. Okla W. Sicks, the Treasurer, asked for a clarification from the Council as to the maximum sum which is available for loan to students. The Executive Secretary reported on the operations of Medicare, pointing out that during his first six months as Fiscal Administrator \$46,000 in claims had been handled.

Dr. Earl Mericle reported on the activities of his Committee with regard to recodifications of Indiana Mental Laws. Authority was granted to the Committee to join with the Mental Health Commission in the work of recoding these laws. A budget of \$6,000 was given to the Convention Arrangements Committee and \$1,500 was allowed to the Scientific Exhibit Committee.

A report of the Commission on Legislation was received. A resolution from the Delaware County Medical Society was read by the Council and the Society was notified that everything was being done in the interest of accomplishing the purpose of this resolution.

The membership report was reviewed and accepted as presented. Dr. James W. Denny of Indianapolis was elected to fill the unexpired term of Dr. J. William Wright, Sr., deceased, as alternate to the A.M.A., term ending Dec. 31, 1958. The Chairman of the Executive Committee referred the minutes from the Executive Committee to the Council for their action. The Liaison Committee with the University School of Medicine announced terms as follows: President—one year, Chairman of the Council—one year, President-Elect—two years, Don E. Wood, member of the Executive Committee—three years, and M. E. Glock, Twelfth District Councilor—three years.

The Chairman of the Commission on Public Information appeared before the Council and reviewed some of the plans of his Committee, including the State Fair Exhibit, the Annual Conference of Physicians and Schools to be held here in October, and participation in the Science Fair, all of which were approved.

Drs. C. P. Clark and M. Richard Harding appeared before the Council and reported on the activities of the Academy of Ophthalmology and Otolaryngology. The Council nominated Dr. John Beeler of Indianapolis to succeed Dr. Wemple Dodds as member-at-large on the Board of Directors of Blue Shield, and nominated Dr. Marlow Manion to succeed himself for another three-year term.

The Chairman of the Commission on Governmental Medical Services reported, and the balance of the meeting was taken up with a discussion of the Building Program with members of the Medical Society and past presidents giving their views on these suggestions.

MEETING OF APRIL 20, 1958

The officers and councilors made their usual reports as to their activities during the past quarter and the Chairman of the Commission on Medical

Economics and Insurance appeared before the Council and discussed the theory of a relative value schedule for Indiana and also the relationship between the Association and the St. Paul Mercury Indemnity, the approved malpractice plan for the Association.

The Council established a Building Fund of \$50,000 to be used for the purpose of acquiring a site for an office building and for the employment of an architect and engineer to develop plans and specifications for a building.

The Council approved the budget as prepared by the Budget Committee. The mileage allowance for members of the commissions and Council for attending Association meetings was increased from five cents to ten cents per mile.

The Secretary reported on the renegotiation of the Medicare contract and informed the Council that the new contract fulfills the requirements of the Grant County resolution adopted by the 1957 session of the House of Delegates.

The Liaison Committee between the Council and Blue Shield reported and the Chairman of the Commission on Government Medicare Services reported on the Veterans' Fee Schedule, the Maternity and Mortality Study Committee. Reports on the arrangements for the 1958 convention were submitted for the Council's information.

The Chairman of the Commission on Legislation reported on legislative matters, and the Liaison Committee with Indiana University reported to the Council that they had met with University officials and had discussed:

- 1—The relationship of the geographical full-time men to private practice; and
- 2—The affairs of the School of Medicine as they pertain to the members of the State Medical Association. This will be summarized in an article to be prepared by the Dean and published in the *Journal*.

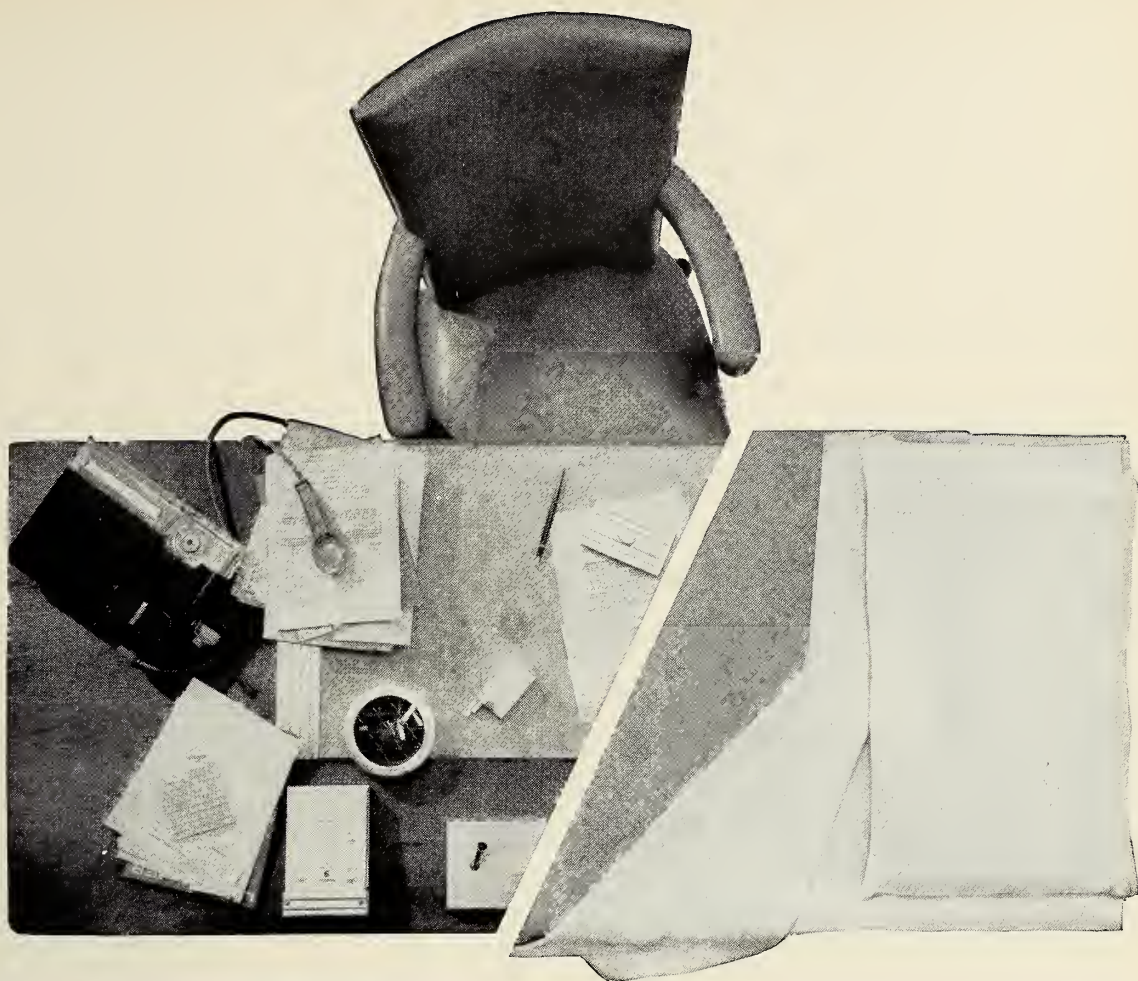
Also discussed was the possibility of establishing a two-year School of Medicine on the Bloomington Campus and the policies of the Admissions Committee for the Medical School.

The Council adopted a motion requesting the President to call a special meeting of the House of Delegates, the business of which meeting is to be limited to the discussion of the Building Program.

A discussion of the introduction of the Cline Report by the Indiana delegates to the A.M.A. was discussed, and the Secretary was instructed to determine the position of the Kansas Medical Society on this point.

Drs. Jene Bennett of South Bend and Harold D. Lynch of Evansville were nominated as members of the Editorial Board. The Secretary was instructed to obtain information from the Better Business Bureau and the American Medical Association concerning a new association in northern Indiana known as the Brain Research Foundation.

Continued



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MEETING OF JULY 20, 1958

The usual reports of the officers and councilors were received and the delegates to the American Medical Association reported on the San Francisco meeting. Much discussion was had regarding the relationship between the medical profession and the osteopathic group. The Council was hopeful that this matter would be resolved in time for the meeting of the A.M.A. It was felt that the osteopathic group would take action at their July meeting to put their Association in line for recognition by the A.M.A. In the July meeting of the A.O.A., action was taken by the osteopathic group to remove their original philosophy as a part of their constitution and by-laws. It was also reported that throughout the country there is quite a move on for doctors of medicine to teach in schools of osteology.

The Council for this meeting met in the building known as 3333 North Meridian, which was offered to the Association as a possible home and the Council toured the building at this time. The building consists of 22,500 square feet of usable space. It was offered to the Association at a price of \$605,000. Mr. W. A. Brenner Jr. of the realty firm presented the offer to the Council for their consideration. On this same day the Council had invited the delegates to the Indiana State Medical Association to view this building and to learn the details of the proposal in order that they might determine whether or not they should seriously consider this property. Each councilor expressed his views regarding the building and, as a result, the Council took action to continue the exploration of the possibility of acquiring a Headquarters Building for the Association. A special committee of the Council was appointed to further study this proposal and to bring in a recommendation in time for consideration at the October meeting.

Dr. Harry Howard, President of Mutual Medical Insurance, Inc., of the Blue Shield Plan, appeared before the Council for a discussion of some of the problems encountered by Blue Shield.

Action was taken by the Council to urge a county society to support the prosecution of a physician in their community for his apparent fraud in filing Blue Shield claims. Two other physicians, whose actions in filing insurance reports were questionable, were also brought to the attention of the Council for their information.

The Council confirmed the election of Drs. Jene Bennett of South Bend and Harold D. Lynch of Evansville as members of the Editorial Board. The

Chairman of the Student Loan Committee reported that all available funds had been loaned to medical students and the additional applications, totalling \$4,000, were before the Committee. The Council referred the question to the House of Delegates as to whether additional funds should be made available for loan to medical students and, if so, how much. We would appreciate the direction of the House of Delegates on this point. Presently, this Committee has \$15,000 out on loan.

Following the above discussion, the Council adopted a resolution that the House of Delegates be requested to allocate additional funds to the Student Loan Committee for the purpose of making loans to the students. No amount was discussed and should the House of Delegates concur in our recommendation, we would appreciate the House establishing the additional amount to be allocated.

The Chairman of the Council's Liaison Committee with Blue Shield made a report. The Council adopted a motion to the effect that the Liaison Committee should arrange for a meeting between the Executive Committees of Blue Cross, Blue Shield and the State Medical Association for a discussion of several of the findings of the Liaison Committee on:

- 1—The employment of a full-time medical director for Blue Cross and Blue Shield; and,
- 2—The relationship of the mounting cost of hospitalization to the Blue Cross Plan.

The Council felt that the time had come for the Association to make an effort to obtain a directorship on the Board of the Indiana Chamber of Commerce. A report of the Nominating Committee was submitted and the Council approved the name of Dr. Don E. Wood as a candidate for this position from this office.

The Secretary read the reports which he had been requested to obtain from the American Medical Association and the Better Business Bureau concerning the Brain Research Foundation. The Council by motion instructed that this information be forwarded to the appropriate counselor of the American Medical Association for disposition.

A letter was received from the Seventh District Medical Society reporting that they had at their spring meeting approved the name of Dr. Glen V. Ryan for membership on the Blue Shield Board. A councilor from the Eighth District informed the Council that Dr. E. H. Clauser of Muncie had been nominated by the District for membership on the Blue Shield Board. The Councilor of the Fifth District reported that Dr. H. T. Goodman had been

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nominated as a Director to the Blue Shield Board. All of these nominations were confirmed by the Council and were nominated by the Council to become members of the Blue Shield Board at the appropriate time.

The final report on the convention arrangements was received by the Council. The membership report of the Association was reviewed by the Council and the increase in membership as compared to last year was noted with favorable comment. The Executive Committee reviewed the question of policy of the Association relative to opening hospitals with full privileges to all licensed physicians. As a result, a special committee was appointed to investigate this matter and to report back to the Council at their next meeting so that it might be presented to the House of Delegates.

The Executive Committee recommended to the Council that the Council should meet each morning during the annual convention and that councilors should be specifically assigned to represent the Council before each of the reference committees. This was approved and the plan is to be put into effect at this convention.

The matter of getting better attendance at the scientific meetings was discussed, it being pointed out that the Scientific Work Committee worked diligently in procuring speakers of national repute for the meetings and yet many times the attendance was embarrassing as far as the Association was concerned. It was hoped that the members of this Association will take more interest in the Scientific Programs, and, if the programs are not the type that meet their desires, then they should inform the officers and the committee responsible of their likes and dislikes so that programs suiting the majority might be devised at future meetings.

The Chairman of the Commission on Public Information appeared before the Council pointing out that he felt it necessary for the Association to take a definite position at this time as to whether or not it would cooperate in the National Science Fair Program in 1959 as we have in the past, explaining that he felt that this was necessary in order that proper publicity could be given to the

Association participation rather than waiting until the last minute and then failing to get proper publicity. He pointed out that the 1959 session would be in Hartford, Conn., and that the invitation to the medical profession to hold the National Science Fair in Indianapolis in 1960 had been accepted. The Council approved the continued participation in this movement and herewith encourages all county medical societies to take an active part in working with school people in their communities in promoting the science programs. The Chairman also recommended that the Association send six or eight members of the Association to the National Science Fair so that they might get a better view of the importance and the valuable work being effected by this program. This was approved.

The Council approved the submission of the raw materials by the Indiana State Police Department, Auto Crash Research Division and Cornell University to automotive manufacturers, providing identification is removed. This was approved inasmuch as it was felt that this information might be helpful in improving the safety engineering in automobiles.

We believe from this report and from the fully published minutes of the meetings of the Council, that you will concur that the Council has had a busy and an important year. The Chairman takes this opportunity to thank the members of the Council, the officers and all members of the Association for their fine cooperation which has permitted the handling of business by the Council with dispatch.

GUY A. OWSLEY, M.D., *Chairman.*

Reports from District Councilors

FIRST COUNCILOR DISTRICT

Things in general have been quiet in the First District.

The Pike County Medical Society has asked to be transferred from the First District to the Second Councilor District. This request will be presented by the Pike County Society delegate to the House of Delegates at the October meeting.

The only other thing of importance is the proposed construction of a new county hospital in Princeton, which is being backed by the Gibson County Medical Society.

WILLIAM B. CHALLMAN, M.D., *Councilor*

SECOND COUNCILOR DISTRICT

The Second District Medical Society met at the Bloomington Country Club in Bloomington, Indiana on Weds., May 28, 1958 with 46 members present.

The excellent program arranged by the Owen-Monroe Medical Society consisted of lectures by Dr.

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J. F. Battersby, Associate Professor of Surgery of Indiana University, on "Diseases of the Lungs and Diseases of the Esophagus," and Dr. John Campbell, Chairman and Professor of Radiology of Indiana University, on "Cineradiography" and "Roentgen Diagnosis in Obstetrics." After these interesting talks the business meeting proceeded.

The meeting was called to order by Dr. H. S. Hepner, President of the Owen-Monroe County Medical Society. In the absence of the District Secretary, Dr. J. S. Brown of Carlisle, the reading of the minutes of the last meeting was dispensed with by consent and Dr. E. F. Hartke, Secretary of the Owen-Monroe County Medical Society, was appointed District Secretary pro tem.

District officers elected for the year 1958-1959 were: President, Frederic M. Dukes of Sullivan County; Vice President, Dr. Edward T. Edwards Jr. of Knox County, and Secretary, Dr. John S. Brown of Sullivan County.

Guests attending the meeting were introduced. Dr. James H. Crowder, Councilor for the Second District, reported on Council activities. Mr. James A. Waggener, Executive Secretary of the I.S.M.A., reported on Legislative problems, including relationships with chiropractors and osteopaths, and called attention to the confidential nature of the information transmitted to doctors every month in the News Flash. Mr. L. E. Converse reported on the status of and problems confronting Blue Shield.

Dr. M. C. Topping, President of the I.S.M.A., was introduced and presented a detailed report of the activities, thinking and progress of the Building Committee in selecting a site for a building to house the I.S.M.A. Headquarters office. Dr. P. T. Holland of Bloomington moved that the Second District approve the preliminary report of the Council and Building Committee concerning plans for the building program and this motion was seconded and passed unanimously.

This concluded another successful year for the Second District Medical Society.

J. H. CROWDER, M.D., *Councilor*

THIRD COUNCILOR DISTRICT

The annual spring meeting of the Third Councilor District was held in New Albany at the Country Club on Weds., May 14. There were 50 members and guests in attendance. Among the guests present were State President, Dr. Topping; Executive Secretary of the I.S.M.A., Mr. Waggener, and President-elect of the Auxiliary of the I.S.M.A., Mrs. Joe Black. Dr. Topping reported to the members during luncheon.

At the business session following luncheon the following officers were elected: Dr. John Paris, Councilor; Dr. Lyle Haven, Alternate Councilor to serve out the unexpired year left by Dr. Paris; President, Dr. Robert Lafollette. He will appoint

his own secretary later. The spring meeting for 1959 will be held in New Albany.

The members were informed of a special session of the House of Delegates to be called in June for the purpose of clarifying the Council's position with respect to the building program. It was understood that the Council had been given authority for definitive and closing action with respect to the new building for the I.S.M.A. at its last meeting last fall in French Lick. Opposition in certain areas led to the calling of a special session for further consideration of the matter.

All delegates were urged to attend and were asked to ascertain the wishes of their constituents beforehand. Those present at the Third District Meeting voted unanimous approval of the Council's choice of a building site offered by the University on the I.U. Medical Center Campus in Indianapolis. The Secretary was requested to inform each constituent county society of this action.

Following the business session Dr. Marvin Lucas, Louisville, spoke on "Office Proctology" and Dr. Joseph Mauer, Louisville, spoke on "Office Urology."

KEITH HAMMOND, M.D., *Councilor*

FOURTH COUNCILOR DISTRICT

On January 14 the first of a series of Blue Shield programs was held in Columbus for doctors and their wives of Bartholomew-Brown County Society. This was followed in February by like meetings in Jackson, Jennings and Decatur Counties. In March Dearborn-Ohio was visited, and in April, Ripley County. This covered the whole district with the exception of Jefferson-Switzerland where we could not wangle an invitation.

Without exception Mr. Leonard Converse's presentation was well accepted, and he was invited back next year to give the doctors more information on the economics of medicine with special attention to the insurance field. The attendance at these meetings was very good, as were the dinners provided by Blue Shield.

The District Meeting was held in North Vernon on May 7th at the Muscatatuck Country Club. Dr. William Johnson, president of the District, was in charge. Golf prizes were presented at the luncheon and Dr. M. C. Topping, President of the Indiana State Medical Association, gave a résumé of the thinking and tentative planning which had taken place on the proposed building for the State Association. The scientific program was presented by Dr. A. D. Dennison Jr., who spoke on "Aortic Insufficiency" and Dr. Franklin Peck Jr. of the Lilly Clinic, who spoke on Viruses. At the business meeting Mr. James Waggener briefed the group on the work of the State Association. The delegates formed a committee to study complaints of their doctors about Blue Shield payments and will meet with Mr. Leonard Converse on June 4th to further consider

this matter. The Fourth District will have their 55th annual meeting in Madison, Ind., the first Wednesday in May, 1959.

J. E. DUDDING, M.D., *Councilor*

FIFTH COUNCILOR DISTRICT

By vote of the Council assembled in the first meeting at French Lick, October, 1957 the term of this Councilor began at that time instead of Jan. 1, 1958. This was done because the Councilor at that time was President-elect, Dr. M. C. Topping.

Cooperation with the Societies in this District has been good except Parke-Vermillion. This Society has not been visited and no member has attended a District meeting.

Fifth District Medical Society meeting was held in Brazil on May 21. An excellent program was presented but attendance was very poor.

A survey has been made in this District concerning headquarters building of I.S.M.A. The members:

1. Are in favor of the building.
2. Are in favor of having it near the Medical Center.
3. Approve the inclusion of Allied Organizations on state level.
4. Do not approve of local or specialty organizations being included in the building.
5. Do not agree on the method of financing.

I wish to express my thanks to the secretaries of the Component Societies and to Mr. Waggener and his assistants for their kindness this first year.

ROBERT K. WEBSTER, M.D., *Councilor*

SIXTH COUNCILOR DISTRICT

The medical societies of the counties comprising the Sixth District have each been unusually active this past year. Interest in the affairs of Blue Shield has been intense and our representatives have made a continuing effort to understand the problems and responsibilities of this organization and then to bring intelligent, well advised and constructive recommendations to the proper bodies of authority in policy making and in program planning and in financial responsibility and in public relations of the Blue Shield Company.

The county societies as a whole and the individual members in particular are grateful and perhaps unreasonably, but, at least, extremely proud of the fact that a member of our society has played such a vital role in the formation of Blue Shield and in assuring its early successes plus helping bring it to its present state of solidarity in its financial soundness and its large number of policy holders. Indeed, it is a monumental contribution that Dr. Walter U. Kennedy of New Castle, Ind. has made to the public in general and all private patients in

particular, and to the whole broad field of the "Medical Profession." This contribution not only encompasses the individual patient-physician relationship but it also encompasses the township, the city, the county, the state, the national and the international fields of relationship.

His contribution, furthermore, encompasses the whole field of relationships: the spiritual, the social, the economic and the physical—and ALL for their combined betterment and more especially for the best medical and surgical care obtainable any place, at any time, at a price commensurate with fairness and thrift and with the human values of the dignity of the individual in providing himself and his dependents with adequate medical care. His role in assisting in the organization and in the guidance and in helping to bring Blue Cross to its present esteemed high standards of service have not been forgotten. His role in seeing that the operations of Blue Shield and Blue Cross have smoothly and adequately complemented each other is recognized throughout all industries of the social and political structure and by all those in responsible positions in organized medicine and those entrusted with governmental authority of such industrial, political or professional bodies. Although any one of us as individuals may differ over some one or more technicalities, all of us appreciate Dr. Walter U. Kennedy as a friend, as an individual and as a devoted, tireless, indefatigable worker and as the great humanitarian that he is.

The physicians and their wives of the Hancock County Medical Society capably arranged for the annual meeting of the Sixth District Medical Society. This was quite a task when you realize how few people had to see that so great a number of their colleagues were cared for. Each of us express our appreciation for the hospitality and cordiality shown to us by those in Hancock County.

The meeting was held at the Elks Club house and dining room and lodge room on May 8, 1958. The morning session was devoted to business discussions and the election of officers. Much time was taken in evaluating the financial assets and liabilities of the Indiana State Medical Association. Further time was spent in discussing the need for a building to be owned by the I.S.M.A. Full discussion regarding the location and cost of such a structure and the tenancy thereof was had. All members present entered vigorously into these informal discussions. We were fortunate to have Dr. Malachi C. Topping, President of I.S.M.A., Terre Haute; Mr. James A. Waggener of Franklin and Indianapolis, Executive Secretary of I.S.M.A., and Mr. Robert Amick of Scottsburg and Indianapolis, Field Representative, present and add invaluable facts and comments pertinent to all problems.

Discussion regarding registration and licensing activities in the State of Indiana resulted in a motion duly seconded and duly passed expressing confidence in Dr. P. T. Lamey and the other mem-

bers of the Board and in a statement of appreciation for their services to the State of Indiana.

Due to the serious illnesses of Drs. Kenneth W. Hill of New Castle and James Franklin Lewis of Liberty, Ind., the whole burden of arranging the Scientific Program and printing and mailing of notices of our meeting fell upon the shoulders of Dr. H. N. Smith of Brookville, Ind. Through the courtesy of Dr. W. Donald Close, Chairman of the Department of Post-Graduate Medical Education of the Indiana University School of Medicine, we were privileged to have an interesting program concerning "Diabetes," "Subarachnoid Hemorrhage" and "The Treatment and Prophylaxis of Streptococcus Infection in the Rheumatic Patient." The papers were given by Drs. Charles E. Test, William De Myer and Richard H. Jowitt, all of Indianapolis.

The following officers were elected to serve one-year terms 1958-1959: Dr. James Franklin Lewis of Liberty, Ind., President; Dr. Kenneth W. Hill of New Castle, Ind., Vice-President and Dr. John H. Smith of Greenfield, Ind., Secretary-Treasurer. Upon motion of Dr. William R. Tindall of Shelbyville, Ind. and seconded by several members present, Dr. Harry Plummer Ross, of Richmond, Ind. was re-elected to serve his second three-year term as Councilor of the Sixth District.

HARRY PLUMMER ROSS, M.D., *Councilor*

SEVENTH COUNCILOR DISTRICT

The spring meeting of the Seventh District Medical Society was held jointly with the Indianapolis Medical Society at 8:15 p.m. in the Empire Life Insurance auditorium, 2801 North Meridian Street, Indianapolis, on May 20, 1958 with the President, Dr. Malcolm O. Scamahorn, presiding. The minutes of the Oct. 1955 meeting were amended to provide that the term of Dr. Charles A. Jones, alternate Councilor of Franklin, include the year 1958. Dr. Glen V. Ryan was elected to succeed himself as a member of the Blue Shield Board of Directors for a 3-year term.

Since there is a very definite relationship between available hospital beds and patient care the "condition of the profession" should improve in this district. Hendricks county physicians, aided by an enthusiastic lay public, have made remarkable progress with plans to build a 70-bed hospital near Danville, Ind. It should be ready to receive patients in late 1959 or 1960. An additional 200 beds will soon be available in Marion County by August of this year. These beds will bring the total increase to near 800 in this district in the past 2 years.

RALPH V. EVERLY, M.D., *Councilor*

EIGHTH COUNCILOR DISTRICT

The Eighth District Councilor Meeting was held at the Delaware Country Club at Muncie on June 11, 1958. This was one of the best District Meet-

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ings we have had for many years, and the arrangements made by the Randolph County group were ably handled by Dr. Wagoner and his committee.

The business session was held in the late afternoon, at which a report of Blue Shield activities was given by Mr. Converse, and a lengthy discussion of the Medicare program seemed to clear up some of the misunderstandings connected with this activity.

The only District election was that of Director to Blue Shield, and Dr. E. H. Clauser of Muncie was re-elected to that office. The meeting in 1959 will be held at the Country Club in Portland, and the Jay County Society will be host to the District.

GUY A. OWSLEY, M.D., *Councilor*

NINTH COUNCILOR DISTRICT

The Ninth District Medical Society held its annual meeting on May 22, 1958 at the Kokomo Country Club. The Tipton County Medical Society acted as host with the following officers in charge: President, R. K. Kincaid, M.D., and Secretary, R. T. Belding, M.D.

Registration and golf occupied the morning hours. A luncheon was held, followed by a business session with seven counties represented. Guests at the meeting included Dr. M. C. Topping, President of the Indiana State Medical Association, who presented a résumé of the proposed building program; Dr. Guy Owsley, chairman of the Council, and Mr.

J. A. Waggener, Secretary of the Indiana State Medical Association, who briefly talked on organizational problems. Mr. L. E. Converse of Blue Shield gave a report of Blue Shield activities.

The delegates went on record as unanimously approving the proposed building program and indicated they favored a site on or near the medical campus. Dr. K. O. Neumann gave the Councilors' report for the year.

A resolution from Clinton county demanding that the A.M.E.F. assessment be discontinued was approved by a one-vote majority. Discussion indicated a disapproval of the assessment principle as applied to this type of endeavor. Another resolution from Clinton county urging the discontinuance of physical examinations at camps lacked a majority vote.

Dr. K. O. Neumann of Lafayette was elected Councilor for a 3-year term ending in December, 1961. Dr. R. R. Calvert of Lafayette was elected the Ninth District's representative on the Blue Shield board for a 3-year term ending in 1962. White county was selected as the site for the 1959 meeting. A scientific program was presented by Dr. Wayne Carson on "Carcinoma of the Lung" and Dr. James Gosman on "Skin Diseases."

A meeting of the Woman's Auxiliary was held during the afternoon. A social hour preceded the dinner. Following dinner, a program was presented by the Barbership Quartet. The meeting and program presented by the Tipton County Medical So-

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ciety was greatly appreciated. It is regrettable that inclement weather limited attendance.

During the past year the Councilor has attended meetings of all the component societies except one. The meetings have been well attended and there have been no major organizational problems. It is apparent that there is much concern among the members over Medicare and its implications. Many Blue Shield problems have been aired, and it is clear that some are not yet well informed on the basic philosophies of Blue Shield. It appears that improved communications at a county level are necessary to "iron out" these basic problems. All societies, with one exception, have expressed approval of the proposed building program and, with one exception, believe a site on or near the medical campus is ideal.

Many members have privately expressed concern over medical problems regarding legislation, insurance, governmental interference, administration and licensure; yet they fail to attend either local or district meetings where these problems can be best considered. The active participation of all medical society members would help immeasurably in the understanding and ultimate solution of some of these problems.

K. O. NEUMANN, M.D., *Councilor*

TENTH COUNCILOR DISTRICT

The Tenth District held two of its most successful meetings in many years during the past fiscal year.

On Sept. 4, 1958, the Society met in Whiting with 125 members present.

Dr. E. J. DeGrazia, Tenth District President, opened the meeting at 4:00 p.m. with a welcome and expression of appreciation to the Indiana Academy of General Practice, sponsors of the program.

Dr. M. Shellhouse, District I.A.G.P. Education Chairman, presented the speakers: Dr. Charles Fisch, Director at Robert Moore Heart Clinic, Indianapolis General Hospital, Assistant Professor of Medicine, Indiana University School of Medicine, and Chairman of the State Rehabilitation Committee, Indiana Heart Foundation, who spoke on "The

Organic Aspect of Rehabilitation," and Mr. William McAuliffe, LL.B., Law Department, American Medical Association, who spoke on "Medical Legal Cooperation," including the codes of conduct between Medical Society and Bar Associations, etc.

Following an adjournment for dinner, an election was held with the following results: Tenth District President, Dr. George Lewis; Tenth District Secretary, Dr. George Carberry, and Tenth District Blue Shield Board Member, Dr. Harry Stimson.

Dr. Shellhouse then introduced the evening program as follows: Dr. Fisch, "Heart Disease and the Job," including the heart problem in industry, etc., and Mr. McAuliffe, who presented a 30-minute A.M.A. film entitled "Medical Witness."

The second meeting, attended by 150, was held at Parramore Hospital near Crown Point on May 7, 1958.

This meeting was a combination of the spring meeting of the Tenth District and the annual dinner of the Lake County Medical Society at Parramore Hospital. The program was sponsored by the Indiana Academy of General Practice "Road Show" project. The meeting began at 4:00 p.m., and was presided over by Dr. Shellhouse in the absence of the Tenth District President, Dr. G. N. Lewis.

The first speaker, Dean Donal E. MacNamara, New York Institute of Criminology, spoke on "Sex Crimes and Sex Criminals." Dr. William H. Beierwaltes, University of Michigan, School of Medicine, followed this talk with one on "Specific Usefulness of Radioactive Isotopes for Diagnosis in Practice of Medicine."

Mr. Ed Higgins of Methodist Hospital showed a film on hospital disaster planning and exhibited color slides of the 200-bed civil defense hospital in storage at Parramore Hospital. Five student prize winners from the Student Science Fair demonstrated and explained their exhibits to the doctors.

Dr. Becker hosted a dinner at which the guests of honor were Dr. Kenneth Olson, President-elect of the Indiana State Medical Association, and his Field Secretary, Howard Grindstaff. Also present and introduced was Mr. Elmer Nordholm, Field Representative of the Indiana State Board of Medical Registration.

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Following dinner, Dean MacNamara spoke on "Murder Will Out—or Will It?," and Dr. Beierwaltes spoke on "Specific Usefulness of Radioactive Isotopes in Treatment," both of which were very interesting and informative talks.

J. P. VYE, M.D., *Councilor*

TWELFTH COUNCILOR DISTRICT

The annual meeting of the Twelfth Medical District was held May 21 at Cutter's Chalet in Fort Wayne, Ind. A good representation of members from the district was present and in addition, Drs. M. C. Topping, State President; K. L. Olson, President-elect; Guy A. Owsley, Chairman of the Council; Mr. J. A. Waggener, Executive Secretary, and Mr. Grindstaff, Field Secretary, were present. Mr. L. A. Converse of Blue Shield was also a guest.

At the business meeting the following officers were elected: F. B. Kantzer, President; Harold F. Zwick, Vice-President and Max M. Gitlin, Secretary-Treasurer. Maurice E. Glock was re-elected as Councilor for a period of three years. Milton F. Popp was elected as Alternate Councilor for a period of one year. A very short report was presented by the Councilor with the request that the membership take a special interest in forthcoming legislation and the selection of proper candidates for the legislature in the fall elections. Dr. Topping gave a very lucid account of the present status of the planning and location of the proposed office building for the state association. Dr. Olson and Dr. Owsley made additional comments in support of Dr. Topping's statement. A motion was made and passed supporting the recommendation of the Council for the proposed location of the building and supporting the proposed method of financing and the acceptance of gifts for the erection of this building.

At the conclusion of the business meeting there was a cocktail hour and an excellent dinner. The speaker of the evening was Dr. Jack DeTar of Milan, Mich., Past President of the Academy of General Practice, who spoke authoritatively and entertainingly of the problems regarding the generalist and the specialist. His discourse was well received and we are very appreciative of having had the opportunity of his presence and the benefit of his thoughts on this subject.

A meeting was held of the Blue Shield Advisory Council for the district prior to the business meeting and Dr. Thomas Hamilton was elected president of this Council for the coming year. Dr. Mahlon Miller was re-elected at the business meeting as the representative of this district on the board of directors of Blue Shield for a term of three years.

The decision was made at the conclusion of the meeting that the annual meeting for the Twelfth District would be held in 1959 the third Wednesday in May at Cutter's Chalet in Fort Wayne. It is hoped that this date and site will be duly noted at state headquarters so that there may be no ques-

tion in the ensuing months as to the date and site of the meeting.

MAURICE E. GLOCK, M.D., *Councilor*

THIRTEENTH COUNCILOR DISTRICT

The annual District Meeting of the Thirteenth District Medical Society was held at South Bend on Nov. 20, 1957. R. E. Nelson, President, presided.

During the morning session a Seminar on Trauma, with emphasis on emergency treatment, was presented by a panel of surgeons from the Thirteenth District Medical Society.

Following luncheon the following officers were elected: R. L. Bender, M.D., President; R. W. Holdeman, M.D., Vice-President; J. M. Wilson, M.D., Secretary-Treasurer, and Ben Biasini, M.D., Alternate Councilor.

Remarks on I.S.M.A. problems were made by M. C. Topping, M.D., President, and James Waggener, Executive Secretary of the I.S.M.A.

An excellent scientific program was presented. Howard F. Polley, M.D., Mayo Clinic, spoke on "Current Use of Steroids in Management of Rheumatoid Arthritis." Harvey Gollin, M.D., Professor of Obstetrics and Gynecology, Cook County Graduate School of Medicine, gave a paper on "Elective Induction of Labor." G. Walter Erickson, M.D., of South Bend, presented "Fluid Therapy in Infants and Children." John W. Clark, M.D., Presbyterian Hospital, Chicago, talked on "Radiation Hazards." Penn G. Skillern, M.D., Cleveland Clinic, presented "Treatment of Thyrotoxicosis."

A meeting of the Woman's Auxiliary was also held in the afternoon.

The doctors and their wives enjoyed a social hour before dinner.

The speaker of the evening was Major General Ralph F. Stearley, U.S. Air Force, Retired, a very interesting and forceful individual who spoke on "Military Preparedness in the United States Today."

The next annual meeting of the Society will be held in Michigan City in November, 1958.

G. O. LARSON, M.D., *Councilor*

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Reports of Committees

THE EXECUTIVE COMMITTEE

Your Executive Committee has met each month during the past year to transact the routine business of the Association, which includes reviewing the expenditures of the Headquarters Office and a review of all bills and the budget for the Association and administrative policies.

The first meeting of the new year was held immediately following the adjournment of the House of Delegates last October at which time Dr. E. H. Clauser was elected Chairman of the Committee. Welcomed as new members of the Committee were Dr. K. L. Olson, President-Elect, and Dr. Don E. Wood of Indianapolis.

Minutes of all of the meetings of your Executive Committee have been supplied to the Reference Committee for their study and we shall attempt to herewith review some of the matters acted upon by the Executive Committee.

Meeting of November 2, 1957

The Committee instituted a study of the physicians in Indiana who were licensed but not members of the Indiana State Medical Association in an effort to determine if these were eligible for membership in the Association.

Seventy-five thousand dollars was set aside as a working fund to finance the Medical Care Program with this fund being reimbursed month by month by the government for expenditures made for physicians' claims. This has since been reinvested in securities and the government has advanced us the sum of \$82,000 for financing this particular program.

Dr. Wood, as Co-Chairman of the Legislative Committee, has kept the Executive Committee informed at all times as to national and local legislation having a bearing upon the practice of medicine. The resolution adopted by the House, concerning the inability of medical boards to procure sufficient funds for the operation of the board even though sufficient funds were available from the fees collected but not allocated to the use of the board by the budget committee, was forwarded to all other professional groups having similar boards and the problem of financing these boards.

The Committee received a report of the Indiana Chamber of Commerce in which Senator Townsend of the Joint Legislative Study Committee gave a report on the activities of his Committee, which was studying the health insurance programs in Indiana including Blue Cross and Blue Shield.

The Secretary reported that communications have been received from the various county societies regarding actions of the United Mine Workers which has notified some Indiana physicians that they would no longer be acceptable for caring for recipients under the U. M. W. Program.

The V. A. schedule received the attention of the Committee with the recommendations of Dr. Crane noted.

The outlines of the aims and objectives of the Indiana Vocational Rehabilitation Committee were reviewed by the Committee and approved.

The name of Dr. K. Randolph Manning was submitted as a nominee to receive the President's Award of the President's Committee on Employment of the Physically Handicapped.

The Chairman of the Council reported on the progress of the building program of the Association. Dr. Ramsey reported on the *Journal* and the Secretary was instructed to arrange an Indiana Hospitality Suite at the Philadelphia meeting of the American Medical Association.

The President and Executive Secretary were instructed to attend the meeting at Minneapolis of the Mid-Western States on Medicare. Approval was granted for the Association to sponsor a post-convention trip to Honolulu following the meeting in San Francisco of the American Medical Association.

Meeting of December 11, 1957

Bonds for the Treasurer, the Executive and Assistant Secretaries were renewed for the three-year period. Dr. Wood reported on the Forand Bill and the Secretary was instructed to send the statement of the American Hospital Association to all officers of the I.S.M.A. Notification from Washington to the Association was received that the government would renegotiate the Medicare Contract with our State on March 6 and 7, and the Committee directed the President, Treasurer, Mr. Hollowell, and the Executive Secretary to represent the Association on these renegotiations.

The Secretary reported that he had transmitted a resolution, known as the Grant County Resolution and adopted by the last House of Delegates, to the Department of Defense Medicare Division. The fact was also reported that a request had been made for a revision of certain fees in the Medicare schedule and that the reply from the government, requesting action on these requests, be held in abeyance until the contract was renegotiated.

The Secretary reported that he had leased the suite of offices vacated by Dr. Talbott in accordance with previous instructions of the Committee. This space will be available as of February 1.

The Committee referred to the Council the recommendation that a top-level Liaison Committee be established with officials of Indiana University.

The request of the Indiana Medical Assistants Association for authority to make certain changes in bylaws was reviewed and the changes were approved as amended by the Committee. The Committee approved a plan submitted by Dr. Offutt, Secretary of the State Board of Health, in which

it was proposed that the State Board of Health work with county societies in an intensive program to encourage people to become immunized against polio. Also approved was the request that Ahdel Rahman Hafez Ismail be permitted to approach selected county societies to solicit their help on a thesis he is doing on Farm Accidents.

Meeting of January 18, 1958

It was reported that a letter announcing the sale of the Hume Mansur Building has been received. A report was made that information has been received that rental costs of Headquarters space would be increased by seventy-five cents per square foot. The plan for remodeling the Headquarters space was deferred in face of the increase and the proposed building program.

The Secretary reported on the work load now being carried on at the Headquarters office and upon reviewing this report, it was found that although additional employees had been added to handle work in the departments added to the Association, the Headquarters' secretarial staff had not been increased in many years. The Secretary was instructed to employ additional secretarial help to be added to the secretarial staff.

The auditor's report was submitted and approved. The Committee referred to the Council the question of the appropriation to the Student Loan Fund.

Dr. Wood reported on the legislative picture, calling attention to the activities of the chiropractic group and the fact that the group will again attempt to pass in the 1959 session, legislation to obtain their own board.

Mr. Hollowell, Attorney, reported on the request of the State Board of Health for a statement from the Association regarding the essential information which should be placed on labels of products sold at retail under the Household Poisons Bill sponsored by the Association and passed in the 1957 Legislature.

The Committee reviewed a dietary manual which was prepared by the Shared Guidance Project of Indiana and intended for distribution to nursing homes, hospitals, etc. The Executive Committee authorized the membership of the Association in the United States Chamber of Commerce.

The question of ethics submitted by the Delaware County Medical Society to the Committee was reviewed.

Approval was granted the Indiana Medical Assistants Association to distribute through a news-flash a folder inviting medical assistants to join the state organization. A grant of \$1,000 was made to the Women's Auxiliary to help finance their program.

Meeting of February 18, 1958

The Committee met in a special session with representatives of the Indiana Hospital Association, Nurses Association and League for Nursing to discuss the problems of nurse recruitment and

financing advanced nursing education. This matter was referred to the Commission on Inter-Professional Relations for their continued study.

The Committee then met in a special session with the officers of the Women's Auxiliary of the Indiana State Medical Association and reviewed the Auxiliary program during the past year and their suggested program for the coming year. These projects were approved and, in addition, the Committee, which acts as the Advisory Committee to the Auxiliary, called upon the Auxiliary to lend assistance to the Commission on Legislation and other commissions during the coming months.

Meeting of February 26, 1958

Approval was granted to the Executive Secretary to revamp the field service so the field secretaries would begin working with the county society committee chairmen on projects instituted by various commissions of the Association. The Committee approved the leasing of cars for the field staff and approved the purchase of a check protector to replace the one which has become defective.

The President and Secretary reported on the activities of the various commissions and committees of the Association. In studying the membership report, the Committee referred to the Commission on Constitution and Bylaws a request that they review the section concerning the waiver of dues and that the condition for waiver be clarified and tightened.

Several letters from various medical societies on various subjects were referred to the Committee and replies prepared.

The invitation extended to the Executive Secretary to participate in the President's Committee for Traffic Safety was presented and his attendance at this meeting approved. The President and Secretary were authorized to represent the Association at the meetings of the Illinois and Ohio Medical Associations.

A contractual provision for renegotiation of the Medicare Contract was reviewed and the suggestions and recommendations of the attorney were accepted.

Meeting of April 19, 1958

The Secretary reported on his inquiry concerning a management survey firm and this matter is to be explored further. Dr. Wood gave an up-to-date report on legislation.

The Treasurer reported that he had purchased \$20,000 of Treasury Bonds. The Committee drew up a resolution to be referred to the Council, requesting the establishment of a building fund in the sum of \$50,000. The Secretary reported that since the budget was prepared additional dues income and two gifts to the Association have made it possible to wipe the anticipated deficit from the budget and put it back in the black.

The President proposed calling a special meeting

Continued

in the House of Delegates for the purpose of clearing up any misunderstandings which might exist in regard to the building program. The Committee voted to ask the Council to call such a meeting.

A request of the A.M.A. for the President and Secretary to attend a conference in Chicago was approved.

A letter from the State Medical Journal Advertising Bureau has been received and their proposal for new advertising rates for the *Journal* and all new contracts were approved, the changes to become effective with all new contracts as of July 1, 1958.

Meeting of June 7, 1958

Notification of the rent increase, effective July 1, was read to the Committee. A vacation for the Executive Secretary was approved. A report of the Treasurer and Chairman of the Legislative Committee was approved.

A letter from the Indiana Osteopathic Association, addressed to the Association, was reviewed and following a discussion, the President was empowered to answer the correspondence to the effect that the Association would have to delay action pending further action by the American Medical Association.

The Veterans' Fee Schedule for the period beginning February 1, 1958, was reviewed together with the recommendation of the Commission on Governmental Medical Services. The submission of the new contract and schedule was approved.

The minutes of the meeting of the North Central Blood Bank Clearing House were reviewed and the financial position noted. A letter from the Indiana Committee for the Prevention of Drunken Driving was referred to the Commission of Public Health.

A letter from the Texas Medical Association regarding its position on Medicare was read and the Secretary was instructed to call this to the attention of the delegates at the San Francisco meeting with the suggestion that one of them might sit in on this reference committee.

The Committee approved the preparation of a letter to General Robinson, Retiring Head of the Department Medicare Program, from the Association expressing its appreciation for the splendid cooperation he has extended to the Association. Letters of appreciation from many of the regional directors of the science fairs, as well as from the students and parents, were referred to the Committee.

The suggestion of the Commission on Public Health that this Commission act as an advisory committee to the Committee for the Employment of the Physically Handicapped was approved. A letter from the State Board of Health regarding an advisory committee to the Department of Maternity and Child Health was reviewed.

Dr. Owsley reported on the recommendations of

the Commission on Governmental Services. The suggestion of Dr. Ramsey, Editor of the *Journal*, for conducting an essay contest was approved.

The Committee authorized the attendance of one member of the Commission on Governmental Medical Services at the Fifth Annual Conference on Mental Health, called by the American Medical Association. The Committee approved the operation of a Hospitality Suite at the San Francisco meeting of the American Medical Association, and permission was granted the Executive Secretary to leave early in order to attend the Medical Society Executives Conference.

Meeting of July 19, 1958

The detailed report of the field service cost and expense for the first six months of the year, the use of the tape library and operation was reported upon by the Executive Secretary. The Treasurer's report was approved.

Dr. Wood, the Legislative Chairman, gave a report in which he stated that his Commission would be faced with the same bill in the 1959 session as it was in the 1957 session. This would tend to open all hospitals to all licensed physicians. Inasmuch as at the present time there was no policy of the Association on this matter, he requested that the Association immediately take steps to determine what policy his Commission should follow on this legislation. The Committee referred this matter to the Council for its action.

The speakers' table invitation list for the annual convention was reviewed and approved. The Secretary reported on behalf of Dr. Weinbaum, Chairman of the Science Exhibit Committee, that applications for scientific exhibit space exceeded the space originally planned for these exhibits. The Secretary was instructed to attempt to find additional space and accept all scientific exhibits. The Scientific Program was reviewed and a suggestion made to the Scientific Work Committee that speakers be distributed from throughout the State of Indiana. The recommendation of the Scientific Work Committee to invite representatives of the Bar, judges, prosecuting and police organizations to be guests of the Association for the Tuesday morning program was approved. The Committee compiled a formal request to the Academy of General Practice for approval of the Scientific Program of the State Meeting to be listed as eligible for credit in the Academy.

A report of the A.M.A. Meeting in San Francisco was given with the announcement that Dr. Nafe of Indianapolis had been elected as a member of the Executive Committee of the Board of Trustees. A report was given by the Secretary and Chairman of the Council of their meeting with the judicial Council in San Francisco.

The Committee was made aware of a situation which had developed in Gibson County and this matter was referred to the Council for that District.

The Secretary reported that the Veterans' Ad-

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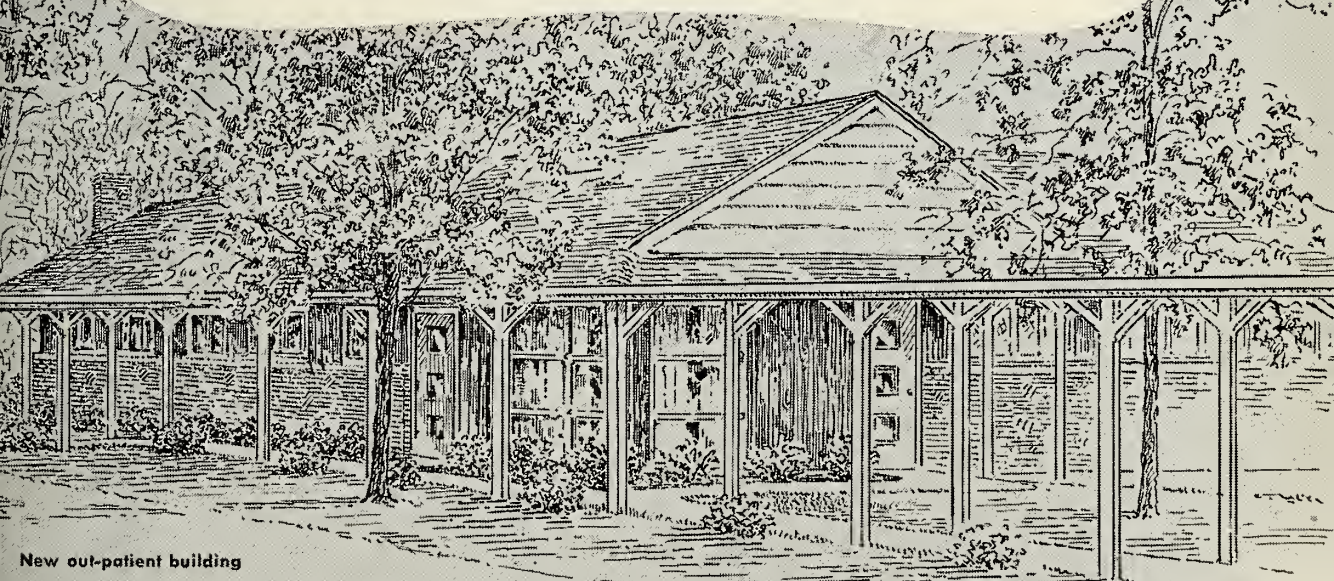
HENRY GRUENER, M.D. . . . Physician in Residence

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ministration had failed to accept the schedule and contract as originally submitted, but that they had submitted a contract and schedule which was found equal to, if not better than, the one submitted by the Association. The contract as submitted by the Veterans Administration was approved.

The Committee recommended Dr. E. S. Jones of Hammond, Indiana to be a nominee for the President's Award of the President's Committee for Employment of the Physically Handicapped. A notice of the increase in cost of the Washington News Service was noted by the Committee.

There was a discussion of a letter from the State Board of Health requesting the development of a survey to determine whether or not the effort expended during the first quarter to encourage the public to receive polio immunization was successful, and this matter was referred to the Commission on Public Health.

A letter from the Indianapolis Surgical Society, regarding insurance policies as related to the practice of surgery and medicine, was referred to the Commission on Medical Economics and Insurance. The minutes of the annual meeting of the Board of Directors of the North Central Blood Bank Clearing House and a proposal for changes in their constitution and bylaws were reviewed by the Committee.

President Topping called attention to a communication which he had received from the American Medical Association requesting that a Committee on Aging be established. This was forwarded to

the Commission on Public Health with the recommendation that they establish a Sub-Committee on Aging.

A report was received from the State Journal Advertising Bureau, pointing out that advertising volume in the *Journal* of the Indiana State Medical Association for the six months of 1958 has shown an increase of 23.2% and that the third quarter would show an additional increase. Several policy matters concerning the *Journal* were referred to the Committee by the Editor and Business Manager and these were approved.

The Secretary was instructed to prepare for the members of the Executive Committee the history of the Defense Fund of the Medical Association. The two Field Secretaries and the Executive Secretary were authorized to attend the A.M.A. Public Relations Institute in Chicago in August.

MEDICAL DEFENSE ACTIVITIES

1. Malpractice cases. A year ago, at the time of this report, August 1, 1957, the following ten cases were pending before the committee, two of which were closed during the year, leaving eight cases still pending:

Case No. 200—Filed February 12, 1932. Pending.

Case No. 251—Filed September 25, 1942. Pending.

Case No. 285—Filed October, 1952. Pending.

Case No. 288—Filed November 12, 1954. Disposed of in Superior Court in 1956;

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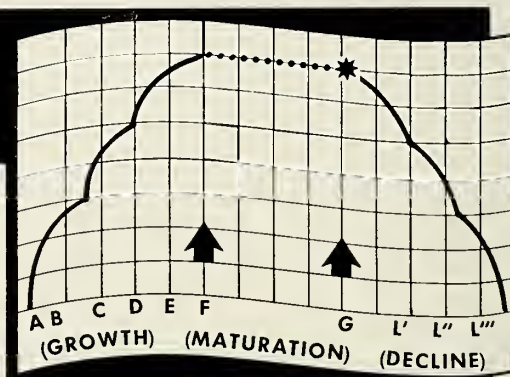
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*Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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Ethinyl Estradiol.....	0.01 mg.	Riboflavin.....	2 mg.
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Ascorbic Acid.....	30 mg.	Manganese.....	5 mg.
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Molybdenum.....	0.5 mg.	Iodine.....	0.15 mg.
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plaintiff has appealed the case. Pending. Expense, \$270.00, paid September 12, 1956, and \$172.50, paid May 23, 1957.

Case No. 290—Filed January, 1954. Pending.

Case No. 291—Filed January 22, 1954. Pending.

Case No. 292—(Closed). Filed November 28, 1956. Tried May 5, 1958; judgment for defendant. Expense, \$2,861.69, paid June 18, 1958.

Case No. 293—(Closed). Filed September 11, 1956. Terminated by settlement by insurance company. Expense, \$475.40, paid June 18, 1958.

Case No. 296—Filed April 9, 1957. Pending.

Case No. 297—Filed April 26, 1957. Pending.

Since August 1, 1957, and up to August 1, 1958, the following three new cases have come before the committee, making a total of eleven cases pending at the present time as against ten unclosed cases at the same time last year:

Case No. 298—Filed January 31, 1958. Pending.

Case No. 299—Filed May 13, 1958. Pending.

Case No. 300—Filed June 18, 1958. Pending.

2. Medical Defense Fund Statement, from August 1, 1957 to August 1, 1958:

Balance, August 1, 1957-----\$2,079.14

Receipts:

Dues: 60—1957 members--\$ 75.00
3,701—1958 members-- 4,626.25 4,701.25

Interest on bonds----- 715.25

\$7,495.64

Disbursements:

Malpractice fees -----\$3,337.09
Premium on treasurer's bond 37.50
Attorneys' salaries ----- 3,090.00
Traveling expense of
attorneys ----- 162.01 6,626.60

Balance, August 1, 1958-----\$ 869.04

MEMBERSHIP REPORT

Listed here is a detailed report of membership of the Association. It is to be noted that the Association has shown a healthy growth in membership and that membership in the American Medical Association is also showing an increase. Under the new ruling issued by the American Medical Association, Indiana should obtain its fifth delegate to the American Medical Association as of January 1, 1959.

The first column of the report indicates the total membership of each county society as of December 31, 1957. The second carries the membership as of July 31, 1957, and the third column indicates membership as of July 31, 1958. The fourth column indicates the number of physicians in each county delinquent with 1958 dues, and the fifth column indicates the number of members of the American Medical Association.

MEMBERSHIP REPORT

County	December 31, 1957	July 31, 1957	July 31, 1958	Delinquent 1958	A.M.A. 1958
Adams	14	12	15	0	14
Allen	250	246	251	0	249
Bartholomew-Brown	40	37	39	0	38
Benton	7	7	8	0	7
Boone	20	20	20	0	21
Carroll	10	10	10	0	10
Cass	38	38	41	0	40
Clark	32	30	29	0	28
Clay	13	13	14	0	14
Clinton	26	26	23	0	24
Daviess-Martin	25	25	24	0	24
Dearborn-Ohio	13	13	13	0	13
Decatur	13	13	13	0	13
DeKalb	22	22	21	0	19
Delaware-Blackford	113	111	113	1	110
Dubois	22	22	24	0	22
Elkhart	102	100	100	1	95
Fayette-Franklin	23	23	22	0	21
Floyd	38	38	38	0	38
Fountain-Warren	16	16	15	0	15
Fulton	12	12	12	0	11
Gibson	17	17	17	0	17
Grant	61	61	60	0	61
Greene	19	19	18	0	10
Hamilton	20	20	20	1	9
Hancock	19	19	20	0	20
Harrison-Crawford	14	14	13	0	12
Hendricks	17	17	19	0	19
Henry	40	39	40	0	40
Howard	46	46	47	0	48
Huntington	23	23	23	0	23
Jackson	21	21	20	0	15
Jasper-Newton	15	15	15	0	15
Jay	17	17	17	0	15
Jefferson-Switzerland	30	30	29	0	26
Jennings	13	13	8	0	8
Johnson	24	24	24	1	25
Knox	40	40	42	0	40
Kosciusko	15	15	15	0	15
LaGrange	8	8	8	0	8
Lake	374	345	373	2	323
LaPorte	86	86	88	0	86
Lawrence	26	26	26	1	22
Madison	106	105	105	1	101
Marion	1,027	1,019	1,035	5	1,036
Marshall	22	22	23	1	23
Miami	20	20	21	0	20
Montgomery	31	31	28	0	28
Morgan	15	15	16	1	16
Noble	25	25	23	0	23
Orange	9	9	11	0	10
Owen-Monroe	55	54	54	1	49
Parke-Vermillion	24	24	22	0	22
Perry	12	12	12	0	12
Pike	5	5	2	2	4
Porter	24	24	21	0	21
Posey	11	11	11	0	12
Pulaski	6	6	5	0	4
Putnam	16	16	16	1	16

MEMBERSHIP REPORT—(Cont.)

County	December 31, 1957	July 31, 1957	July 31, 1958	Delinquent 1958	A.M.A. 1958
Randolph	22	21	21	0	19
Ripley	13	11	13	0	10
Rush	16	16	15	0	15
St. Joseph	222	221	222	0	224
Scott	3	3	3	0	3
Shelby	19	19	18	1	18
Spencer	8	8	8	0	5
Starke	7	7	6	0	6
Steuben	13	13	13	0	13
Sullivan	16	16	16	0	14
Tippecanoe	97	96	99	1	98
Tipton	12	12	11	0	11
Vanderburgh	202	198	207	0	201
Vigo	119	119	113	0	112
Wabash	21	21	22	0	21
Warrick	10	10	11	0	11
Washington	7	7	7	0	7
Wayne-Union	82	82	82	1	75
Wells	33	33	35	0	35
White	11	11	11	0	11
Whitley	16	16	18	0	18
Total	4,151	4,089	4,143	20	4,007



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THE JOURNAL

Advertising

This is a comparative report for the first six months of each year indicated.

State Journal Advertising Bureau	1955	1956	1957	1958
	\$13,486.94	\$14,627.89	\$20,884.69	\$29,253.57
Sold Direct by JOURNAL	4,707.07	5,298.24	5,016.54	2,692.19
Total	\$18,194.01	\$19,926.13	\$25,901.23	\$31,945.76

NOTE: July—1958 Local ads \$1692.45

PRINTING COST

Year	Cost	No. of Pages (Inserts excluded)
1955	\$33,648.28	1628
1956	38,415.57	1816
1957	46,211.34	1920
1958 (6 months)	21,697.24	852

Year	Reading	% Read- ing	Adv. Pages	% Adv. Pages	Total Pages	Ave. Pgs. per Issue
1952	845	58	605	42	1450	120.8
1953	960	60	586	40	1546	128.8
1954	1025	60	695	40	1720	143.3
1955	820	55	672	45	1492	124.3
1956	890	53	782	47	1672	139.3
1957	910	51	862	49	1772	147.7

EXECUTIVE COMMITTEE

E. H. CLAUSER, M.D., *Chairman*
DON E. WOOD, M.D.
M. C. TOPPING, M.W.
OKLA W. SICKS, M.D.
GUY A. OWSLEY, M.D.

THE JOURNAL

THE JOURNAL this year with the publication of Volume 51 has entered upon its second 50-year period of publication. The year has been characterized by a healthy moderate increase in advertising revenue, which increase has now extended over several years. With the increase in number of advertising pages the scientific content has also been enlarged. The resulting increase in the size of the JOURNAL and the higher printing and publication costs have maintained the financial structure in a well balanced condition. Details of revenue and costs are contained in the Report of the Executive Committee.

During recent years the scientific articles for THE JOURNAL have been obtained in lesser numbers from the Annual Convention and in greater numbers from individual authors who submitted manuscripts or were invited to write on special subjects. The staff of THE JOURNAL is encouraging the physicians of the state to record their clinical experience and submit scientific articles. For the first time this

year a first and second prize and an honorable mention are offered for the three best manuscripts submitted by interns and residents of Indiana hospitals. The hospital pathologists are being invited to submit case reports in the manner of the clinicopathologic conference. In addition all physicians are invited and urged to report their interesting and instructive cases in the form of Case Reports.

The staff of THE JOURNAL solicits recommendations, suggestions and criticisms from all members of the Association.

FRANK B. RAMSEY, M.D., *Editor*

COMMITTEE ON GRIEVANCES

During 1957-58 your Committee analyzed its procedure as defined and approved by the Council of the Indiana State Medical Association, April 26, 1952. With the help of "Guides for Medical Society Grievance Committees" published by the American Medical Association in 1955, a comparison of methods was possible. This Committee profited from the experience gained by one of its members who served on the American Medical Association group responsible for the "Guides."

Operation has been accelerated and slightly modified within the scope of the Purposes approved



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by the Council in 1952 which emphasized improved public and professional relations with emphasis upon the solution of all problems at the "grass roots" level insofar as possible. As a result most of the cases referred to the Grievance Committee have been closed within 60 days.

Your Committee appreciates the cooperation which it has received from the majority of the members of the Indiana State Medical Association which it has been obligated to contact.

- PHILIP B. REED, M.D., *Chairman*
- P. T. LAMEY, M.D., *Secretary*
- RAYMOND R. CALVERT, M.D.
- N. H. GLADSTONE, M.D.
- LYOYD C. MARSHALL, M.D.
- CLEON A. NAFE, M.D.
- RAYMOND E. NELSON, M.D.
- WALTER L. PORTEUS, M.D.
- RUSSELL J. SPIVEY, M.D.
- ELTON R. CLARKE, M.D.

COMMITTEE ON STUDENT LOAN

1956 RECEIPTS:

Transferred from General Fund, 5/9/56-----	\$ 10,000.00
Check received from Mrs. James Stockholm in memory of Dr. Sputh----	16.00
Check from E. S. Jones, M.D. -----	184.03
Interest on U. S. Treasury Bills -----	66.75
Total receipts in 1956	\$ 10,266.78

1956 EXPENDITURES:

Purchase of U. S. Treasury Bills -----	\$ 4,968.15
Printing of loan applications and promissory notes (Franklin Printing Service) -----	85.80
Imprinting of checks (Indiana National Bank)----	24.45
Loans, 3 at \$500.00 each---	1,500.00
Total expenditures in 1956 -----	6,578.40
BALANCE in Fund, Dec. 31, 1956 -----	\$ 3,688.38

1957 RECEIPTS:

Balance in Fund Jan. 1, 1957 -----	\$ 3,688.38
Transferred from General Fund, 5/3/57 -----	5,000.00
Interest on U. S. Treasury Bills -----	162.15
Redemption of U. S. Treasury Bills -----	997.37
Payment on note (Hogan) -----	100.00
Total receipts in 1957--	\$ 9,947.90

1957 EXPENDITURES:

Loans: 17 at \$500.00 each	\$ 8,500.00
1 at \$400.00	400.00
1 at \$425.00	425.00
Total expenditures in 1957	9,325.00
BALANCE in Fund, Dec. 31, 1957	\$ 622.90

1958 RECEIPTS:

Balance in Fund, Jan. 1, 1958	\$ 622.90
Interest on U. S. Treasury Bills, 2/6/58	15.56
Payments on note (Hogan)	
(4/3/58)	\$250.00
(5/16/59)	\$150.00
Redemption of U. S. Treasury Bills	3,996.83
Total receipts in 1958	\$ 5,035.29

1958 EXPENDITURES:

Loans: 1 at \$100.00	100.00
8 at \$500.00 each	4,000.00
1 at \$420.02	420.02
Total expenditures in 1958	4,520.02
BALANCE in Fund, June 30, 1958	\$ 515.27

At the present time one application for \$500.00 is on file, which probably will be acted upon favorably, which will leave a balance of \$15.27 in the Student Loan Fund.

Eight applications are pending at the time of this report, for which no funds are at present available. The total requested by these eight applicants is \$4,000.00.

At the meeting of the Council on July 20, 1958, a motion was passed recommending to the House of Delegates that further funds be made available to the Student Loan Fund. Action upon this recommendation cannot come before Oct. 15, 1958.

HARRY PLUMMER ROSS, M.D., *Chairman*

M. C. TOPPING, M.D.

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Reports of Commissions

COMMISSION ON LEGISLATION

The Commission on Legislation met as a committee of the whole when it was first organized and a program for the year outlined.

A telephone conference, with all members participating, reviewed the winter activities of the Commission and developed a program for the spring primary election.

The Commission has met with representatives of other professions on several occasions to discuss problems of mutual concern. It also met with Mr. Aubrey Gates of the American Medical Association who was the official representative on legislative matters. This was very beneficial.

The Commission has been alert to all changes affecting the medical profession on both the local and national levels. Reports have been made to the Association through *The Journal* and *The Newsletter*.

DON E. WOOD, M.D., *Chairman*
WALTER L. PORTTEUS, M.D., *Vice-Chairman*
WILLIAM C. STAFFORD, M.D., *Secretary*
P. J. V. CORCORAN, M.D.
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MAX R. ADAMS, M.D.
MAURICE E. GLOCK, M.D.
OTIS R. BOWEN, M.D.

COMMISSION ON PUBLIC INFORMATION

The purpose of the Commission on Public Information is to collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other Commissions in which the public interest would be involved, and including the achievements in the advancement of medicine which would be of interest to the public; to develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public. In order to accomplish these objectives the Commission was broken into Committees. The remainder of this report will be the reports of these Committees. All Committee recommendations are condensed at the end of this report.

REPORT OF THE COMMITTEE ON SCIENCE FAIRS

This year the Council of the ISMA again approved participation in the National Science Fair in the same manner as in the past. The regional winners and their escorts, either an instructor or a parent, were provided with transportation from their home to the site of the Science Fair which was held in Flint, Mich. The contestants went by car and were allowed mileage. This was done because many expressed a desire to drive because of the proximity of the fair. The total party included twenty contestants, twenty escorts and two members of the society: Dr. Ralph C. Eades of Valparaiso, whose interest in this affair has been responsible for AMA participation, and the chairman of this Commission, Dr. Harry Pandolfo of Indianapolis.

The 9th National Science Fair was held at Bal-lenger Field House on the Campus of the Flint Junior College, Flint, Mich., May 7, 8, 9, and 10. There were 281 exhibits from high school students in the 10th, 11th and 12th grades and this year's fair was bigger and better than ever. A breakfast for the Indiana delegation was sponsored by your Association on May 10th and Dr. Eades was our host at this event. In addition to the exhibitors from Indiana and their escorts, other guests were: Mr. Watson Davis, Director of Science Service; Mr. Joseph Krauss, The Science Fair Coordinator; Margaret Patterson, Executive Secretary of the Science Clubs of America.

Indiana entries did well in the judging with seven of the twenty entries finishing in the awards category. The fair in 1959 will be held in Hartford, Connecticut, and in 1960 Indianapolis will be the host city for this event. The invitation to hold the fair in Indianapolis was extended by the Indiana State Medical Association in cooperation with the convention bureau, the Governor and the Mayor of Indianapolis. Committee recommendations will be found at the end of the Commission Report.

REPORT OF THE PUBLICITY COMMITTEE

This Committee has prepared a series of articles for weekly publication in the newspapers in Indiana. These articles contain general health information. This Committee has also designed a plan for helping county societies publicize their scientific meetings. In essence the plan will be that of preparing newspaper releases and returning them to the society for use in their local paper. All the society will have to do will be complete a simple questionnaire concerning their meeting and mail it to the State Office. This Committee will

handle the publicity on the State Convention. The Committee is also investigating the possibility of live TV shows.

REPORT OF THE COMMITTEE ON STATE FAIR DISPLAY

This Committee selected the exhibit, "Your Body," for display at the State Fair, August 28 to September 4. In addition, medical students will be employed for the purpose of taking blood pressures.

REPORT OF THE COMMITTEE FOR THE COACHES-PHYSICIANS CONFERENCE ON ATHLETIC INJURIES

Committee Members:

William G. Bannon, M.D., Chairman
Harry Baxter, M.D.
Harry Pandolfo, M.D.

At the outset the Committee decided to seek outside help in the handling of this program. A general program committee was set up which included eight other people. There were:

L. V. Phillips, Commissioner of the Indiana High School Athletic Assn.
Robert Hinshaw, Assistant Commissioner
Edgar Stahl, Principal of Manual High School, Indianapolis
Robert Brown, President, Indiana High School Coaches Assn.
Robert Nipper, Secretary, Indiana High School Coaches Assn.
James Loveless, President, Indiana College Coaches Assn.
Wm. (Pinky) Newell, Trainer, Purdue University
W. Wayne Worick, Indiana State Medical Assn.
Phil Eskew, Superintendent of Schools, Sullivan, Indiana

This Committee of 12 met several times with excellent attendance. Committees were appointed for program selection, selection of speakers and selection of a speaker for the night banquet. As was done in 1957, the meeting is being held on the same day of the annual High School Coaches Association Meeting and Banquet. As was done last year the coaches are to be the guests of the Indiana State Medical Association at the banquet. Expected attendance to be 1,000.

The program for the 1958 Conference will be as follows: (1) Prevention and Treatment of Common Muscular-Skeletal Injuries, (2) Prevention and Treatment of Head and Brain Injuries and (3) Prevention and Treatment of the Undue Emotional Aspects of Athletic Competition.

Each of the aforementioned topics will be discussed by an M.D. from the State Association. Each speaker will be followed by a panel on the same subject. The panel to be made up of the speaker and one other M.D., a coach and a trainer.

A total of 40 minutes will be given each subject. This will be split evenly between the speaker and the panel. The audience will be allowed to direct questions to the panel.

Mr. Harry Studrehlher, one of Notre Dame's famed "Four Horsemen" and now Assistant to the President of U. S. Steel, will be the banquet speaker. U. S. Steel is handling the cost of this.

A publicity format was organized with all publicity being planned and timed to afford maximum coverage of the event.

The Conference will be Thursday, Oct. 23, at the Farmers Building, Indiana State Fairgrounds, starting time 2:30 p.m.

RECOMMENDATIONS

1. Continued participation in the Science Fairs in 1959 as in the past—providing transportation for the regional winners of the Science Fairs of Indiana and their escorts to Hartford, Conn. Since this project should be acted upon earlier than in the past so the ISMA can receive due credit for their part in the activity by being listed as a sponsor of each of the regional fairs in Indiana, the Commission requested and obtained Council approval for participation in the 1959 Fair.
2. Discontinue the custom established in the past of selecting from the Indiana regional winners to exhibit at the annual meeting of the ISMA. This recommendation is made because many of the exhibitors are seniors at the time of the fair and will possibly be in college and unable to attend an October meeting. Those who still are in high school will miss several days of school by accepting our invitation and they are reluctant to do so. Also, many of the exhibits are prepared for a fair in April or May and it entails considerable reassembling for an October meeting. It is felt that each local medical society in an area where regional Science Fairs are held would do well to invite the regional winners to show their exhibits at a local meeting in the interval between the regional fair and the national fair or shortly after the national fair.
3. It is recommended that additional members of the ISMA should be authorized to attend the fair in Hartford, Connecticut, in 1959. Possibly as many as five or six persons should attend in order to secure as much information as possible regarding this event which will be in Indianapolis in 1960. The ISMA participation in the 1960 fair in Indianapolis should be outlined as soon as possible, either by the Commission on Public Information or a special committee appointed for that purpose by the Council.
4. It is recommended that local medical societies contact their local papers encouraging the use of "HEALTH HINTS" in their local papers.

5. It is recommended that the Indiana State Medical Association foster a study on athletic injuries in Indiana, to be done by a selected doctoral candidate at a state university. This project will need the whole-hearted endorsement of the medical profession and the cooperation of the coaching profession. The results of said study would be invaluable in the planning of future conferences of physicians and coaches on athletic injuries.

HARRY PANDOLFO, M.D., *Chairman*
HUGH B. McADAMS, M.D., *Vice-Chairman*
H. B. PARMENTER, M.D., *Secretary*
R. L. KLEINDORFER, M.D.
B. E. SUGARMAN, M.D.
HARRY R. BAXTER, M.D.
WILLIAM G. BANNON, M.D.
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EARL W. MERICLE, M.D.
SETH W. ELLIS, M.D.
FRANKLIN F. PREMUDA, M.D.
HOWARD H. MARKS, M.D.
THOMAS HAMILTON, M.D.
JAMES F. RIMEL, M.D.
THOMAS D. ARMSTRONG, M.D.

COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

The Commission on Governmental Medical Services was organized Nov. 17, 1957, according to the directive as passed by the House of Delegates of the Indiana State Medical Association meeting at French Lick, Indiana, October, 1957. It is composed of fifteen (15) members, one (1) representative from each councilor district and two (2) members at large.

The Commission was directed to assume the function previously assigned to the following committees:

- a. Civil Defense
- b. Crippled Children Rehabilitation
- c. Medical Program of State Department of Public Welfare
- d. Maternal and Child Health Program, State Board of Health
- e. Military Manpower
- f. Veterans Medical Program
- g. Medicare
- h. Venereal Disease
- i. Communicable Disease
- j. All Medical programs of Municipal, State, Federal governments.
- k. Liaison with all governmental agencies having medical programs.

We shall attempt to report on the work of the Commission on these matters during the past year.

The Commission has held four meetings during the past year with an average of ten (10) members of the Commission being in attendance at each meeting.

Civil Defense

Civil defense has gone through progressive phases of medical planning. First it was to deal with the casualties from atomic blasts. This visualized an area of total destruction of 2.5-5 miles about the point at which the bomb was dropped. Greater radii about point zero would contain casualties who would be carried by litter to a greater distance from point zero to emergency aid and collecting stations; thence by ambulance to Existing and Improvised Hospitals. Surrounding counties would render mutual aid and mobile assistance.

With the advent of the Hydrogen bomb and a potential destruction within a radius of 25 miles from point zero plus radio-active fall-out for 50-100 miles up wind and 200 or more miles down wind, the specter is presented of entire cities destroyed and mutual and mobile aid impossible, at least immediately. Evacuation on early warning has been tried and found wanting. Medical Civil Defense planning has lost the vision to present a workable solution.

Congressman Holifield, leading a congressional committee to investigate Civil Defense, comes up with a recommendation that the Federal government build shelters capable of housing approximately 40% of the population mostly in large urban areas at a cost of 17.5 billion dollars.

Recently the Eisenhower Administration told the Holifield Committee, "There will be no massive federal financed shelter construction program. The limited number of prototype U. S. built shelters will have practical peace time uses, such as underground parking garages, additions to schools, hospitals and industrial plants."

Indiana did not participate in the 1958 Operation Alert, annual Civil Defense National test exercise, this year because it fell on primary election day; however, many Indiana cities did on May 20, 1958 have a practice alert for the Civil Defense groups of respective cities.

At present Indiana Civil Defense Headquarters is working on survival plans for the state alone. The medical phase of these plans has not yet taken shape.

At present our best preparation seems to be to have thorough, workable disaster plans centered in existing hospitals for each community and coordinated with other groups such as Civil Defense and Red Cross.

Medical Programs of State Department of Public Welfare

Your Commission has studied and discussed the program and a subcommittee is working on the problem of contracts between local medical societies and their local departments of public welfare. All contracts must be negotiated and made locally; however, they are previewed by the State Department of Public Welfare. The Commission, therefore, suggests that there might be a standard type of agreement or contracts developed with the aid

of the State Department, that a local society might use if they so desire. It is recommended that there be a continuing effort toward this end. The Commission also recommends that a local review committee should be appointed in each county society that would review questionable charges and would also act as liaison group with the local welfare department.

The cooperation of those county societies which furnished us with agreements which they had with their local departments of public welfare was greatly appreciated by the subcommittee.

Maternal and Child Health

Your Commission has appointed a subcommittee composed of five (5) of its members to act as an advisory group to the Department of Maternal and Child Welfare of the State Board of Health.

The Commission recommended to the Council that the Maternal Mortality Study Committee should be continued as previously since this group has in the past worked diligently and at their own expense investigating any maternal death occurring in Indiana in an attempt to improve further the now good obstetrical care in Indiana. Their studies will, it is hoped, point out what in the way of instructions or study may lead to the continued decrease of maternal mortalities in this state.

The council approved the recommendations.

Veterans Medical Program

Your Commission has studied the problem which is a reoccurring one since the contractual agreement with Veterans Administration must be renegotiated each year. It was the feeling of the Commission that since the Constitution of the Indiana State Medical Association does not approve of a fixed fee schedule, such as has been in use for the past several years, an attempt be made to obtain a different type of program and recommends that a program similar to Medicare be sought. This concept was approved by the Council and negotiations have been carried on. This type of program was looked upon with favor by Veterans Administration but its initiation will, of course, have to await budgetary and Congressional approval.

During the study of the problem it was noted that the code numbers in the Veterans Administration Schedule did not coincide with those of the International Code. This was pointed out to the Veterans Administration and they have agreed to correct this.

The extent of veterans' care in value in the home town care program has been reported to us by Veterans Administration as involving approximately 600 physicians, collectively receiving approximately \$8-10,000 per month; most of these being for physical examinations.

The Commission has been represented on the

Liaison Council on Veterans' Affairs by a subcommittee. This group has held four meetings with no significant medical problems arising.

Medicare

The Medicare program in the state continues to be a busy one. A new contract has been negotiated and was put into effect on July 1, 1958. There continues to be a considerable number of claims improperly filled out but it is hoped that this number can be reduced by the study and utilization of the manual sent to all physicians July 1, 1958.

The Committee would like to call to the attention of the members of the Association that Medicare is not a pay-all program in any sense of the word. Many services rendered by the physician are not covered in the program, although it is broad in its coverage. Prescribed drugs are no longer provided under this program and many outpatient services are not covered. One of the greatest problems confronting your committee is the large number of claims which must be returned to the physician for completion and additional information. Under this program every blank on the claim form must be completed, as Washington will not accept an "incomplete" claim. Also, if physicians would itemize the services rendered and give the dates it would speed up the processing of claims and many times permit the allowance of the complete claim without further questioning. Unlike most programs providing for a flat allowance, Medicare pays on the basis of services rendered; therefore, itemization is important in making the claim allowable.

To give you some idea as to the volume of work in this plan since the Association took over as fiscal administrator on July 1, 1957, a total of \$525,221.97 has been paid to Indiana physicians for services rendered military dependents and 5,140 checks have been sent out to Indiana physicians.

Venereal Disease

We wish to remind you that Venereal Disease is still with us and ask your cooperation in reporting these cases. The reports are confidential.

The committee has investigated the handling of these reports by the State Board of Health and are convinced of confidential manner in which they are handled and have been assured that no investigation of reported cases or potentially exposed sex partners will be investigated without the consent of reporting physicians.

Communicable Disease

This program has been one of study of immunization program of pre-school and school children. The Indiana State Board of Health states that they are *not* in favor of mass immunization programs but feel that these should be done in office of the practicing physician. We note with some surprise that the percentage of immunized is rather low in some areas and urge that each member of this



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September 1958 1259

House of Delegates return to their own societies with the plea that the rate of immunization be increased by each physician advising his own patients of the need of such immunization.

You will find a copy of the immunizations in the schools in 1957 in the State of Indiana in your papers. Please observe, compare your county with others and act accordingly.

Miscellaneous Business

The other function assigned this commission presented no problem during the past year.

The commission reviewed a "Report on Care of Mental Patients in General Hospital" which had been carried on by the Indiana Hospital Association. This was concerned with the lack of beds in the state for mental conditions, which might be used for the treatment of such cases without commitment to a state hospital. The commission agrees with the findings and urges that more beds be made available as new construction continues. The commission, however, recommends that the local communities should provide all funds possible on a local level before turning to government funds.

The commission wishes to congratulate the officers of the present and those of the past two years for this vision in the revision of the committee structure in this association. We feel that much more work has been, and will continue to be turned out under the new structure.

The chairman of the commission wishes to thank the members of his commission for their cooperation, attendance and work during the past year. He also wishes to thank Mr. James Waggener for his attendance and counsel.

GLEN WARD LEE, M.D., *Chairman*
 V. EARLE WISEMAN, M.D., *Vice-Chairman*
 CHARLES R. ALVEY, M.D., *Secretary*
 GEORGE WILLISON, M.D.
 FREDERICK R. SMITH, M.D.
 I. E. HUCKLEBERRY, M.D.
 WILLIAM A. JOHNSON, M.D.
 EDMUND B. HAGGARD, M.D.
 ROBERT E. WILLIAMS, M.D.
 HARRY R. STIMSON, M.D.
 STANLEY M. MENDELSON, M.D.
 DON F. CAMERON, M.D.
 KENNETH L. OLSON, M.D.
 GUY A. OWSLEY, M.D.
 WILLIAM C. KUNKLER, M.D.

COMMISSION ON PUBLIC HEALTH

The Commission on Public Health met first on Nov. 17, 1957 at the Student Union Building of Indiana University School of Medicine and elected permanent officers: Drs. Emmett B. Lamb, Chairman; Forrest J. Babb, Vice-chairman, and Lall G. Montgomery, Secretary.

Terms of appointment were allotted as follows:

- For one year: Lewis C. Lohoff, Tell City
 Howard T. Hammel, Bedford
 John A. Davis, Flat Rock
 Carl J. Elward, Wabash
 Richard P. Yoder, Bluffton
- For two years: Betty Dukes, Dugger
 Joseph E. Dudding, Hope
 Forrest J. Babb, Stockwell
 Emmett B. Lamb, Indianapolis
 Richard C. Swan, Anderson
- For three years: Robert C. Speas, Terre Haute
 Allan K. Harcourt, Indianapolis
 Lall G. Montgomery, Muncie
 E. S. Jones, Hammond
 John C. Richter, LaPorte

Sub-committees were organized as follows:

1. Industrial Medical practices and programs, and Industrial Medicine in all its phases
 Richard C. Swan, Chairman
 E. S. Jones
 Allan K. Harcourt
2. Rural Health, and Physician Placement
 Joseph E. Dudding, Chairman
 Forrest J. Babb
 John A. Davis
 Betty Dukes
3. Preventive Medicine, and Liaison with State Board of Health
 Joseph E. Dudding
 John A. Davis

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES
 STARTING DATES — FALL, 1958

SURGERY—

Surgical Technic, Two Weeks, September 29, October 27
 Surgery of Colon & Rectum, One Week, September 22, October 27
 Basic Principles in General Surgery, Two Weeks, October 13
 Gallbladder Surgery, Three Days, November 3
 Surgery of Hernia, Three Days, November 6
 General Surgery, Two Weeks, November 10; One Week, October 27
 Fractures & Traumatic Surgery, Two Weeks, December 1
 American Board Review Course, Two Weeks, November 10
 Blood Vessel Surgery, One Week, October 20

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, October 13
 Vaginal Approach to Pelvic Surgery, One Week, October 6
 General & Surgical Obstetrics, Two Weeks, October 27

MEDICINE—

General Review Course, Two Weeks, October 20
 Electrocardiography, Two-Week Basic Course, October 6
 Gastroscopy & Gastroenterology, Two Weeks, November 3
 American Board Review Course, One Week, September 29
 (Oversubscribed—Available again in Spring, 1959)

DERMATOLOGY—

Clinical & Didactic Course, Two Weeks, November 3

UROLOGY—

Two-Week Intensive Course, October 13
 Ten-Day Practical Course in Cystoscopy by appointment

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, December 1
 Clinical Uses of Radioisotopes, Two Weeks, September 29

TEACHING FACULTY—ATTENDING STAFF OF
 COOK COUNTY HOSPITAL

ADDRESS:

REGISTRAR, 707 South Wood Street, Chicago 12, Illinois

4. Traffic Safety

Howard T. Hammel, Chairman
Forrest J. Babb

5. Conservation of Hearing, and Conservation of Vision

Robert C. Speas, Chairman
Betty Dukes

It was decided to continue several of the projects which have been developed by committees in the past which had been active in some of the fields of responsibility of the present commission, and this was done at the first meeting and continued throughout the year.

The reports of the various sub-committees follow: *Industrial Medical* practices and programs, and *Industrial Medicine* in all its phases:

The Sub-Committee on Industrial Health has met with the Commission on Public Health in all of its meetings and has attempted to correlate the medical problems of those in Industry with the public in general by participating in the deliberations of the other Sub-Committees of the Commission. Industrial Health problems continue to be unique and have occupied the attention of the various members of the Sub-Committee as they have worked with other groups dedicated to the care and health of the industrial employee.

Several members of the Commission on Public Health and the Sub-Committee on Industrial Health attended the 1958 Congress on Industrial Health held in Milwaukee, Wisc., on January 26-28, 1958. Three of us attended the special meetings of officers of the State Committees on Industrial Health. We reported on the 1957 activities of the Indiana group at this meeting. Many new approaches to our problems were gleaned from the reports of the other states.

Several of the members of our Commission and Sub-Committee took part in the program of the Industrial Health Conference held in Atlantic City, N. J., April 19-25, 1958. Dr. E. S. Jones officiated as a past president of the Industrial Medical Association offering his expert guidance in matters pertaining to the direction of various groups in attendance. Dr. E. B. Lamb was re-elected as director of the Industrial Medical Association. He has devoted many hours to his duties as director, guiding the destiny of the Association as it interests itself in the problems of Industrial Medical Practice.

Plans are under consideration for a symposium—"Convalescence Following Surgery"—to be presented before the Indiana State Medical Association's annual meeting either this year or next. This is a subject which has received critical examination by a special committee of the American College of Surgeons. Another subject of interest pertains to a study—"Patterns of Health and Illness in Industry" by members of the staff of the Cornell University Medical College of New York, N. Y.

The Sub-Committee on Industrial Health is plan-

ning meetings in the near future with the Industrial Personnel Managers Association and Industrial Board of Indiana for the consideration of mutual problems.

Committee members will participate in the program of the Central States Society of Industrial Medicine and Surgery to be held in Chicago, Ill., May 18, 1958, and in Des Moines, Iowa, Dec. 6, 1958.

The members of the Sub-Committee on Industrial Health have agreed to serve in an advisory capacity to the President's Committee on the Employment of the Physically Handicapped.

RICHARD C. SWAN, M.D., *Chairman*
E. S. JONES, M.D.

ALLAN K. HARCOURT, M.D.

RICHARD P. YODER, M.D.

JOHN C. RICHTER, M.D.

RURAL HEALTH AND PHYSICIAN PLACEMENT

The Rural Health activities this year were carried out through a sub-committee functioning under the Public Health Commission. Essentially the same programs were continued. The Physician Placement continues to operate through the State Office. The Health Day Programs and Forums, booths at County Fairs and other like activities were sponsored by the committee and worked out with the aid of the Woman's Auxilliary.

The climax of the year's activities was the presentation of the sixth Junior-Senior Day on May 10th at the B and B Restaurant in Indianapolis. Approximately 250 junior and senior medical students, their wives and sweethearts attended this meeting. The program was varied from former years because of the fact that we do have some overlapping when the students attend in both their junior and senior years. Formerly local doctors and state personnel have attempted to give this group a view of rural practice in Indiana. This year the scope was broadened to a national viewpoint and the program included the following speakers: Walter Portteus, M.D., Past President, Indiana State Medical Association, who upheld his reputation for witty repartee as M. C.; Mr. Lawrence Wells, Director, Promotion Services for the Blue Shield commission, who traced the history of the voluntary health insurance plans through the past years and told the students what part of their income they might expect from this source. Maj. Bradford Berry of the U. S. Army explained the Medicare Program. Mr. John Steen of Meade Johnson Company explained the valuable service rendered by the detail man in determining where doctors are needed. Mr. Leo Brown, Director of Public Relations, AMA, gave some important tips on getting along with John Q. Public. A cocktail hour and chicken dinner were enjoyed by the group, with our old friends Meade Johnson Company and Indiana Blue Shield Plan hosting these affairs. Valuable and interesting comments on the practice of medicine

were given by the after dinner speakers, M. C. Topping, M.D., President of the Indiana State Medical Association, and David Allman, M.D., President of the American Medical Association. The committee feels that the best thinking in the profession has been made available to the young people. Whether they 'Win, Place or Show' is now up to them.

Dr. Dudding attended the National Rural Health Conference in Jackson, Miss., March 6-8, 1958.

J. E. DUDDING, M.D., *Chairman*
FORREST BABB, M.D.
BETTY DUKES, M.D.
J. A. DAVIS, M.D.

TRAFFIC SAFETY

At the organizational meeting of the commission on Public Health held Sunday, Nov. 17, 1957 at the Student Union Building at Indiana University Medical Center, Indianapolis, Ind., the above named committee on Traffic Safety was appointed for the purpose of investigating and promoting traffic safety.

During the following 60 days the committee communicated with their local traffic safety officers; with the Indiana State Police, including Sergeant Elmer Paul and Lieutenant Harbison at the headquarters of the Indiana State Police; Mr. Albert Huber, Director of Indiana Traffic Safety; Mr. Richard C. Braisted, Field Representative, Department of Public Health and Preventive Medicine, Cornell University, and various other interested persons gathering information and knowledge regarding a purpose and method of procedure.

At the meeting of the Commission on Public Health held Jan. 9, 1958 at the Student Union Building, Indiana University Medical Center, Indianapolis, Ind., permission was granted to hold a proposed meeting with Mr. Albert Huber, Lieutenant Harbison and Sergeant Paul. This meeting took place at the Indiana State Police Barracks, Feb. 5, 1958, at 2 p.m. Those present in addition to the above named peace officers were E. B. Lamb, M.D., Chairman of Public Health Commission; Howard T. Hammel, M.D., Chairman of the Traffic Safety Committee; John C. Richter, M.D., member of the committee, and W. Wayne Worick, Indiana State Medical Association office. During this meeting the need for Traffic Safety Committees on a local level became fully evident, with further indication of the need for education via attitude, example and promotion of rules and their enforcement. It was therefore decided at this meeting to approach the Commission on Public Health with the proposal that we encourage Traffic Safety Committees on a local level with help and aides from the Indiana State Medical Association office and the Indiana State Police.

It was furthermore suggested that we ally ourselves with the Indiana Traffic Safety Foundation

and that we should be represented in the Governor's Traffic Safety Commission.

On March 26, 1958, an invitation was extended to the Chairman of the Traffic Safety Committee to participate in the President's Traffic Safety Commission at Chicago on April 1 and 2, but this appointment could not be accepted.

At a later meeting held April 17, 1958, at the Claypool Hotel in Indianapolis, Ind., at which Mr. Albert Huber, Howard T. Hammel, M.D., and Wayne Worick were present, the committee was promised representation on the Governor's Traffic Safety Commission but this appointment has not yet been made. Furthermore, at this meeting an editorial campaign was proposed. This proposal was taken in the afternoon to the meeting of the Commission on Public Health held at Headquarters Office, 1021 Hume Mansur Building, Indianapolis, Ind. At this meeting, in which our President, Dr. Topping, participated, it was agreed that we should start with monthly editorials as soon as possible, ending with a story about Mrs. Robert Acher of Greensburg, Ind., depicting the work of a local Safety Committee and follow this with a resolution to the delegates at the State convention to encourage the formation of Traffic Safety Committees within the Local Medical Societies. Following the Commission meeting, Howard T. Hammel, the only member of the Committee on Traffic Safety present, and W. Wayne Worick of the Indiana State Medical Association office, formulated the first three editorials and they will appear in the forthcoming issues of the Indiana State Medical Association *Journal* by permission and cooperation of the President, Dr. M. C. Topping and the editor, Dr. Frank Ramsey. Mr. Wayne Worick, who has spent considerable time and effort to aid in the function of this committee, has contacted Mrs. Acher and will prepare the story of her efforts in behalf of Traffic Safety in Greensburg, Ind., while the chairman of this committee will prepare a resolution (see below) to present to the Delegates at the Indiana State Medical Association meeting this fall.

HOWARD T. HAMMEL, M.D., *Chairman*
FORREST J. BABB, M.D.
JOHN C. RICHTER, M.D.

TO: DELEGATES
INDIANA STATE MEDICAL
ASSOCIATION

FROM: COMMISSION ON PUBLIC HEALTH

Your Commission on Public Health to which were referred the recommendations of the Committee for the study of Traffic Safety, has studied the recommendations and has reached the conclusion that in the interest of efficiency and maximum value, a local committee should be appointed within each Medical Society as proposed in this report. The Commission, therefore, presents the following resolution and recommends that it be adopted:

WHEREAS, The President of the United States did ask at his meeting on Traffic Safety that interested parties should bind themselves on a community level, and,

WHEREAS, It is the opinion of our State officials and your duly appointed representatives on this Commission, that local Medical Societies should be informed and vitally interested in prevention of traffic accidents and fatalities, and,

WHEREAS, Within the past five years this new field of preventive medicine has arisen and research has been done within this field by our State Police Department, and from this research we have learned that 75 to 80% of our highway casualties are preventable or can be minimized even though accidents continue at the same rate, and,

WHEREAS, This could mean the prolongation of thirty thousand lives per year and a great reduction on morbidity suffered by one million human beings who are maimed on our highways each year, and,

WHEREAS, This information could be made available to the local Medical Society through our State Police and our Indiana State Medical Association if such committees existed, and,

THEREFORE, BE IT RESOLVED, that the Indiana State Medical Association recommend to each local Medical Society that a Traffic Safety Committee be appointed, and that among their functions should be:

- I. Provide one program each year on traffic safety, utilizing their local Indiana State Police traffic officer or a suitable substitute, and to urge local Service Clubs and community groups to do likewise.
- II. Focus the widest possible attention on urgent traffic needs in their local communities.
- III. Ally themselves with local citizen organizations for support and promotion of traffic on a local level.
- IV. Promote and assist in the formation of new local citizen committees where indicated.

BE IT FURTHER RESOLVED, that the Indiana State Medical Association assist in the formation and function of these local committees by utilizing their field executives and compiling and mailing data to the duly appointed or elected local committee chairman and supplying a mailing list to the Indiana State Police and the Indiana State Traffic Safety Director.

No reports were received from the sub-committee on Preventive Medicine and liaison with the State Board of Health or from the sub-committee on Conservation of Hearing, and Conservation of Vision.

In addition to the original organization meeting the Commission on Public Health has met as a whole on several occasions, as well as in its several subcommittees, as the need arose. It is a pleasure

to commend the members of the commission for their interest and active participation in the work both of the Commission as a whole and in the work of the subcommittees.

It is the confident hope of the Commission on Public Health that the work which has been accomplished this year will be actively continued in the coming year.

EMMETT B. LAMB, M.D., *Chairman*
FORREST J. BABB, M.D., *Vice-chairman*
LALL G. MONTGOMERY, M.D., *Secretary*
LEWIS C. LOHOFF, M.D.
BETTY DUKES, M.D.
HOWARD T. HAMMEL, M.D.
JOSEPH E. DUDDING, M.D.
ROBERT C. SPEAS, M.D.
JOHN A. DAVIS, M.D.
ALLAN K. HARCOURT, M.D.
E. S. JONES, M.D.
CARL J. ELWARD, M.D.
RICHARD P. YODER, M.D.
JOHN C. RICHTER, M.D.
RICHARD C. SWAN, M.D.

COMMISSION ON VOLUNTARY HEALTH AGENCIES

The organizational meeting of the Commission on Voluntary Health Agencies was held in Indianapolis in November, 1957. Fifteen members had been appointed by Doctor Topping, President of the Indiana State Medical Association, representing each of the district societies and two at-large members.

The purpose of this Commission has been to:

1. Strengthen our liaison with the various voluntary health agencies.
2. Learn more about the planning of these agencies.
3. Make our Commission available as a consulting service to these agencies.
4. Keep the ISMA informed of any contemplated programs of these agencies in advance of their becoming public relation problems for the membership of the ISMA.

The following activities have been undertaken:

1. The membership has been urged to participate actively in the local level planning of the voluntary health agencies.
2. Subcommittees were formed for each of the major agencies.
3. The agencies were contacted and made aware of the Commission's existence and desire to help with any planning or problems the various agencies might have during the year.

Meetings were also held in February and May, 1958.

It was fortunate that during the current business year of the ISMA no serious public relation problems arose that required Commission action or recommendations. The mere existence of the Com-

mission and of its willingness to be consulted and to cooperate with the agencies may have contributed to the lack of problems between the agencies and the ISMA. We wish future Commissions the same absence of problems.

We recommend to the membership of future Commissions that they continue to urge and encourage the membership of the ISMA to participate in the activities and planning of the local agency of their choice and that liaison between the local, state and national organizations of medicine and voluntary health agencies be continued and improved in the future.

A luncheon meeting with representatives of the state agencies and the Commission is contemplated in conjunction with the ISMA convention in October, 1958.

The chairman would like to thank Doctor Topping, Mr. Waggener, Mr. Worick and the membership of this Commission for their excellent cooperation in this exploratory year of commission activity.

R. CASE HAMMOND, M.D., *Chairman*
BOYD A. BURKHARDT, M.D., *Vice-Chairman*
JOHN M. SULLIVAN, M.D., *Secretary*
GEORGE A. MAY, M.D.
ROBERT M. REID, M.D.
WILSON L. DALTON, M.D.
D. S. MEGENHARDT, M.D.
THOMAS BOTKIN, M.D.
H. GLENN GARDINER, M.D.
JOHN G. RHORER, M.D.
CARL S. CULBERTSON, M.D.
GORDON W. BATMAN, M.D.

COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

The Commission was organized on Nov. 17, 1957 and thereafter met on January 18, March 16, April 27 and May 18, 1958. It was divided into three sub-committees: namely (1) Sub-committee on Prepaid Insurance; (2) Sub-committee on Medical Economics and (3) Sub-committee on Miscellaneous Affairs. As a general rule the sub-committees had their own meetings, which were so staggered that at practically all the sessions the entire Commission was in attendance.

REPORT OF SUB-COMMITTEE ON PREPAID INSURANCE

In general, this sub-committee had the function of studying health insurance programs in Indiana and surveying problems that have been encountered with health insurance companies. The insurance laws of Indiana pertaining to health were to be studied with recommendations as to laws to safeguard the public. Efforts were to be made to propose a set of minimum standards for all health insurance policies. The Blue Shield program was to be studied and suggestions made for improvement. Resolutions Numbers 1, 2, 3, 4 and 12, which had

been presented to the 1957 House of Delegates, were to be studied and recommendations made.

Forms of health companies operating in the State should be standardized and your Committee hopes to have standard forms for presentation to the House of Delegates, which, if approved, would then be presented to the State Commissioner of Insurance. It is the opinion of your Committee that all health insurance policies should meet minimum standards and this should be achieved for the protection of the public. It is hoped that this Committee will have a set of minimum standards to be presented to the House of Delegates.

In regard to Resolution Number 1, presented at the 1957 House of Delegates and dealing with Uses and Abuses of Voluntary Health Insurance, your Committee wishes to advise that all points were discussed and it recognizes the advantages of certain recommendations as to increased fees, diagnostic care and multiple coverage and the desirability of simplified forms. However, these matters are complicated and it is the opinion of the Committee that no definite recommendations could be made on this Resolution as it deals with too many complexities. Some of the matters are already being worked out such as efforts to obtain simplified claim forms, increased benefits and diagnostic coverage.

Resolution Number 2, dealing with Increased Insurance Payments for Medical Care, is still being worked upon and depends entirely on companies being able to sell the contract as it would call for increased premiums.

Resolution Number 3, dealing with Simplification of Insurance Reporting Forms, and Resolution Number 4, dealing with Broadening Health Insurance Benefits, have been discussed in reviewing the previous Resolutions.

Resolution Number 12 of the Elkhart County Medical Society concerned the Pilot Study of Medical Prepayment Plans on Regular Current Charges and Without Fee Schedules. This resolution was approved by the 1957 House of Delegates. No report can be made on the progress of the plan as it apparently had not been put into operation at the time of the Committee meeting.

It is the opinion of the Committee that Blue Shield should push the Preferred Plan in Indiana and make efforts to study the possibility of major medical coverage.

The Committee is also of the opinion that there are too many fee schedules in Indiana and recommends that an effort be made to standardize the Veterans' Administration, Medicare and Blue Shield fees.

The Committee recommends that insurance companies write policies in Indiana to provide better coverage for in-hospital medical service with the full realization that perhaps a larger premium would have to be charged.

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SUPPLY:

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The Committee recommends that insurance companies consider some equitable method of payment to surgical assistants.

In order that first hand information be had concerning problems of Blue Cross and Blue Shield, your Committee arranged a meeting with Mr. G. W. Spring, Executive Director of Blue Cross, and Mr. R. S. Saylor, Executive Vice-president of Blue Shield. At this meeting, certain problems were discussed, one of which was ascertaining why Blue Shield should not pay doctors directly for Radiological and Pathological services. Mr. Spring advised that the same problem had been discussed as far back as 14 years ago and at that time the Anesthesiology was also handled by the Blue Cross. After the war the picture changed because 90% of the Anesthesiologists were working independently of the hospitals and it was possible to switch this to Blue Shield. The same thing, according to Mr. Spring, has not taken place in Radiology and Pathology and he felt that it would be unwise to make any change at this time, particularly in this recession. Mr. Spring also said there had been no meetings up to this time between the above groups and the hospitals. However, it is thought that committees have been formed to work on this subject. Mr. Spring stated that two factors must be considered before a conversion could be made—namely (1) economic consideration and the expense factor must be investigated and (2) the members must not suffer by losing any benefits for the same premium.

Mr. Saylor was asked whether selling a deductible policy was feasible and he advised that a fee schedule would be a necessary aid in setting up such a policy.

In regard to the problem of the Radiologists and Pathologists, if it can be worked out with no increased cost to the subscriber and to the mutual satisfaction of the Radiologists, Pathologists and hospitals, the Committee recommends that payment be made by Blue Shield instead of Blue Cross.

REPORT OF SUB-COMMITTEE ON MEDICAL ECONOMICS

The Sub-committee on Medical Economics was given the assignment of becoming familiar with union health plans and proposed programs and the study of problems that would have a bearing on the economics of the practice of medicine.

A general discussion was had in regard to contemplated health programs which were rumored to be considered by certain unions in the State of Indiana if Voluntary Insurance plans did not meet their needs. From the general discussion, the Committee is of the opinion that these are not idle threats and the Committee recommends that the doctors continue support of the Blue Cross and Blue Shield and other voluntary plans as the best means to insure and continue free choice of doctors.

Because of dissatisfaction that some of our members had been removed from the Miners' Welfare

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Administrator

ESTHER L. SIMPSON, R.N.
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list, a meeting was arranged with Dr. Asa Barnes, Area Medical Director of the United Mine Workers Welfare and Retirement Fund, Louisville, Ky., in an effort to clarify this unfortunate situation. Dr. Barnes met with the Committee on Jan. 18, 1958 and we believe a great deal of good was accomplished by this meeting.

Dr. Barnes discussed at considerable length the program of the UMW Fund and its relationships throughout the country and in Indiana. It appeared that the physicians who were dropped from the approved list were largely those who had handled fewer than five hospital cases during the year. Dr. Barnes advised that anyone wishing reinstatement could write to him and the doctor would be placed on the approved list. It was the impression of members of the Commission that Dr. Barnes was desirous of co-operating with the physicians of Indiana.

REPORT OF SUB-COMMITTEE ON MISCELLANEOUS AFFAIRS

This Committee was given the assignment to begin work on a Relative Value Schedule for Indiana, study Professional Liability or Malpractice problems and study Physicians Retirement Plans.

The Committee studied the relative value schedule of California and found that it has much merit but is not perfect for the physicians of Indiana and, therefore, will need some revisions to make it applicable to Indiana. The members of the Committee, in line of thinking of most of the doctors of Indiana, do not care for a fee schedule, but recognize that it is in effect now by the various insurance companies and governmental agencies, and since these agencies, we believe, use the California plan to set the value of fees for physicians of the United States, and particularly Indiana, the Committee recommends that the House of Delegates direct preparation of a relative value study for Indiana, using the various specialty organizations and medical groups within the State to obtain this information. We therefore recommend that this schedule be prepared and brought before the House of Delegates for consideration.*

In regard to professional liability insurance the Committee finds that the St. Paul Mercury Indemnity Company has been officially designated as the underwriter for group malpractice insurance by the Indiana State Medical Association House of Delegates since 1944. The St. Paul Mercury Company agreed to write insurance for any member in good standing in the Indiana State Medical Association irrespective of the nature of their practice or other requirements. The report of all losses or claims were to be made available to the Indiana State Medical Association and all claims reported to the company were to be reported to the I.S.M.A. This

insurance was to be sold without pressure as to purchase of other liability insurance with the company. The rate was to be adjusted at regular intervals as experience of Indiana justified. The I.S.M.A. was in turn supposed to keep their membership notified of the existence of this agreement and to help promote the membership to insure with the St. Paul Mercury by letters of recommendation or by articles in the *Indiana State Journal*. The Committee finds that the St. Paul Mercury has done a good job in complying with their part of the contract and at the present time the doctors of Indiana enjoy a 20% rate advantage over other insurance companies. The Committee recommends continued co-operation with the St. Paul Mercury inasmuch as the contract is still apparently in effect.

Physicians Retirement plans were thoroughly studied and the Committee was in agreement that such plans, at this time, on a group basis, did not offer advantages of a business deduction as is obtained in industry. It is therefore recommended that further study, on a group basis, be indefinitely postponed until such time as Congress passes legislation that allows a physician to deduct such payments as a business expense.

The Committee made a special study because of a complaint from a physician that doctors paid higher rates in their offices for fire and comprehensive coverage. An interview was had with the Director of the Indiana State Insurance Commission, as well as the Manager of the Rating Bureau, and it was found that it would be impossible and impractical to set up a special rate for physicians' offices in Indiana.

In conclusion, it has been the endeavor of the Commission to carry out the assignment it was given. The task was quite large and we fully realize that some problems that were presented will need further study before they are completed. The problems of voluntary health insurance, relations with management and labor and economic problems will continue to confront us. If we hope to continue to enjoy the free practice of medicine we must be continually vigilant.

HUBERT T. GOODMAN, M.D., *Chairman*
JOHN M. PARIS, M.D., *Chairman,*
Sub-committee on Prepaid Insurance
WENDELL C. STOVER, M.D., *Chairman,*
Sub-committee on Medical Economics
RICHARD P. GOOD, M.D., *Chairman,*
Sub-committee on Miscellaneous Affairs
JOHN W. BEELER, M.D., *Secretary*
J. L. ARBOGAST, M.D.
JAMES L. DOENGES, M.D.
EDWARD T. EDWARDS, M.D.
RAY ELLEDGE, M.D.
M. E. HARDEN, M.D.
JOHN LANGOHR, M.D.
GEORGE B. PAINE, M.D.
WILLIAM SCHARBROUGH, M.D.
LOWELL I. THOMAS, M.D.

* Dr. James L. Doenges, Anderson, dissents to this portion of the report of the Commission on Medical Economics and Insurance, regarding the Relative Value Schedule.

COMMISSION ON INTER-PROFESSIONAL RELATIONS

The Commission on Inter-Professional Relations of the Indiana State Medical Association has held three quarterly meetings including the organization meeting on Nov. 17, 1957. At the first meeting terms of office were assigned by lot and a chairman, vice-chairman and secretary were chosen by ballot.

Representatives from the Commission were appointed to serve on the Joint Committee for Improved Patient Care in Indiana. A Liaison Committee was established to function with the Indiana Licensed Nursing Homes Association. The entire Commission elected to act as a Committee of the Whole in the hospital-physicians relations activity. It was decided to eliminate temporarily other standing committees with the Commission and its chairman to appoint from the membership of the Association and from the Commission such subcommittees as may be deemed necessary in the future.

Subsequent investigation has revealed criticism of the medical profession because of ineffective liaison with the nursing profession in recent years. A subcommittee, under the chairmanship of Dr. Nathaniel Ewing of Vincennes, has been appointed to function in this broad field serving as liaison for the Association with all the various nursing organizations. It is recommended by the chairman of the Commission that the membership of this subcommittee be stabilized as much as possible to permit effective liaison with this important area of activity to be established and maintained. A report of this subcommittee's activities will be forthcoming to the Commission.

The Commission as a whole has undertaken a study of the ethical relationships of members of the Association to the practice of medicine by osteopaths, optometrists and chiropractors. This study is continuing.

A conference was held with members of the Commission and representatives from the leading ethical pharmaceutical and biological manufacturers in the State of Indiana. Principal discussion was based on the control and restricted allocation of the polio and flu vaccines during the past two years. The discussion emphasized the role that government agencies, particularly Federal agencies, played in the regulation and distribution of the biologicals in these particular situations. The effects of pressure brought to bear by non-professional groups were also discussed. These representatives of the pharmaceutical industry were encouraged to utilize the services of the Commission in maintaining contact with the medical profession.

As a result of this discussion, the Commission recommends to the Executive Council that an attempt be made to obtain more objective newspaper reporting concerning the meetings of the House of Delegates of the Indiana State Medical Association.

The failure of newspapers to distinguish between resolutions presented to the House of Delegates and those actually adopted by the organization has produced acute embarrassment to these manufacturers on at least one occasion.

The Commission has discussed the advisability and suggests to the Council and the House of Delegates that action be taken to secure increased physician representation on the Indiana Hospital Licensing Commission.

Inquiries have been directed to the Legal Department of the American Medical Association regarding the possibility of violations of privileged communications involved in current practices of handling patients' records in hospitals. The question is raised in regard to non-professional personnel such as members of the board of governors, administrators and non-professional hospital employees coming in contact with confidential information necessary in the care of the patients.

JOSEPH B. DAVIS, M.D., *Chairman*
FRANK H. GREEN, M.D., *Vice-Chairman*
ROBERT H. RANG, M.D., *Secretary*
JOSEPH D. McDONALD, M.D.
WILLIAM PAYNTER, M.D.
KENNETH SCHNEIDER, M.D.
COEN L. LUCKETT, M.D.
FLOYD A. BOYER, M.D.
C. V. ROZELLE, M.D.
ELI B. HARTER, M.D.
MILTON B. GEVIRTZ, M.D.
C. JULES HERITIER, M.D.
F. R. N. CARTER, M.D.
A. D. DENNISON, JR., M.D.
RUSSELL J. SPIVEY, M.D.

COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Our assignment in this new Commission was given as follows: "This Commission should concern itself with liaison with the Medical School and Licensing Board, undergraduate, graduate and post-graduate education, internship, residencies, and health education programs in the public schools.

"We further recommend the addition of another subcommittee to act as a liaison between the Indiana State Medical Association and University School of Medicine. This committee to establish a policy concerning the relationships between full-time professors of the Medical School and private practitioners."

In striving to attain these aims and purposes, our first general Commission meeting was held at the Indiana University Medical Center at Indianapolis on Sunday, Nov. 17, 1957, and was chiefly organizational in nature. The group was divided into two main committees—one a Committee on Medical Education, and a Committee on Medical Licensure. Dr. Ralph C. Eades was made Chairman

of the Committee on Medical Education and Dr. Joseph H. Clevenger, Chairman of the Committee on Medical Licensure. Dr. Elton R. Clarke was made general Chairman of the Commission.

A budget of \$5,000.00 was requested.

Plans were made for setting up some definite activities of the Commission, some of which were to act in liaison with the Indiana University School of Medicine, the Indiana State Board of Health, the Indiana State Board of Registration and Licensure, and to work in relationship with the Public Schools. In addition to these topics, plans were made to bring down to date the tape recordings belonging to the Indiana State Medical Association, and to devise some method of getting better circulation for these tapes so that more of the members may use and benefit from them. This work was put under active charge of Wayne Worick, who has done a very good job resulting in the physicians getting more use out of these recordings.

Another big general meeting of the Commission was held in Indianapolis at the Columbia Club on Wednesday, March 19, 1958. Besides our Commission members and President, Dr. M. C. Topping, the following guests were present and, at our request, discussed their various organizations and responsibilities: Drs. John D. Van Nuys, W. Donald Close, E. W. Shrigley, John Mahoney, Andrew C. Offutt and Henry G. Nester of Indianapolis; Dr. Lall G. Montgomery of Muncie and Dr. P. T. Lamey of Anderson. These talks were strictly in line with the work this Commission is trying to perform and we felt better informed as to their aims and purposes than before. The Commission met again on Wednesday, July 9, to revise and approve this report. Committee reports were heard at this meeting.

The component Committees have held their separate meetings for formulating their own plans. At one of these meetings of the Committee on Medical Education on Dec. 15, 1957, two Sub-Committees were established to facilitate the work.

Dr. Elton R. Clarke was appointed Chairman of a Sub-Committee to review text-books on Health for use in the Indiana Public Schools. Dr. Robert M. Seibel was appointed Chairman of a Sub-Committee on Conference on Physicians and Schools to be held in connection with the State Medical Association's annual meeting in October. Subject featured at this Conference is "Emotional Development of the School Age Child."

Summarizing, we feel that this Commission has made some worth-while contributions to the Indiana State Medical Association this year, viz.,

1. Better relations with the Indiana University School of Medicine and their faculty, the Indiana State Board of Registration and Licensure, the Indiana State Board of Health and various other school and mental health groups. The Indiana State Medical Association desires to keep closely allied with these various or-

ganizations and this Commission should be one means of keeping this relationship active.

2. Planning for and making program and arrangements for the annual Conference on Physicians and Schools to be held at the time of the state meeting on October 14 and 15.
3. Getting our tape library in better condition for the lending AND RETURNING of tapes. On or about the first of June, 1958, the number of tapes available was about 650, about double that of a year ago, and the turnover very good.
4. A resolution was planned to present to the House of Delegates which came out of the work and recommendations of our Committee on Medical Licensure, relating to better liaison with the Indiana State Board of Registration and Examination, and policies of examination and licensure of foreign medical school graduates.
5. Study will be made of certain text-books studied in our schools to see if they contain any socialistic, erroneous or subversive material. This may be one of our unfinished projects and should require eternal vigilance.
6. It is recommended that this Commission be continued with an adequate budget for its projects.

ELTON R. CLARKE, M.D., *Chairman*
HARRY E. KLEPINGER, M.D., *Vice-Chairman*
KENNETH C. KOHLSTAEDT, M.D., *Secretary*
MELL WELBORN, M.D.
WILLIAM C. REED, M.D.
DANIEL CANNON, M.D.
ROBERT M. SEIBEL, M.D.
ROBERT K. WEBSTER, M.D.
NORMAN F. RICHARD, M.D.
HAROLD OCHSNER, M.D.
JOSEPH H. CLEVINGER, M.D.
ROBERT A. HEDGCOCK, M.D.
RALPH C. EADES, M.D.
LINUS MINICK, M.D.
LOUIS E. HOW, M.D.

COMMISSION ON CONSTITUTION AND BYLAWS

COUNCILOR DISTRICTS

The matter of the recommendation contained in the Reference Committee Report on Constitution and Bylaws concerning Resolution No. 5—Resolution Proposing a Constitutional Amendment for the purpose of Councilor District Reorganization, was considered.

The following resolution is submitted for consideration by the House of Delegates:

BE IT RESOLVED that the Bylaws of the Indiana State Medical Association be, and hereby are,

amended by adding an additional chapter to be numbered Chapter XXVI, which additional chapter shall read as follows:

CHAPTER XXVI.—COUNCILOR DISTRICT MEDICAL SOCIETIES

SECTION 1. A Councilor District Medical Society, hereinafter called the District Society, shall be a society whose members consist of the members of the County Medical Societies in the Counties which constitute the Councilor District, provided such members of County Medical Societies have paid their membership dues in the District Society.

SECTION 2. The State shall be divided into thirteen (13) Councilor Districts with the boundary lines and numbers of each District to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second District—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton and White Counties.

Tenth District—Newton, Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

SECTION 3. Each District Society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one District Society shall exist within any one Councilor District. The authorized District Society in each Councilor District shall receive a charter from the State Association, and the Secretary of the District Society shall have custody of the charter.

SECTION 4. Each District Society shall organize by electing a President, a Secretary, and a Treasurer and a Councilor and Alternate Councilor as the current Councilor term and Alternate Councilor term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of Secretary and Treasurer may be held by the same physician. The Councilor shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

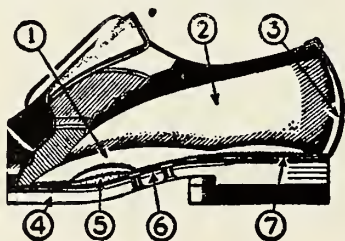
SECTION 5. The dues of the District Society, in an amount fixed by the District Society to meet the District Society needs, shall be collected by the Secretaries of the component County Societies and delivered to the Treasurer of the District Society. The Secretary of each District Society shall report to the office of the State Association the names and addresses of the members of his District Society, together with a copy of the minutes of each meeting of the District Society.

SECTION 6. Each District Society shall meet at least once each year at a time and place to be fixed by the District Society. On or before January 1st of each year each District Society shall notify the headquarters of the State Association of the time and place of the annual District meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Council, the Councilor shall fix the time and place of the District meeting, and notice of such meeting shall be sent to the members of the County Medical Societies in such District.

SECTION 7. Whenever a District Society is to elect a Councilor and/or Alternate, the headquar-

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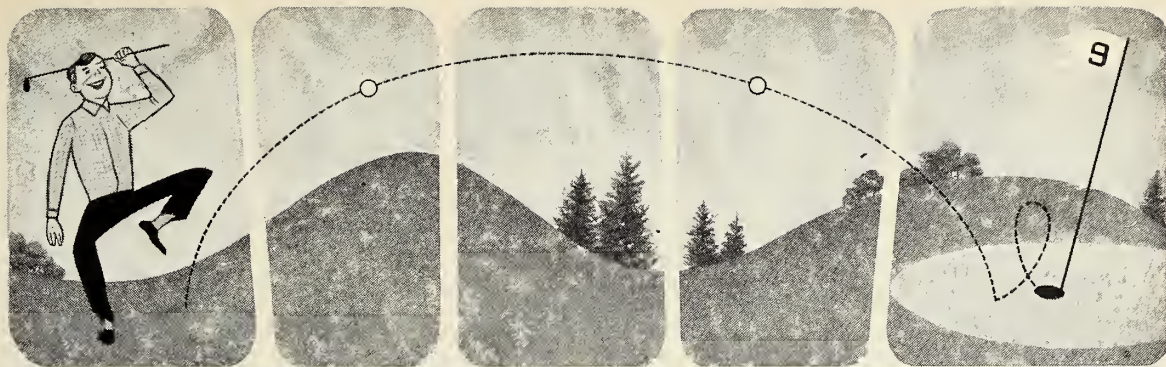
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ters office of the State Association shall so notify the individual members of such District Society not later than the first of March of the year in which the election is to occur.

SECTION 8. The District Society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the District of the meeting at least thirty (30) days prior to the date thereof.

AND BE IT FURTHER RESOLVED, that the remaining chapters of the Bylaws be renumbered, changing the number of Chapter XXVI to Chapter XXVII; Chapter XXVII to Chapter XXVIII; Chapter XXVIII to Chapter XXIX; Chapter XXIX to Chapter XXX; and Chapter XXX to Chapter XXXI.

SPEAKER OF THE HOUSE OF DELEGATES

The advisability of having a speaker for the House of Delegates was considered. A questionnaire on this subject to 47 other state medical societies was answered in 37 instances. Twenty-three states already had a speaker and all of these states were in favor of the institution. Eighteen states had a 1-year term, 2 states had a 2-year term, and 3 states had a 3-year term. To express the recommendation of this commission, the following resolution is offered for consideration by the House of Delegates:

BE IT RESOLVED, that Article IX, Section 1, of the Constitution of the Indiana State Medical Association be amended by inserting in Line 3 of Section 1, after the word "Treasurer" and before the word "and" the following words: "a Speaker and a Vice-Speaker of the House of Delegates";

BE IT FURTHER RESOLVED, that Chapter VI, Section 1, of the Bylaws of the Indiana State Medical Association be amended by deleting the first sentence of Section 1.;

BE IT FURTHER RESOLVED, that Chapter VI of the Bylaws of the Indiana State Medical Association be amended by adding a new section, to be designated as Section 4, to read as follows:

"SECTION 4. The Speaker of the House of Delegates shall preside at all meetings of the House of Delegates and shall appoint all Reference Committees. He shall organize and conduct the business of the House of Delegates, but shall not have a vote therein except in case of a tie. He shall be an officer of the Association with the right to participate in the discussion in the meetings of the Council and of the Executive Committee but without power to vote in either of such meetings. If the Speaker is absent or unable to perform his duties, the Vice-Speaker shall perform them."

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by renumbering the sections of Chapter VI of the Bylaws, so that the present Section 4 of Chap-

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ter VI shall be numbered Section 5 of Chapter VI, and that the present Section 5 of Chapter VI shall be numbered Section 6 of Chapter VI.

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by changing Section 4 of Chapter V to read as follows:

"SECTION 4. The President, President-elect, Treasurer, Speaker and Vice-Speaker shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates."

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by substituting the word "Speaker" for the word "President" whenever the word "President" occurs in Sections 1 and 2 of Chapter XXIV of the Bylaws.

REMISSION OF DUES

At the request of the Executive Committee of the Indiana State Medical Association, the provisions and practices concerning the remission of state dues of members by council action, were reviewed. To promulgate the feeling on this matter of the members of this Commission, the following resolution is offered for the consideration of the House of Delegates:

BE IT RESOLVED: That the last sentence of Section 12 of Chapter XXV of the Bylaws of the Indiana State Medical Association be deleted and replaced by the following:

"In the event the county society remits a member's dues for good cause, the secretary of the county medical society shall recommend in writing to the councilor of his district the remission of the state association dues of said member of the society, showing good cause why such recommendation should be granted. The councilor in turn may present the recommendation to the Council, which shall have the power to remit such dues."

As determined by lot in the initial meeting of this Commission, the terms of office of 1 or 2 or 3 years dating from the annual convention of October 1957, are indicated by the numeral placed after the name of each member. Meetings of this Commission were held at Indianapolis on Nov. 17, 1957, Feb. 23, 1958 and May 18, 1958.

A. W. CAVINS, M.D., *Chairman* (2)
WILLIAM B. CHALLMAN, M.D. (1)
JAMES H. CROWDER, M.D. (2)
JAMES Y. McCULLOUGH, M.D. (2)
GORDON S. FESSLER, M.D. (3)
HOWARD E. SWEET, M.D. (2)
O. T. SCAMAHORN, M.D. (1)
IRWIN S. HOSTETTER, M.D. (3)
WILLIAM M. SHOLTY, M.D. (1)
PHILIP J. ROSENBLOOM, M.D. (3)
LOWELL J. HILLIS, M.D. (3)

TRUMAN E. CAYLOR, M.D. (1)
JOHN B. CLEVELAND, M.D. (3)
G. O. LARSON, M.D. (1)
ROBERT M. HANSELL, M.D. (2)

Addendum: Since this report was written, a suggestion has been received relative to amending Article IX, Section 3, to make it possible for an individual who could not be present for some reason beyond his control to be elected. This is hereby recommended for consideration by the Commission at its next meeting, and has been placed in the files of the Commission.

COMMISSION ON SPECIAL ACTIVITIES

The Commission's work has primarily been with American Medical Education Fund. Two meetings have been held, one primarily of organization, the other in conjunction with Auxiliary leaders regarding education plan of AMEF. Mrs. Alvin Schaaf of Jamestown has been most helpful in planning meetings on local society level regarding AMEF, what it is, etc. Additional contributions above the \$10.00 assessment have been most gratifying.

Blood bank utilization study has not been completed as some difficulty has been had in deciding who to sample, i.e., staff chairman, county society members or staff members.

It was voted to leave all members of social security coverage, welfare, insurance for older members and dependents to another commission.

MALCOLM O. SCAMAHORN, M.D., *Chairman*
EARL W. BAILEY, M.D., *Vice-Chairman*
FORREST R. LAFOLLETTE, M.D., *Secretary*
JOHN H. COMBS, M.D.
FRANCIS B. MOUNTAIN, M.D.
JACK SHIELDS, M.D.
STUART R. COMBS, M.D.
T. A. DYKHUIZEN, M.D.
JACK L. EISAMAN, M.D.
ROBERT L. PARR, M.D.
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RESOLUTIONS

RESOLUTION No. 1

Introduced by: MADISON COUNTY MEDICAL SOCIETY

Subject: RESOLUTION ON THE USE OF PUBLIC WATER SUPPLY AS A VEHICLE FOR DRUGS

WHEREAS: The experiment of fluoridation of community water supplies is a completely new and dangerous principle, and

WHEREAS: The right to determine what shall be done to one's own body is fundamental, and

WHEREAS: Water is necessary for life, and

WHEREAS: Many people are dependent on public supplies for water, therefore

BE IT RESOLVED: That the Madison County Medical Society condemns and opposes the addition of any substance to our public water supply for the purpose of affecting the bodies or the bodily or mental functions of the consumer and especially the principle of fluoridation of our local water supply, and

BE IT FURTHER RESOLVED: That copies of this resolution be transmitted to the Mayor, the Anderson City Council, the Madison County Dental Society, the Anderson Newspapers, Inc., and

BE IT FURTHER RESOLVED: That the delegates of the Madison County Medical Society present this resolution to the House of Delegates of

the Indiana State Medical Association for their consideration.

RESOLUTION No. 2

Introduced by: VIGO COUNTY MEDICAL SOCIETY

Subject: TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD

WHEREAS: the practice of medicine, including all medical specialist professional services, by a corporation, is against the public policy, and this principle has been reaffirmed in the courts recently in Iowa, West Virginia, Illinois and Colorado, and

WHEREAS: as a result of these decisions, professional fees that had been paid for by Blue Cross are now paid for by Blue Shield, and

WHEREAS: the Principles of Medical Ethics of the American Medical Association consider a physician unethical if he disposes of his services to a hospital corporation which enables it to offer his professional services for a fee and

WHEREAS: since it is the opinion of the Judicial Council of the American Medical Association that, "Hospital insurance should not include the sale of Medical Services" (Report 1936), (Page 37, Special Edition of THE JOURNAL of the American Medical Association, June 7, 1958), therefore be it

RESOLVED: that all professional fees be removed from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and be transferred to Blue

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Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed, or sooner if possible, and be it further

RESOLVED: that this resolution be delivered to the House of Delegates of the Indiana State Medical Association at its next meeting.

RESOLUTION No. 3

Introduced by: JOHN W. BEELER, M.D., DELEGATE FROM MARION COUNTY, ON BEHALF OF THE SECTION ON RADIOLOGY OF THE INDIANA STATE MEDICAL ASSOCIATION, AND THE INDIANA ROENTGEN SOCIETY

Subject: REGARDING THE PRACTICE OF MEDICINE BY A CORPORATION

WHEREAS, the practice of medicine, including the medical professional services, by a corporation is against the public policy, and this principle has been reaffirmed in the courts—recently in Iowa, West Virginia, Illinois, and Colorado, and

WHEREAS: as a result of these decisions, professional fees that had been covered by Blue Cross are now covered by Blue Shield, and

WHEREAS: the Principles of Medical Ethics of both the American Medical Association and the American College of Radiology consider a physician unethical if he sells his services to a corporation which, in turn, sells his professional services for a fee, and

WHEREAS: since it is the opinion of the Judicial Council of the American Medical Association that "Hospital Insurance Should Not Include the Sale of Medical Services" (Page 37, Special Edition of THE JOURNAL of the American Medical Association, June 7, 1958),

THEREFORE BE IT RESOLVED: that all professional fees be removed from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and be transferred to Blue Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed or sooner, if possible, and be it further

RESOLVED: that this resolution be delivered to the House of Delegates of the Indiana State Medical Association at its next meeting.

(Passed at the annual meeting of the Indiana Roentgen Society, Incorporated, at Indianapolis, May 4, 1958.)

RESOLUTION No. 4

Introduced by: JENE R. BENNETT, M.D., DELEGATE FROM ST. JOSEPH COUNTY MEDICAL SOCIETY, ON BEHALF OF THE INDIANA ASSOCIATION OF PATHOLOGISTS

Subject: TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD PLANS

WHEREAS, the practice of pathology is practice of medicine and the practice of medicine by a corporation is against the public policy, and this

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1. Thomas, J. W.: Ann. Allergy 16:128, 1958

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principle has been reaffirmed in the courts in Indiana and more recently in Iowa, West Virginia, Illinois, Texas, and Colorado, and

WHEREAS, as a result of these decisions, professional fees which had been paid for by Blue Cross are now being paid by Blue Shield in some of the above and other states, and

WHEREAS, the charges for pathology services are charges for medical and not hospital services, and

WHEREAS, it is the opinion of the Judicial Council of the American Medical Association that "hospital insurance should not include the sale of medical services," therefore be it

RESOLVED, that the Indiana Association of Pathologists urges the Indiana State Medical Association to exert all its influence to remove *all* professional fees from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and to transfer them to Blue Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed or sooner, if possible, and be it further

RESOLVED, that this resolution be presented to the House of Delegates of the Indiana State Medical Association at its next meeting.

RESOLUTION No. 5

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: SEPARATION OF BLUE CROSS AND BLUE SHIELD

WHEREAS, Since its inception there have been no rate increases for Blue Shield Medical and surgical insurance, and

WHEREAS, Blue Cross hospital insurance has had numerous rate increases, and

WHEREAS, These two plans, Blue Cross and Blue Shield, are tied so closely together that they are one in the mind of the public, and this is further emphasized by the fact that Blue Shield insurance cannot be purchased unless the buyer also purchases Blue Cross, and

WHEREAS, Because of this the medical profession has been subjected to severe criticism each time Blue Cross seeks a rate increase, and

WHEREAS, There are many inequities in the Blue Shield fee schedule which cannot be corrected until proper rate increases have been made, and

WHEREAS, The medical profession has been hesitant to correct these inequities by proper rate increases because of the great storm of public criticism occasioned by each Blue Cross rate increase, and

WHEREAS, If these two plans were separate and distinct in the mind of the public, medicine would not be subject to criticism because of mounting Blue Cross costs, over which medicine has no control, and just and equitable rate increases could be made in Blue Shield with a resultant expansion of benefits without public condemnation, now therefore

BE IT RESOLVED, That there be complete separation and divorcement of Blue Cross and Blue Shield, and that Blue Shield set up its own administrative organization and carry out its function completely independent of Blue Cross and its administrative organization; and that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

RESOLUTION No. 6

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PAYMENT OF MEDICAL CARE BY BLUE SHIELD

WHEREAS, Under the present schedule of Blue Shield Plan indemnities the medical practitioner is not remunerated for his services when they are required in treating a medical complication of a surgical case, and

WHEREAS, The services of the medical practitioner are in most instances equally important to the well-being of the patient as the services of the surgeon, and may require more time, now therefore

BE IT RESOLVED, That Blue Shield compensate without prejudice the services of the medical practitioner when his services are required in treating a medical complication of a surgical case and any diagnosable disease or complication be compensated as if the patient did not have a concomitant surgical procedure, and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

RESOLUTION No. 7

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PUBLICITY AND ADVERTISING CAMPAIGN ON BLUE CROSS AND BLUE SHIELD

WHEREAS, Over the years the public has come to regard Blue Cross and Blue Shield as one and the same plan, and

WHEREAS, Because of this, medicine is subjected to severe criticism from all quarters each time Blue Cross increases its rate, and

WHEREAS, Individual physicians and county medical societies are left with the unpleasant and overwhelming task of defending themselves on the local level with whatever means available, and

WHEREAS, Medicine, at the local level, always finds itself in an emergency situation, with inadequate and uncoordinated means of fighting at best a rear-guard action, and

WHEREAS, The individual physician and the local county medical society alone cannot carry on this fight effectively, now therefore

BE IT RESOLVED, That the Indiana State Medical Association undertake a state-wide publicity and/or advertising campaign designed to create a better understanding of Blue Cross and Blue Shield

in order to separate the two in the public mind, and thus shield medicine from the public wrath, disrespect and ill feeling which has been occasioned by Blue Cross rate increases, and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

RESOLUTION No. 8

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: SELLING POLICIES OF BLUE CROSS-BLUE SHIELD

WHEREAS, At present Blue Cross hospital insurance may be purchased without Blue Shield medical and surgical insurance, and

WHEREAS, Blue Shield medical and surgical insurance is available to those eligible only in a package plan which includes the purchase of Blue Cross insurance, and

WHEREAS, Many citizens of Indiana have hospital insurance in companies other than Blue Cross, but are unable to purchase Blue Shield medical and surgical insurance because of this restriction on the sale of Blue Shield, and

WHEREAS, This restriction is further evidence that Blue Shield is dominated and subjugated to the policymaking of Blue Cross, and

WHEREAS, This is a gross inequity, unfair to the citizens of Indiana and cause of unwarranted criticism of the medical profession, now therefore

BE IT RESOLVED, That the Standard Blue Shield certificate with diagnostic rider be offered for sale to those who have no other medical and/or surgical insurance, and not in an eligible group, without the purchaser being required to also buy Blue Cross hospital insurance and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

RESOLUTION No. 9

Introduced by: COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Subject: CONCERNING MEDICAL REGISTRATION AND LICENSURE

WHEREAS: Medical examination and licensure is an integral part of the practice of medicine and a responsibility of the Medical Profession to the public.

WHEREAS: It is desirable that all members of the Indiana State Medical Association be correctly informed of the provisions of medical examination and licensure and the endeavors of the Indiana State Board of Medical Registration and Examination.

WHEREAS: It is desirable that medical students be informed of the same provisions and conditions.

WHEREAS: The Indiana State Board of Medical Registration and Examination is at times confronted with the problem of narcotic addiction.

WHEREAS: Accurate information elicits the fact that members of the Indiana State Medical Association serving on the Board of Medical Registration and Examination have expended much time and effort and exercised circumspection in performance of their duties.

WHEREAS: There is information that two national foundations have initiated and financed an organization whose duties, in part, consist of procedures for accurate screening of foreign country medical students and graduates before their admission to the United States.

THEREFORE: Be It Resolved that the following recommendations be presented to the next regular meeting of the House of Delegates of the Indiana State Medical Association for their consideration and pleasure.

1. That a close liaison between the Indiana State Board of Medical Registration and the Indiana State Medical Association be maintained.
2. That members of the Indiana State Board of Medical Registration and Examination be encouraged to discuss their endeavors, their activities and their problems before county, district and state Medical Association meetings.
3. That members of the Indiana State Board of Medical Registration and Examination be requested to prepare a series of informative articles in regard to their duties and activities for presentation through the regular editions of the JOURNAL of the Indiana State Medical Association.
4. That arrangements be made with the administration of the Indiana University Medical School and the Indiana State Board of Medical Registration and Examination to conduct lectures and discussions by members of the board before junior and senior medical students incident to the provisions of Medical Examination and Licensure and the problems of narcotic addiction.
5. That members of the Indiana State Medical Association serving as members of the Indiana State Board of Medical Registration and Examination be highly commended for the diligent and prudent manner in which they have performed their duties.
6. That there appears to be information which indicates the advisability of re-evaluation of attitudes and policies regarding examination and licensure of foreign medical school graduates.

RESOLUTION No. 10

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: BROADENING HEALTH INSURANCE BENEFITS

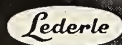
WHEREAS, Voluntary prepaid Medical Insurance Plans are widely accepted both by the public and physicians, and

Patient J. I.
Duodenal Ulcer

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WHEREAS, There are great inequities in insurance indemnities for hospital medical care, medical care in surgical cases, and recognition of consultant fees, and

WHEREAS, There is no provision in many insurance contracts for separate payment of the attending physician for services he renders the patient for diagnostic work-up, assisting in surgery, and after care,

THEREFORE BE IT RESOLVED that reasonable indemnity be directed to the attending physician for his services. This indemnity should be paid in addition to any surgical fee, and

BE IT FURTHER RESOLVED there should be separate claim forms completed by each physician rendering patient care, and

BE IT FURTHER RESOLVED there should be a reasonable indemnity paid for consultation by a qualified consultant in any case having a genuine need for consultation, and

BE IT FURTHER RESOLVED that the Insurance Committee of the Indiana State Medical Association shall present a copy of this resolution to every insurance company writing medical care insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED that the Delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

RESOLUTION No. 11

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: RESOLUTION TO REDEFINE COUNCILOR DISTRICTS OF THE INDIANA STATE MEDICAL ASSOCIATION

WHEREAS, The present councilor districts within the Indiana State Medical Association are not representative in that they are based on a geographic instead of a numerical membership basis.

WHEREAS, The Council as trustee for the funds of the Association should represent the dues-paying membership on a more equitable basis, and

WHEREAS, The present councilor districts represent as few as 143 to as many as 1,083 members, seven councilors represent 1,278 members, and the remaining six councilors represent 2,867 members. The Council does not represent the membership in an equitable manner (figures are from membership report Dec. 31, 1957); and

WHEREAS, This inequitable distribution of membership in the councilor districts also is reflected in the various commissions of the State Association and in the Blue Shield Board, membership on both being on the basis of councilor districts except for the members at large; and

WHEREAS, The Constitution of the State Association designates that there are to be thirteen (13)

councilors, the councilor districts are not defined in the Constitution and the definition of these districts is the duty of the House of Delegates;

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Indiana State Medical Association redefine the councilor districts so that each councilor represents approximately 300 members of the society, except that in any county society where there is a large membership which cannot be resolved by boundaries, such area shall be represented by one councilor for each 300 members and one group of district officers can function for such combined districts.

BE IT FURTHER RESOLVED, That councilor districts be redefined as follows:

FIRST DISTRICT—Posey, Vanderburgh, Warrick, Spencer, Perry, Gibson, Pike, Knox, Daviess-Martin—Members 330

SECOND DISTRICT—Parke-Vermillion, Putnam, Vigo, Clay, Sullivan, Greene, Owen-Monroe, Hendricks, Morgan—Members 299

THIRD DISTRICT—Dubois, Lawrence, Orange, Harrison-Crawford, Floyd, Clark, Scott, Washington, Jackson, Bartholomew-Brown, Decatur, Jennings, Jefferson-Switzerland, Dearborn-Ohio, Ripley—Members 294

FOURTH DISTRICT, FIFTH DISTRICT, SEVENTH DISTRICT—Marion County—Members 1,027

SIXTH DISTRICT—Johnson, Shelby, Hancock, Rush, Henry, Fayette-Franklin, Jay, Randolph, Wayne-Union—Members 261

EIGHTH DISTRICT—Madison, Delaware-Blackford, Grant, Wells, Adams—Members 326

NINTH DISTRICT—Porter, Starke, Jasper-Newton, White, LaPorte, Pulaski, Benton, Fountain-Warren, Tippecanoe, Montgomery—Members 299.

TENTH DISTRICT—Lake County—Members 371

ELEVENTH DISTRICT—La Grange, Huntington, Marshall, Carroll, Clinton, Noble, Wabash, Fulton, Miami, Boone, Hamilton, Whitley, Kosciusko, Cass, Howard, Tipton—Members 331

TWELFTH DISTRICT—Allen, DeKalb, Steuben—Members 285

THIRTEENTH DISTRICT—St. Joseph, Elkhart—Members 324

(All figures are from membership report Dec. 31, 1957)

BE IT FURTHER RESOLVED, That implementation of this resolution be carried out in the following manner:

District 1. Present councilor to continue as elected to 1959, then district to reorganize to elect new councilor and district officers.

District 2. Present councilor to continue as elected to 1960, then district to reorganize to elect new councilor and district officers.

District 3. Present councilor from 3rd district faces expiration of his term in 1958 and no replacement to be elected at that time. Councilor from 4th district to serve remaining portion of his term to 1959, thus representing the new district for one year. Then, at expiration of his term, the new district members shall meet to elect officers and a councilor.

Districts 4, 5, and 7. Elect councilor and district officers in 1958. Elect councilor in 1959 to replace present councilor elected from old 7th district. Elect councilor in 1960.

District 6. The councilor from the present 6th District faces expiration of his term in 1958. The district members shall reorganize to elect a councilor and district officers in 1958.

District 8. The present councilor from the 8th district to continue to expiration of his term in 1960. Then, the district members shall reorganize to elect district officers and a councilor.

District 9. The present councilor from district 13 to continue as elected to 1959. Then, the district members shall meet to reorganize and elect district officers and a councilor.

District 10. The present councilor from the 10th district to serve the remainder of his term to 1959. Then, the new district members shall reorganize to elect officers and a councilor.

District 11. The present councilor from the 11th district to continue the remainder of his term to 1960 as elected. Then, the new district shall reorganize to elect officers and a councilor.

District 12. Present councilor term expires in 1958. The new district members shall organize to elect district officers and a councilor in 1958.

District 13. To organize and elect officers and a councilor in 1958.

This plan of procedure will provide for 13 councilors at all times. Four will be elected in 1958, five in 1959, and four in 1960 at which time the councilors will represent the new districts as defined by this resolution.

BE IT FURTHER RESOLVED, That with the passage of this resolution that any councilor elections held in 1958 to fill vacancies in old Districts 3, 6, 9 and 12 be declared null and void and that each of these districts proceed as previously stated.

BE IT FURTHER RESOLVED, That each district elect alternate councilors but not during the year that a councilor is elected as defined in the Constitution. Each newly formed district shall determine the proper procedure for that district to follow in election of Blue Shield Board members.

BE IT FURTHER RESOLVED, That when the membership in any district or county society increases to the point where there are 200 or more members not represented by a councilor on the basis of one councilor to each 300 members, the House of Delegates shall again reconsider redefining councilor districts.

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Restful, congenial homelike surroundings are combined with the most modern diagnostic and therapeutic equipment.

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Most comfortable home for individuals requiring rest, scientific diagnosis and treatment. Fireproof construction.

Technical Exhibits

- | Booth | Company and Products | Booth | Company and Products |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 105 | ABBOTT LABORATORIES,
North Chicago, Illinois
Abbott Laboratories will welcome members of the medical profession at the company's exhibit of leading specialties and new products. Representatives will be in attendance to answer any questions you may have. Abbott recently introduced a number of new products which representatives at the exhibit will describe and give information on the results of clinical reports. | | emotional stress is a complication; "THIO-SULFIL," the sulfonamide of choice in urinary tract infections, which offers potent anti-bacterial concentrations at the site of infection. |
| 67-68 | AKRON SURGICAL HOUSE, INC.,
Indianapolis 4
Akron Surgical House, Inc. is pleased to announce its exhibit at the annual convention of the Indiana State Medical Association on October 13, 14 and 15, 1958. Mr. Clarence Lippott and Mr. Ed Hallyburton will be on hand in booths Nos. 67 and 68 to talk about the new and interesting items of instruments and equipment to be on display in our booth. | 73 & 74 | BAKER BROTHERS, Indianapolis
Frank M. Jones
Baker Brothers invite you to our Booth. We thank you for your continued patronage of our products and Service. |
| 141 | A. S. ALOE COMPANY, St. Louis 3, Missouri
Herb Detrick, Merton Latshaw
The A. S. Aloe Company will be pleased to have you visit their display. They will have on hand a cross-section of their most complete line of physician and laboratory supplies and equipment. Featured will be the new Aloe Swedish Instruments as well as the Disposagloves, an Aloe exclusive time saver for you and your assistant. | 64 | THE BAKER LABORATORIES, INC.,
Cleveland 3, Ohio
J. Marc Connor, Paul E. Moeder
You are invited to visit our booth where Baker's Modified Milk and Varamel, two successful products for infant feeding, are on display. Baker representatives will be glad to discuss with you the special features of Baker Milk products which promote better tolerance, less colic, better gain and improved tissue turgor for bottle-fed infants. |
| 49 | AMERICAN FERMENT CO., INC.,
New York 18, New York
F. W. Dulle
FALGOS TABLETS, a buffered analgesic-antacid-compound promoted only to the profession. Acts quickly and the buffering agents act to prevent stomach upset. Also featured: CAROID & BILE SALTS TABLETS, ALCAROID ANTACID POWDER AND TABLETS, SUPLIGOL TABLETS, a whole bile-acid compound. | 1 | P. M. BLACK & SKAGGS ASSOCIATES, INC.,
Professional Management
Battle Creek, Michigan
Allison E. Skaggs, Harold L. Neff, George R. White, W. Fred Mangan and Paul D. Evans
This national organization furnishes Professional Management for Indiana physicians through two affiliated offices:
PM-FORT WAYNE, 701 Medical Center Building, Fort Wayne
PM-INDIANAPOLIS, 24 Lincoln Drive, Brownsburg
Experienced executives from these offices will be available at Booth No. 1 to discuss problems relating to the Business Side of Medicine. They will have available averages that you may compare with your own overhead items or personal expenditures. If such things as Collections, Office Records, Volume, Location, Personnel Training or Public Relations are a problem, you're invited to visit the PM men. |
| 63 | AMES COMPANY, INC., Elkhart, Indiana
Robert F. Myers, in charge; Jerry A. Cashen, D. LeRoy Hussey.
Featured at the Ames Company exhibit will be the latest developments in new, simplified diagnostic products, which are adaptable to routine examination and patient management. The many advantages of the new diagnostic products are quickly demonstrable, and you are cordially invited to stop at the Ames booth to see them. | 32 | BORDEN COMPANY PHARMACEUTICAL DIVISION,
New York 17, New York
H. D. Broersma, R. Pomrenke
First among the many new items on display at the Borden Pharmaceutical Division booth this year is LIQUID BREMIL. Introduced only a few months ago, LIQUID BREMIL adds all the convenience of a liquid to all the significant advantages established by BREMIL Powdered. Borden representatives will be happy to tell you about the latest improvements in MULL-SOY, the original hypoallergenic formula. New additions to the Borden line in the field of skin care are DERMABASE, an all purpose ointment base, and JUNITAR, the nonstaining tar bath, as well as MARCELLE Hypoallergenic cosmetics, safe beauty aids for teenagers and grownups with sensitive skins. |
| 38 | AYERST LABORATORIES,
New York, New York
Jack Minton, Samuel Muir
You are cordially invited to visit the AYERST exhibit where Jack Minton and Sam Muir will be pleased to welcome you. Featured will be "MUREL," a new spasmolytic which offers a unique 3-way mechanism of action in one molecule—anticholinergic, to inhibit transfer of parasympathetic stimuli to effector cells of smooth muscle (atropine-like); musculotropic, to act directly on smooth muscle (papaverine-like); ganglionoplegic, to exert a definite but transient ganglion block; "PMB," which combines "Premarin" with Meprobamate for control of the menopausal syndrome when undue | 23 | BOWMAN OF INDIANA, INC., Indianapolis 2
Robert L. Schario, Robert Jenkins, Bob Young, G. D. French, Richard Herzog, Frank Shafer, James Burch
Bowman of Indiana, Inc., 2161 North Capitol Avenue, Indianapolis 2, Indiana, will feature the finest of Pharmaceutical preparations in- |

Booth**Company and Products**

cluding tablets, liquids specialties and ointments. Also a complete line of fine injectables. The latest in surgical instruments and equipment designed for the doctor will be exhibited along with instruments that have been proven reliable over years of use. A few novel items will also be shown to help ease the tension of modern day high speed living.

**108 BROOKS APPLIANCE COMPANY,
Chicago 2, Illinois**

W. C. Ayer, R. L. Ayer, E. F. Goodwin
The Brooks Appliance Company will exhibit and describe in detail the technique of applying the combination pressure bandages. The moist medicated Primer bandage plus the Dalzoflex Elastic Adhesive bandage which are used in treating leg ulcers and phlebitis. As distributors of Anatomical supports, our representatives will be in attendance to answer questions and explain our Sacral, Sacral-Lumbar and Dorsal Lumbar Supports.

Also, the Dr. Hackett "Approved" "C" Sacral Belt, Elastic Stockings, the Nulast Elastic Crepe bandages and Surgical Instruments will be displayed.

**62 BURROUGHS WELLCOME & CO. (U.S.A.)
INC., Tuckahoe, New York**

J. W. Bolton, P. L. Raywood, G. C. Middleton
NEW PRODUCTS:

The extensive research facilities of 'B. W. & Co.', both here and in other countries, are directed to the development of improved therapeutic agents and techniques.

Through such research 'B. W. & Co.' has made notable advances related to leukemia, malaria, diabetes, and diseases of the autonomic nervous system; and to antibiotic, muscle-relaxant, antihistaminic and antinauseant drugs.

An informed staff at our booth will welcome the opportunity to discuss our products and latest developments with you.

**30 BURTON, PARSONS & COMPANY,
Washington 9, D. C.**

You are cordially invited to visit the Burton, Parsons and Company booth where information, samples and literature will be available for our EKG Sol, the modern electrode cream for electrocardiography and electro-encephalography, along with our original bulk preparations, Konsyl and L. A. Formula. L. A. Formula contains 50% bulk producing material dispersed in an equal amount of lactose and dextrose. Konsyl, on the other hand, contains 100% bulk producing material and is certainly the product of choice for the obese, the diabetic, and others with restricted caloric diets.

**116 S. H. CAMP AND COMPANY,
Jackson, Michigan**

E. A. Krener, Mercedes Allen
Many interesting new items and developments in their comprehensive line of Supports and Appliances will be on display. A cordial welcome is extended by members of the CAMP staff to show and explain these products to you. Remember your patients will appreciate the comfort, quality and low cost when you prescribe CAMP. An entirely new concept in sacroiliac supporting garments will be shown that will interest you.

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**28 CARROLL DUNHAM SMITH PHARMACAL
COMPANY, New Brunswick, New Jersey**

C. Kyle Hughes, Glenn R. Booker, Benjamin M. Nelson, Jr.

Will feature our new CEDESRON, the only one-a-day hematinic in tablet form, with many extras; our complete line of prenatal products, including the newest and most complete perinatal tablet, BONFANT. Our representatives will also welcome the opportunity to discuss our new geripeutic, PANOGEN, and other Smith specialties.

**79 THE CENTRAL PHARMACAL COMPANY,
Seymour, Indiana**

Norman B. Kolbe, William F. Farrell

The Central exhibit will feature NEOCYLONE for maximum prednisolone salicylate control of arthritis with moderate dosage, and ELIXIR SYNOPHYLATE for rapid oral control of asthma.

**97 CIBA PHARMACEUTICAL PRODUCTS, INC.,
Summit, New Jersey**

The CIBA exhibit will feature Tessalon, a new agent to control cough. This preparation differs from other cough preparations in that it acts locally and it also suppresses the transmission of the cough reflex from the cough reflex center in the medulla. It is also in a very handy oral form as Perles which are designed for immediate release and rapid transmission to the blood stream.

**44-45 THE COCA-COLA COMPANY,
Atlanta 1, Georgia**

Taylor Land, George W. Kramer

Ice-cold Coca-Cola served through the courtesy and cooperation of the Coca-Cola Bottling Company, Indianapolis, Inc., Indianapolis, Indiana and The Coca-Cola Company.

82-83 CURTIS & FRENCH, INC., Indianapolis 2

The Curtis & French display will be attended by C. E. McCain, Bill Wingler, John Stouder, Don Graves and Jack Curtis.

The two booths will be chucked full of any and all new nationally advertised merchandise that should be shown to the Medical profession.

**98 DAIRY COUNCIL,
Evansville
South Bend
Indianapolis
Fort Wayne
Kokomo and Peru**

You are cordially invited to visit our booth for a cold, refreshing drink of milk. Dairy Council health education materials also will be on display. These materials are free of charge in the localities which have affiliated units.

**103 DePUY MANUFACTURING CO., INC.,
Warsaw, Indiana**

DePuy Manufacturing Company will be exhibiting many new products of great interest to the general practitioner as well as the orthopedic surgeon. The Stryker PlasterVac, the apparatus that eliminates all plaster dust, will be available for your inspection. Stop by and visit with us—there is always something new with DePuy.

138 THE DICK X-RAY COMPANY, Indianapolis 4
Members and their guests are invited to visit our Booth No. 138. Our representatives, L. E.

Booth**Company and Products**

Summers, Art Kistner and Sam Corman, will be pleased to discuss with you your X-ray needs and service problems.

**76 DICTAPHONE CORPORATION,
New York 17, New York**

G. I. Colombel, Robert C. Woods, B. J. Vogel, Wm. Schmidt

The **automatic** dictating machine that is new in four dimensions is featured at the Dictaphone booth. The new Dictaphone Time-Master dictating machine is new in action with touch-button performance. It is new in looks with slim, desk-line design and optional two-tone color scheme. It is new in science with transistor recording and it is new in value with more built-in for more output.

For busy doctors, Dictaphone Corporation offers a complete line of Time-Master dictating equipment also featuring facilities for recording of both sides of telephone conversations, conference recordings and for automobile installation. Featuring the famous unbreakable plastic Dictabelt record, Time-Master dictating and transcribing equipment is designed primarily to save time, insure accuracy and maintain efficient record-keeping. For the hospital, Dictaphone Corporation presents the Dictaphone Telecord System which extends dictating facilities throughout the hospital at minimum cost. Any number of telephone-type dictating stations are remotely located at any distance from centralized recording and transcribing instruments. The Telecord System is applicable to most internal dial telephone systems. In such installations, certain dial numbers provide full dictating, listen-back and correction facilities. For mobile voice recording, Dictaphone Corporation introduces the Dictaphone Dictet portable voice recorder. Battery-powered and fully transistorized, the Dictet is used by doctors in their automobiles to maintain complete records while on-the-move. The tiny Dictet weighs under three pounds and is no larger than an appointment book.

**119 DOHO CHEMICAL CORPORATION,
New York, New York**

Karl Coleman

Doho Chemical is pleased to exhibit:

AURALGAN—Ear medication in Otitis Media and removal of Cerumen.

OTOSMOSAN—Effective, non-toxic Fungicidal and Bactericidal (gram negative-gram positive) in the suppurative and aural dermatomycotic ears.

RHINALGAN—Nasal decongestant free from systemic or circulatory effect and equally safe to use on infants as well as the aged.

NEW LARYLGAN—Soothing throat spray and gargle for infectious and non-infectious sore throat involvements.

TURGASEPT—Ionic deodorizer aerosol spray, neutralizes odor immediately without floral masking or substituting a new odor. It is highly bactericidal and fungicidal and was primarily formulated for use in hospitals, nursing homes and animal clinics; however, can be used in any type malodor condition. Mallon Chemical Corporation, Subsidiary of the Doho Chemical Corporation, is also featuring:

RECTALGAN—Liquid topical anesthesia, for relief of pain and discomfort in hemorrhoids, pruritus and perineal suturing.

DERMOPLAST—Aerosol freon propellant

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spray for fast relief of surface pain, itching, burns and abrasions. Also Obs. & Gyn. use.

46 EATON LABORATORIES, Norwich, New York

Karl Rader, Tom Gabler, Val Dickman

Furadantin(R), a specific for urinary tract infections, provides rapid bactericidal action against a wide range of gram-positive and gram-negative bacteria and organisms resistant to other agents. In six years of extensive use in the treatment of genitourinary tract infections, development of bacterial resistance remains negligible with Furadantin.

Lifesaving Furadantin Intravenous Solution—for severe urinary tract infections when peroral administration of Furadantin is not feasible and for serious infections as septicemia (bacteremia).

New chemotherapeutic nitrofurantoin for bacterial diarrheas and enteritis, **Furoxone**(R) (brand of furazolidone) tablets and liquid. Perorally effective against a wide range of enteric bacteria, both gram-negative and gram-positive, including many species of *Salmonella*, *Shigella*, *Escherichia*, *Proteus*, *Streptococcus*, *Staphylococcus* and organisms classed as coliforms and enterococci.

An advance in the treatment of vaginitis—**Tricofuron**(R) Improved Vaginal Suppositories and Powder. Simple two-step treatment swiftly brings relief and control of vaginal monilliasis and trichomoniasis. Rapid relief of burning and itching often within 24 hours. Eliminates malodor, esthetically acceptable.

106 EDISON VOICEWRITER, distributed in Indiana by Van Ausdall & Farrar, Inc., Indianapolis

C. J. Clarke, Clyde vonGrimmenstein, Leo Nelson, C. F. Farrar, Bob Moldthan, Tom York, Norman Arnold, Russ Young

A full line of office dictating equipment covering all possible dictating applications. Everything available from the lowest priced tape recorder dictating machine, pocket recorders, heavy duty portable individual dictating machines and the famous Edison Televoice System for hospitals, clinics and doctor's offices. Over 40 hospitals in Indiana now using Edison Televoice for medical records. Hundreds of doctors now using the Edison Voicewriter individual instrument for the dictation of records in their offices. Edison Voicewriter now available is completely compatible with all systems now in use in the state of Indiana.

104 ELI LILLY AND COMPANY, Indianapolis 6

Mr. Paul Holsapple (in charge of exhibit); Mr. M. L. Adams, Mr. G. G. Horton, Mr. H. O. Johnson, Mr. R. L. McKenna, Mr. N. L. Stephenson, Mr. R. N. Thomas, Mr. Jack W. Hill

You are cordially invited to visit the Lilly exhibit located in space No. 104. The Lilly sales people in attendance welcome your questions about Lilly products and recent therapeutic developments.

**121 ENCYCLOPEDIA AMERICANA,
Grand Rapids 6, Michigan**

Armin Eastman, Lorraine Eastman

We will display our new 1958 edition of the **ENCYCLOPEDIA AMERICANA** which leading educators prefer and find superior to other reference works.

This year we are signally honored by the U. S. government in ordering more than 1,000 sets so that every Army, Naval, Air Base and

- | Booth | Company and Products |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | major department will have one or more sets. You will receive a most cordial welcome at our booth as we are very friendly people. |
| 51 | C. B. FLEET CO., INC., Lynchburg, Virginia
Raymond J. Barrett, A. R. Shelly
Fleet will feature CLYSMATHANE, its most recent contribution in the field of medication by rectum—an advanced method of xanthine therapy. CLYSMATHANE is a stable solution of theophylline monoethanolamine; easily retained; rapid and uniform absorption; prompt and predictable blood levels, with no rectal irritation after prolonged use. CLYSMATHANE, in a disposable rectal unit, makes self administration easy any time and any place—and assures prompt therapeutic blood levels. Examine the unit and ask that samples and literature be mailed to your office. |
| 37 | FREEMAN MANUFACTURING COMPANY, Sturgis, Michigan
A. J. McNamara
The Freeman line of Surgical Supports places particular emphasis on orthopaedic braces for use when conservative measures are indicated. Rigid control and almost complete immobilization of the sacral, lumbar and thoracic area is achieved through the use of splint type construction in combination with the block and tackle effect of straps and buckles. Special designs and constructions are available for any purpose. |
| 120 | GEIGY PHARMACEUTICALS, Ardsley, New York
Robert L. Ploussard, Charles M. Hoskins, Robert L. LeCompte
The GEIGY exhibit will feature BUTAZOLIDIN and BUTAZOLIDIN-ALKA, potent non-hormonal agent effective against arthritis and against inflammation such as superficial thrombophlebitis; PRELUDIN, non-amphetamine appetite suppressant virtually free of CNS stimulation; STEROSAN-HYDROCORTISONE Cream and Ointment, for comprehensive control of a wider range of dermatoses; MEDOMIN, which provides "natural" sleep; SINTROM, the reliable oral anticoagulant especially suited for long term therapy; and DULCOLAX suppositories and tablets for the activation of normal colonic peristalsis in constipation. |
| 59 | GENERAL ELECTRIC COMPANY, Indianapolis 7
The following direct factory representatives will be in attendance with information on our complete line of x-ray equipment, accessories, and supplies: D. H. Rolfes, R. C. Johnston, J. H. Standard, H. J. Wallace, Orval O. Paul, and E. W. Horner. |
| 86 | GERBER PRODUCTS COMPANY, Fremont, Michigan
Bud Farrington, Joe Madigan
Symptoms of gastrointestinal allergy in infants can, in a high percentage of cases, be corrected when cow's milk feedings are replaced with Gerber Meat Base Formula. Normal nutrition is assured. Acceptance and toleration are excellent.
Gerber's HIGH MEAT DINNERS provide more than nine grams of protein per container. With Gerber High Protein Cereal and the Meats-for-Babies, they offer a wide choice of well accepted foods that abundantly supply complete proteins. |

- | Booth | Company and Products |
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| 61 | J. E. HANGER, INC., Indianapolis 2
M. G. Manwaring, Jack Talbert, Charles Trott, Frank Shirrell
J. E. Hanger Incorporated, America's oldest and largest manufacturer of prostheses, will present an outstanding display featuring the latest developments in the prosthetic field for both lower and upper extremity amputees. Of particular interest will be cosmetic restorations for facial disfigurements, leg deformities and hand amputations. Experienced personnel will be available to discuss with the profession the needs of their patients and demonstrate the types best suited to the individual patient. |
| 6 | HEALTH INSURANCE COUNCIL, New York, New York
Norman Steingraber
The Health Insurance Council's Exhibit is designed to provide general information on Health Insurance as underwritten by insurance companies. In addition, it also makes available information on Uniform Claim Forms for use by doctors and hospitals in support of Health insurance claims. |
| 100 | H. J. HEINZ COMPANY, Pittsburgh 30, Pennsylvania
See the 8 new HEINZ HIGH MEAT DINNERS—Strained and Junior Foods for babies—containing substantial amounts of beef, veal, chicken or ham respectively—all with vegetables. These are meant to be "main dishes" and are rich sources of meat proteins.
In addition to Heinz Orange Juice for babies, there are 5 new Heinz Fruit Juices. Apple, Apple Juice with Apricots, Apple-Grape, Apple Juice with Pineapple and Apple-Prune.
There is also Nutritional Data for you, doctor, and a very informative book on pre-natal care for expectant parents. |
| 75 | HERMIEN NUSBAUM AND ASSOCIATES, Chicago 5, Illinois
Mrs. Hermien Nusbaum, Ferdinand Gumperz
Showing items of interest to doctors for their own family as well as for every type of patient. LIFEBOUY SOAP with new germicide; TUCKS, the ready-to-use witch hazel pads; TFL CLINIC DROPPER, flexible, disposable droppers; EVENFLO infant feeding equipment; premature nipples; nipple covers for hospital sterilization; superplastic boilable bottles; Drinkup, a transition bottle top for children as well as for postoperative pediatric cases, excellent also for geriatric feeding. |
| 50 | J. C. HIRSCHMAN COMPANY, Indianapolis
For health, for the important one-third of your life you can be a PERFECT SLEEPER. |
| 88 | HOLLAND-RANTOS COMPANY, INC., New York, New York
R. L. Wilson, E. L. Tosch
Visit the H-R Booth where representatives will demonstrate the mechanical advantages of the contouring KORO-FLEX DIAPHRAGM. Also on display will be the New Improved NYLMERATE JELLY and NYLMERATE SOLUTION for treatment of vaginal leukorrheas. Exhibited for the first time will be the new KOROMEX[a] vaginal preparation where jelly alone is indicated. |
| Foyer | HOOSIER CADILLAC COMPANY, INC., Indianapolis
Charles Marlett, Sales Manager; Raymond Moxley, Wholesale Manager; Andrew |

- | Booth | Company and Products |
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| | Hutchison, Stewart Bailey, Richard Collins
Robert Feezle, Steve Fenner, Leonard McCleaster, Berkley Peck, Howard Scott |
| | Hoosier Cadillac Company, B. F. Donovan, president, located at 2323 North Illinois Street, Indianapolis, is displaying a typical doctor's car, a Club Coupe. |
| | This car, as do all Cadillacs, has as standard equipment: hydromatic drive, power steering, power brakes, windshield washer, turn signals, back-up lights, oil filter, electric clock, and is undercoated. |
| | Also available as optional equipment are: white sidewall tires, heater, signal-seeking radio with power antenna and two speakers. Other optional equipment includes: E-Z Eye tinted glass, autronic eye, fog lights, power vent windows and air-conditioning. |
| | Hoosier Cadillac cordially invites you to inspect this fine car. |
| 55 | INDIANA BRACE SHOP, Indianapolis 4 |
| | T. M. Davidson, M. E. Miller
Products which will be on exhibit:
Cervical Braces—all types
Orthopedic—Back Braces, Leg Braces
Orthopedic Shoes
Crutches
Arch Supports
Denis-Brown Splints
Camp, Truform, and Freeman Scientific Supports
Elastic Hose
Knee Cages
Traction Sets
Trusses
Cerebral Palsy Control Braces
Hand Splints
Lofstrand Stix
Blount type Milwaukee Scoliosis Braces
Our Special Polyclinic Leg Braces |
| 5 | INDIANA NATIONAL BANK, Indianapolis |
| | "Why is Indiana National at the Medical Convention?" We have been asked this question many times. Also we have noticed the perplexed expressions of people passing our booth. |
| | Why? We have specialists in our organization whose experience and knowledge can be of help to Indiana physicians. Present day living does not leave much time to study and plan for action in financial matters. Planning one's estate takes time and study. The increasing complexities of our tax laws make periodic reviews of estate matters imperative. Indiana National has experienced specialists whose every day work is devoted to investments—estates—taxes. They have the time to study—to plan—and to carry out the plans for your specific investment and estate needs. Often immediate tax savings can be realized from careful planning. |
| | You will meet some of our Trust Department representatives at our booth. They will be happy to answer questions or help you in your specific needs—trust or other banking services. While you are there, ask for literature on our newest family service, College Educations Assured. It is designed to lighten the burden of present day, high cost, college educations. |
| 43 | INDIANA SURGICAL, INC., Indianapolis |
| | R. L. Ettinger, J. J. Traub, A. C. Dowd, J. T. Larnier |

- | Booth | Company and Products |
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| | Indiana Surgical, Inc., will exhibit several items of interest to the medical profession such as Electro-Cardiograms, Ultrasonics, examining room equipment and several items of newly designed instruments. R. L. Ettinger, J. J. Traub and A. C. Dowd will be on hand to demonstrate the above items. |
| 93 | INDIANAPOLIS ARTIFICIAL LIMB CORPORATION, Indianapolis 4 |
| | No finer artificial limbs are built than those designed and fitted by the INDIANAPOLIS ARTIFICIAL LIMB CORP. Our staff of expert prosthetists take great pride in adding every mechanical and construction feature to your patient's prosthesis to satisfy their needs and comfort. |
| | The INDIANAPOLIS ARTIFICIAL LIMB CORP. has helped in rehabilitating hundreds of amputees during the past number of years. You may be sure that when improvements in prosthetics are released from the research laboratories, we will have these to bring to your attention. |
| | Visit our booth and get acquainted with S. E. Hedges and Donald E. Hedges. You will find them happy to discuss with you any problems you may have in prosthetics. |
| 115 | JOSEPH E. SEAGRAM & SONS, INC., New York 22, New York |
| | Alexander W. Biddle
CONGENERS: MEANING-ANALYSIS
Congeners (fusel oil, aldehydes, acids, etc.) are compounds found in all alcoholic beverages that provide the taste, bouquet and color. In too high concentrations, however, they can cause undesirable after effects. This exhibit, based on analyses by Foster D. Snell, Inc., consulting chemists, shows how leading brands of various alcoholic beverage types differ in their congener concentration. Physicians who advise moderate drinking for some of their patients can be guided by these findings. |
| 71 | JULIUS SCHMID, INC., New York, New York |
| | An interesting and informative exhibit featuring the RAMSES Flexible Cushioned Diaphragm; RAMSES Vaginal Jelly; VAGISEC Jelly and Liquid for vaginal trichomoniasis therapy; and XXXX (Fourax) Skin Condoms, RAMSES and SHEIK Rubber Condoms for the control of trichomonal re-infection. |
| 10 | KREMERS . URBAN CO., Milwaukee 1, Wisconsin |
| | Prosper A. Mollaun, A. M. Stromberg
Products sure to interest you are featured at the KREMERS-URBAN exhibit booth:
AMPERONE, for rapid, effective relief of menopausal symptoms accompanied by anxiety and tension.
LEVSINEX, most effective anticholinergic agent available now in extended action tablets.
AMGESIC, the only cold tablet effective at any stage of the common cold.
KUTAPRESSIN, for rebellious skin diseases and in prevention of capillary hemorrhage. |
| 139 | LEDERLE LABORATORIES DIVISION, Pearl River, New York |
| 89 | J. B. LIPPINCOTT COMPANY, Philadelphia 5, Pennsylvania |
| | J. B. Lippincott Company presents, for your approval, a display of professional books and |

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| | journals geared to the latest and most important trends in current medicine and surgery. These publications, written and edited by men active in clinical fields and teaching, are a continuation of more than 100 years of traditionally significant publishing. | | conditions caused by fungi, bacteria or allergy. Also exhibited are: Desenex, the most widely prescribed agent for night and day treatment of athlete's foot; Nesacaine, the first local anesthetic more potent yet less toxic than procaine; and Bifran, to treat the consequences as well as the condition of obesity. |
| 57 | LLOYD BROTHERS, INC., Cincinnati 3, Ohio
The Lloyd Exhibit will feature Lycinate, the completely new comprehensive therapy for the treatment of vaginitis. Lycinate permits the exposure of the offending organisms, resulting in the explosion of the trichomonad as well as bactericidal action against the commonly encountered mixed infections. Doxinate and Roncovite, both products of original Lloyd research, will be on display and competent representatives will be happy to meet all physicians interested in these three major fields of therapy. | 26 | MARION LABORATORIES, INC., Kansas City, Missouri
C. Howard Murray, Hal Jones
OYSTER SHELL CALCIUM—Research demonstrates "twice the percentual increase in total blood calcium with oyster shell calcium." Available as Os-Cal, Oc-Vim, or Os-Quin Tablets.
DUOTRATE—Anginal attacks reduced both in frequency and severity with DUOTRATE, Marion's new Plateau CAP principle of release. ONE capsule for all day comfort. ONE capsule for all night security. |
| 35 | LLOYD, DABNEY & WESTERFIELD, INC., Cincinnati 9, Ohio
Frank Tracy, Donald Swiggett, Ben Smith, Homer Redman
The Lloyd, Dabney & Westerfield Co. is glad to be an exhibitor at your convention, and especially proud to be exhibiting Phobex, a product of our original research. Phobex has an action of being anti-phobic and is especially indicated in depression, anxiety tension and related conditions. It has proven itself effective in Parkinson's Disease when given in larger doses. Since it has met with good professional acceptance we will appreciate your stopping by our booth for any additional information you might wish. | 135 | MARSH & ASSOCIATES, Indianapolis 18
Mr. Richard R. Marsh, Mr. Karl-H. Andresen
Stereo and High-Fidelity Components will be the highlight of the exhibit of Marsh & Associates. Cabinets manufactured to customer specifications in various woods and finishes will show the versatility of Marsh & Associates custom cabinet shop. To afford visitors to their booth the realism of "Stereo," Marsh & Associates will have available headphones which will reproduce the complete tonal range. Compact F. M. units will be shown, suitable for background music for offices. Demonstration of "Stereo" records as well as "Stereo" tape will take place continuously during the exhibition. |
| 94 | LOMA LINDA FOOD COMPANY, Arlington, California
With the background of years of experience in perfecting a hypoallergenic milk powder, and also a newly developed concentrated liquid milk, the protein of which is fully derived from the soybean and formulated with other essential additives to care for the needs of babies, growing children and adults, the Loma Linda Food Company will be happy to welcome you to their exhibit. Attendants will be pleased to discuss the values of Soy-lac powder and concentrated liquid. Samples of this flavorful product will be served at the exhibit. | 31 | MASSACHUSETTS INDEMNITY AND LIFE INSURANCE COMPANY, Boston, Massachusetts
Malcolm L. Dunlap
THE MASSACHUSETTS INDEMNITY AND LIFE INSURANCE COMPANY, which specializes in Individual Disability Income Protection for Doctors, cordially invites you to visit its booth (#31) and to acquaint yourself with this most vital form of disability income protection, which is Non-Cancellable and Guaranteed Renewable to age 65 (women to age 60) which is issued with a guaranteed level premium for the life of the contract.
Your visit will be most cordially received by our Company representative, and a few minutes of your time will be well spent at our most attractive and informative booth. |
| 118 | P. LORILLARD COMPANY, INC., New York 17, N. Y.
P. Lorillard Company invites you to visit the Kent Cigarette Exhibit.
We are presenting the Story of Kent Cigarettes and their unique filter which is more efficient than any other now on the market according to several independent research groups.
A table cigarette box with your signature in gold will be a pleasant souvenir of your visit to the convention. | 72 | THE S. E. MASSENGILL COMPANY, Bristol, Tennessee
Best wishes from Massengill to the members of Indiana State Medical Association, for a most successful and informative meeting! Should you so desire, capable Massengill representatives would be pleased to discuss with you any Massengill products in which you are interested. Products being featured are Adrenosem (the unique systemic hemostat); Homagenets (the only solid homogenized vitamins); Obedrin (superior weight reducing aid); The Salcort Family (offering a complete range in arthritic therapy); Saferon (the peptonized iron); Massengill Powder (the douche preparation of choice). If you wish them, literature and samples will be available. |
| 99 | MALTBIE LABORATORIES DIVISION, WALLACE & TIERNAN, INC., Belleville, New Jersey
Marshall Etherington, John Wise
Maltbie Laboratories features the new dermatologic ointment, Caldecort, containing calcium undecylenate, hydrocortisone and neomycin for a comprehensive therapy of skin | | |

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| 52 | <p>McNEIL LABORATORIES, INC.,
 Philadelphia 32, Pennsylvania</p> <p>W. C. Dollens, in charge; G. Haskell
 Members of the Indiana State Medical Association are cordially invited to visit our booth No. 52. Products to be featured are: PARAFLEX, Flexilon, Butisol Sodium and Tylenol.</p> |
| 2 | <p>MEAD JOHNSON & COMPANY,
 Evansville 21, Indiana</p> <p>Gray L. Paddock, Robert A. Terry and John Floren</p> <p>The Mead Johnson exhibit has been arranged to give you the optimum in quick service and complete product information. To make your visit to the booth productive, specially trained representatives will be on hand to tell you about:</p> <p>MEAD JOHNSON FORMULA PRODUCTS FAMILY, which features Lactum, Olac, Dextri-Maltose, Sobee, Nutramigen and Probana. All are easy to prescribe, easy to prepare, conveniently packaged and readily available.</p> <p>THE COLACE PRODUCTS FAMILY, for the management of constipation in all your patients. Peri-Colace softens stools and stimulates peristalsis when bowel motility is inadequate. Colace softens stools without laxative action when bowel motility is adequate.</p> <p>TEMPRA, the first physician-controlled antipyretic analgesic in two liquid dosage forms. Temptra is available on Rx only. It comes in wild-cherry-flavored drops and mint-flavored syrup.</p> <p>SUSTAGEN, the only single food complete in all essential nutrients. It provides every nutrient that medical, surgical or poorly nourished patients need for nutritional maintenance and rehabilitation.</p> |
| 102 | <p>MEDCO PRODUCTS CO., Tulsa 12, Oklahoma
 E. A. Kenneson</p> <p>Presenting the MEDCO-SONLATOR. Providing a new concept in therapy by combining muscle stimulation and ultra sound simultaneously through a SINGLE Three-Way Sound Applicator.</p> <p>The MEDCO-SONLATOR is a distinct advance in the effectiveness of physical therapy in your office or hospital. A few minutes spent in our booth should prove of value to your practice.</p> |
| 56 | <p>THE MEDICAL PROTECTIVE COMPANY,
 Fort Wayne, Indiana</p> <p>K. W. Moeller</p> <p>MALPRACTICE PROPHYLAXIS. The Medical Protective Company's policyholders are in less jeopardy from malpractice litigation today than they have been for the past thirty years. "The Doctor and the Law," prepared by our Law Department, periodically informs policyholders how to reduce exposure to liability. Specialized Service makes our doctor safer.</p> |
| 90 | <p>MERCK SHARP & DOHME,
 Philadelphia 1, Pennsylvania</p> <p>L. R. Woerner, in charge; R. C. Brown, J. R. Fuzy, H. S. Faircloth</p> <p>A new and very promising diuretic is featured at the Merck Sharp & Dohme booth. Since the principal action of 'DIURIL' is a marked enhancement of the excretion of sodium, chloride and water, it has been designated a saluretic agent. This new compound achieves a</p> |

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| | <p>profound electrolyte and water diuresis without attendant toxic effects and other disadvantages peculiar to the mercurials and certain other diuretic agents.</p> <p>Technically trained personnel will be present to discuss this and other subjects of clinical interest.</p> |
| 66 | <p>THE WM. S. MERRELL COMPANY,
 Cincinnati 15, Ohio</p> <p>H. O. D. Boone, Clyde Johnson</p> <p>Quiactin for quieting . . . an improvement over present tranquilizers for tension—anxiety states; patients remain alert, feel better, and TACE, a "treatment of choice" for suppression of lactation will be featured.</p> <p>You are invited to discuss these and other Merrell research products with our representatives.</p> |
| 140 | <p>MERRILL LYNCH, PIERCE, FENNER & SMITH, Indianapolis</p> <p>John O. Mahrdt, Roy C. Schroeder, Charles J. Secondino, Harry F. McMurray</p> <p>NO CHARGE, NO OBLIGATION . . .</p> <p>When it comes to investing, to this business of stocks and bonds, any help we can give you is yours for the asking.</p> <p>Whether you want current facts about any particular stock before buying or selling . . . Whether you'd like us to draw up the best investment program we can for your funds and objectives . . .</p> <p>Whether you'd like our Research Department to mail you a thoroughly objective analysis of your complete portfolio . . .</p> <p>There's no charge, no obligation. And that's true whether you're a customer or not, whether you ever do business with us, or don't.</p> <p>For the help you'd like, just drop in to see us at booth 140.</p> |
| 39 | <p>MILEX ALPHA PRODUCTS,
 Morton Grove, Illinois</p> <p>Amos B. Phelps, Harry S. Stern</p> <p>MILEX representatives will be on hand to demonstrate the latest developments in the field of Cancer Detection. The new Seiger Coldconization instrument — the Cervitome with the companion COagsuc for coagulation and suction. Also on display will be the new PAGANO PERINEAL RETRACTOR and other well-known MILEX GYNECIC SPECIALTIES.</p> |
| 58 | <p>MILLER SURGICAL COMPANY,
 Chicago 39, Illinois</p> <p>William E. Mettler</p> <p>See the Miller Electro-Surgical Units and Accessories such as Snare, Suction-Coagulation attachments, Grasping Forceps, etc. Also a complete line of Diagnostic Equipment consisting of Illuminated Oscope, Ophthalmoscope, Eyespud with Magnet, Transillumination Lamps, Mirror Headlite, Vaginal Speculum with Smoke Ejector and Gorsch Operating scopes and stainless steel proctoscopes, all sizes, with magnification.</p> |
| 54 | <p>MODERN DRUGS, INC., Indianapolis 1</p> <p>Kenneth E. Hoy Sr. and Kenneth E. Hoy Jr.</p> <p>Modern Drugs, Inc. will again feature Calphosan, the painless intramuscular Calcium. Calphosan guarantees prolonged effect evidenced by blood serum Calcium restoration to normal and maintenance of the norm for long periods.</p> <p>Modern Drugs Inc. will also feature a line of dermatological products including pHoam</p> |

Booth **Company and Products**

Cleanse Pac, the most efficient and most "Modern" treatment for acne. Modern Drugs, Inc. offers to the physicians in the central states area a "Modern" line of parenteral and general pharmaceutical products.

**77 THE C. V. MOSBY COMPANY,
St. Louis 3, Missouri**

The new 1958 medical and surgical references published by the C. V. Mosby Company are featured among the titles displayed in Booth 77. Willson "Obstetrics and Gynecology," Modell "Drugs of Choice," Miale "Laboratory Medicine—Hematology," Burdette "Etiology and Treatment of Leukemia," Patton "Pediatric Index," Morris-Scully "Endocrine Pathology of the Ovary," Gardner "Diagnostic Anatomy," Kleiner-Orten "Human Biochemistry," Allen "Strabismus Ophthalmic Symposium 11," Sorsby "Systemic Ophthalmology," Duke-Elder "System of Ophthalmology," Volume 1 "The Eye in Evolution," Stephenson "Cardiac Arrest and Resuscitation," Cowdry "The Care of the Geriatric Patient" and Rusk "Rehabilitation Medicine."

78 MUTUAL MEDICAL INSURANCE, INC. (The Blue Shield Plan), Indianapolis

R. S. Saylor, L. E. Converse
Mutual Medical Insurance, Inc. (Blue Shield Plan) will have its exhibit in Booth No. 78. Representatives of the Plan will be on hand at all times to answer questions and be helpful in any way possible. Special materials will be distributed explaining the operation of the Plan, the benefits it affords the physician and the public, and showing the growth of the Plan in membership during the past five years.

Dr. W. H. Howard, Hammond, is president of the Blue Shield Plan; Dr. R. R. Calvert, Lafayette, is vice-president; Dr. W. L. Porteus, Franklin, is secretary; and Mr. Elmer W. Stout, Indianapolis, treasurer. Administration of the Blue Shield Plan is under the direction of R. S. Saylor, Executive Vice-President, 900 Blue Cross-Blue Shield Building, Indianapolis.

**95 & 96 ORIGINAL CONTOUR CHAIR LOUNGE,
Indianapolis**

Mrs. E. K. Bonheim, Myron W. Bonheim, Norma Robertson

This is the place . . . stop, sit down and stretch out in the Contour Chair-Lounge, the chair that lets you relax; and Contour Vivator-Lounge, the chair that makes you relax . . . Booths 95 and 96. Then, as convention tension disappears, explore the unlimited usefulness this ingenious chair presents . . . in your office, in your home and for your patients, particularly as an aid in a prolonged rest regimen and for the chronically ill. The Contour Chair-Lounge can now be had with overall heat therapy.

As has been our custom in previous years, during the Annual Convention—October 13, 14 and 15, 1958—physicians will be allowed a liberal discount.

**60 ORTHO PHARMACEUTICAL CORPORATION,
Raritan, New Jersey**

Thomas A. Hanna, Jr., in charge; Kenneth W. Pierce, Erick G. Tysklind, Walter R. Phillips.

ORTHO cordially invites you to booth No. 60. Featured will be DELFEN Vaginal Cream, ORTHO's most spermicidal contraceptive.

Booth **Company and Products**

RARICAL Iron-Calcium Tablets, a compound for use in iron-deficiency anemias and in all cases requiring calcium supplementation, and RARICAL Iron-Calcium With Vitamins Tablets will also be on display. ORTHO representatives welcome this opportunity to meet you and discuss their products with you.

**4 PARKE, DAVIS & COMPANY,
Detroit 32, Michigan**

M. O. Hollingsworth, in charge; L. H. Hufnagel

Members of our medical service staff will be in attendance at our exhibit to discuss important Parke-Davis specialties which will be on display.

**70 PAUL MANEY LABORATORIES, INC.,
Cedar Rapids, Iowa**

C. R. Rogers, F. J. Sager

Paul Maney Laboratories will feature its exclusive Theophylline preparation, "NEOTHYLLINE." Neothylline is the first soluble, stable, neutral derivative of Theophylline in the United States. We are also combining Neothylline with Ethaverine-Hydro-Chloride which gives your patients an additional coronary dilation. These drugs have been tested clinically in fields of the Cardio-vascular diseases. A visit to our booth will enable us to give you the details, as well as literature on this specialty.

53 PET MILK COMPANY, St. Louis 1, Missouri

We will be pleased to have you stop and discuss the variety of time saving material available to busy physicians. Our representatives will be on hand to discuss the merits of "Pet" Evaporated Milk for infant feeding and "Pet" INSTANT Nonfat Dry Milk for special diets.

**136 PFIZER LABORATORIES,
Brooklyn 6, New York**

Visit the Pfizer display which features Cosa-Tetracycl, Cosa-Terramycin and Cosa-Signemycin, Pfizer's glucosamine potentiated antibiotics. The Pfizer representative will be pleased to provide you with information on the company's broad line of antibiotics and specialty products.

**24 & 25 PICKER X-RAY CORPORATION,
White Plains, New York**

109-

110 PITMAN-MOORE COMPANY, Indianapolis 6

Pitman-Moore welcomes you to Indianapolis. We also extend to you a cordial invitation to visit our booth where we are now showing our newest specialty.

We take pride in whatever service we can perform to help make this excellent convention both informative and relaxing for you.

**7 THE PURDUE FREDERICK COMPANY,
New York 14, New York**

Wayne Snyder, Leonard Walsh, Seymour Lubman

The Purdue Frederick Company will present Cerumenex: A cerumenolytic containing Cerapen, an effective new surfactant.

Somatozyme: Growth and appetite stimulant containing B₁₂, de-sorbitol and a multivitamin formula.

Senokot: Neuroperistaltic constipation corrective containing total concentrated senna glycosides.

Booth	Company and Products	Booth	Company and Products
	Senokap: Senokot plus stool softener, dioctyl sodium sulfosuccinate. Senokot w/Psyllium: Senokot with a bulk agent. Senobile: Senokot plus bile salts.		some gram-negative organisms. Also featured will be ATARAX, the new "Peace of Mind" drug. It's an all new chemical and is especially indicated for the "more normal" person, to bring relief from the common everyday tensions and anxieties. Literature and samples are available to physicians at the booth which you and your friends are cordially invited to visit.
92	REX BUSINESS MACHINES CO., Indianapolis Curt Benner in charge; Paul Gillman, Doug Davidson, Carl Smith The Rex Business Machines Co. will have a complete display of time saving office equipment, including typewriters, adding machines, photo copy machines, check protectors, and dictating and transcribing machines. Rex is the exclusive dealer for Olympia Typewriters, Clary adding machines and DeJur Stenorette Dictation machines. They also have complete repair service on all makes of office machines, and would be very glad to talk any of your office machine problems over with you. Rex is celebrating their 30th year in the same location, and their 8th year to have an exhibit at the Indiana State Medical Convention. Be sure to see the small compact General and Clary Adding machines that are ideal time savers for the Doctors' office, also the Stenorette Dictating and Transcribing machine.	112	ROSS LABORATORIES, Columbus 16, Ohio William Bolling, John D. Turner As adjunct to the physician's oral reassurance of anxious new parents the ROSS DEVELOPMENTAL SERIES offers visual materials (INDIVIDUAL CASE RECORDS, BEHAVIORAL DEVELOPMENT FOLDERS, EMOTIONAL DEVELOPMENT BOOKLETS). Current concepts stress the development of the infant as a whole being. Physiologic infant feeding may be discussed with your SIMILAC representative.
36	R. J. REYNOLDS TOBACCO COMPANY, Winston-Salem, North Carolina C. A. Burgess, J. M. Herbert, R. O. Zeigler Welcome to the R. J. Reynolds Tobacco Company Exhibit! You are cordially invited to receive a cigarette case (monogrammed with your initials) containing your choice of CAMEL, WINSTON Filter, Menthol Fresh SALEM or CAVALIER King Size Cigarettes.	3	SANBORN COMPANY, Waltham, Massachusetts Visitors at the Sanborn Company Booth No. 3 will have full opportunity to see and have demonstrated the outstanding new portable VISETTE (18-pound, transistorized ECG) together with the popular Model 51 Viso-Cardiette, as well as latest models of other instruments for cardiovascular (and other) diagnostic use. In addition, there will be demonstrations and/or data available on all Sanborn research recording systems — direct-writing, photographic and tape; on supplementary oscilloscopes; and on physiologic transducers.
84	A. H. ROBINS COMPANY, INC., Richmond, Virginia Donald W. Rasico The cough "season" finds ROBITUSSIN and ROBITUSSIN A-C featured at the Robins exhibit. The antitussive component is glyceryl-guaiacolate which increases respiratory tract fluid almost 200 per cent. ROBITUSSIN A-C includes an antihistamine and codeine. Also shown are Robins' antirheumatic preparations PABALATE and PABALATE-HC (with hydrocortisone), the skeletal muscle relaxant ROBAXIN, the new antihistamine DIME-TANE, and ALLBEE WITH C (B-complex with ascorbic acid).	114	SANDOZ PHARMACEUTICALS, Hanover, New Jersey Sandoz Pharmaceuticals cordially invites you to visit our display at booth No. 114. BELLERGA Space Tabs assures around the clock control of functional complaints (example—menopause symptoms in the periphery where they originate). BepHan Space Tabs new approach to prolonged maintenance of low gastric acidity. FLORINAL Tablets a new approach to therapy of tension headache and other head pain due to sinusitis and myalgia. Our representatives in attendance, will gladly answer questions about these and other Sandoz products.
117	ROCHE LABORATORIES, Nutley 10, New Jersey Marvin Drew ROMILAR CF is a new, complete cold formula. Each of the four active ingredients of RQMILAR CF contributes to the relief of one or more of the most frequently encountered symptoms of the common cold. GANTRISIN 'ROCHE' is a single, soluble, wide-spectrum sulfonamide for potent, well-tolerated antibacterial therapy.	85	W. B. SAUNDERS COMPANY, Philadelphia, Pennsylvania Gerald D. Miller New Saunders titles of special interest are Roberts: Difficult Diagnosis; Flint: Emergencies; von Oettingen: Poisonings, and Hollender: Psychology of Medicine. Our whole line of Clinical books will be at the Saunders booth.
29	THE W. H. RODEBECK COMPANY, Indianapolis 4 A new innovation for hospitals . . . the TELEVIEWER by Dahlberg . . . wall mounted one unit TV-Radio combination with remote control pillow speaker . . . all wrapped up in one unit.	91	SCHERING CORPORATION, Bloomfield, New Jersey Edwin Leinhos, Glen Kile, Rollan Perry, William Rosner The Schering exhibit will feature TRILAFON, extremely potent tranquilizer and antiemetic, capable of alleviating manifestations of emotional stress without apparent dulling of mental acuity. Extraordinary potency in behavioral effects without corresponding increase in autonomic, hematologic or hepatic side effects provides a
48	J. B. ROERIG AND COMPANY, New York 17, New York J. B. ROERIG AND COMPANY will feature TAO (pronounced Tay-o), a new antibiotic derivative designed for superior control of common infections due to gram-positive and		

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| | favorable therapeutic ratio and excellent versatility in clinical use. | | A Local Agent in Every Community. PAY US A VISIT. |
| 8 | G. D. SEARLE & CO., Chicago, Illinois
P. E. Rinderknecht, G. A. Yotter, R. W. Schulz
You are cordially invited to visit the Searle booth where our representatives will be happy to answer any questions regarding Searle Products of Research.
Featured will be Dartal, the new tranquilizing agent which controls activities associated with anxiety states and other neuroses; Enovid, the new synthetic steroid for treatment of various menstrual disorders; Zanchol, a new biliary abstergent; Nilevar, the new anabolic agent, and Rolicton, a new safe, non-mercurial oral diuretic.
Also featured, will be Vallestiril, the new synthetic estrogen with extremely low incidence of side reactions; Pro-Banthine and Pro-Banthine with Dartal, the standards in anticholinergic therapy; and Dramamine and Dramamine-D, for the prevention and treatment of motion sickness and other nauseas. | 80 | TESTAGAR & CO., INC., Detroit 26, Michigan
Robert H. Lacy, Sr., William R. Proctor
Stop by and see Q CAPS-AMODEX; the newest concept in time release capsules. It's clever! It's unique! Q CAPS-AMODEX for high level anorexigenic activity without excitation. Q CAPS-AMODEX insures accurate time release. |
| 69 | SEVEN-UP BOTTLING COMPANY, Indianapolis | 27 | THERMO-FAX SALES, INCORPORATED, Indianapolis 2
Kenneth J. Alexander, Kean Wells, Bob Rochford
Important News for busy doctor . . . the new Thermo-Fax "Secretary" Copying Machine can put out 500 monthly statements for you in only 2 hours. Here's How: You can make error-free copies of your ledger sheet in just 4 seconds with the touch of a button. The "Secretary" Copying Machine is the world's only all-electric, non-chemical copying machine. This means it's the world's fastest and easiest copying machine. Nothing to mix, nothing to clean up! Just touch the button, insert your original with Thermo-Fax Copy Paper, receive finished copy only 4 seconds later; inspect error-free perfectly dry copy. And here are just a few more of the dozens of uses you will find for your Thermo-Fax Copying Machine:
Copying lab reports
Copying records for referral or transfer
Copying technical data from publications
Copying bills
Copying prescriptions
Copying depositions to insurance companies
Copying statements to county medical officials
Copying instructions to patients |
| 87 | SMITH, KLINE & FRENCH LABORATORIES, Philadelphia 1, Pennsylvania
SKF features (1) Vi-SorbinR, a potent modern tonic containing B ₁₂ , B ₆ iron, folic acid and the Absorption Enhancement Factor, D-Sorbitol; (2) TemarilR Tablets, the unique oral medication for relief of itching, regardless of cause; (3) CompazineR, the tranquilizer and antiemetic virtually free from drowsiness and depressing effect; and (4) ThorazineR, one of the fundamental drugs in medicine. | | |
| 41 | SPENCER SUPPORT SHOP—MADGE L. ROBBINS, Indianapolis 4
Booth attendants will welcome you at the Spencer Supports Booth No. 41 where there will be on display Medical, Surgical and Orthopedic Supports such as are designed for each individual patient—man, woman or child. Madge L. Robbins has served physicians of Indiana for the past 27 years and has led England, United States and Canada in the distribution of Spencer supports for the past many years. | 22 | S. J. TUTAG & COMPANY, Detroit 34, Michigan
S. J. Tutag & Company will feature GERITAG AND QUADAMINE . . . Recent publications have attested to the advantage and efficacy of the 20 to 1 ratio of androgen to estrogen in the treatment of the ever present "aging" problem.
The Geritag formula embodies this very relationship plus a vital range of 9 vitamins, 10 minerals, Rutin and three lipotropic agents. These advantages are available in both the capsule and parenteral form—necessary to forestall progressive decline of physical vigor. QUADAMINE (Granucap*) is a "timed disintegration" type capsule containing an appetite depressant-mood elevator, a mild sedative to counteract central nervous stimulation of amphetamine, 6 essential vitamins and 6 important minerals.
Quadamine is especially designed for use in (1) obesity, (2) anxiety states and (3) nervous or agitated states.
*Tutag brand of timed disintegration capsule (Pat. Pend.) |
| 33 | E. R. SQUIBB & SONS, New York 22, New York
I. H. Larmer, in charge; J. R. Cook, T. L. Howard, H. G. Stadnik
E. R. Squibb & Sons has long been a leader in development of new therapeutic agents for prevention and treatment of disease. The results of our diligent research are available to the Medical Profession in new Products or improvements in products already marketed.
At booth No. 33 we are pleased to present up-to-date information on these advances for your consideration. | 101 | U. S. STANDARD PRODUCTS COMPANY, Mt. Prospect, Illinois
The U. S. Standard Products Co. will again feature its own line of fine ethical pharmaceuticals. In addition, Americaine Topical Anesthetic Ointment and Aerosol, plus Silicote Skin Protective Ointment, will be shown. Our representatives will be happy to discuss new products and greet old and new friends. |
| 42 | THE STUART COMPANY, Chicago, Illinois | | |
| 9 | ST. PAUL FIRE AND MARINE INSURANCE CO., ST. PAUL MERCURY INSURANCE CO., St. Paul 2, Minnesota
Robert E. Aurelius
Information Pertaining To INDIANA STATE MEDICAL ASSOCIATION Professional Liability Insurance Program.
Underwritten by: ST. PAUL FIRE AND MARINE INSURANCE COMPANY, ST. PAUL MERCURY INSURANCE COMPANY. | | |

Booth	Company and Products	Booth	Company and Products
65	U. S. VITAMIN CORPORATION, New York 17, New York John Porter, Lawrence Schardon, Elmer Brugh, Eugene Beckstein Exhibit features C.V.P., an exclusive water-soluble citrus bioflavonoid compound with ascorbic acid . . . for restoring and maintaining capillary integrity. Corrects or minimizes capillary abnormality and bleeding associated with diabetes, hypertension, epistaxis, purpura, gingivitis and certain forms of gastrointestinal, rectal and vaginal bleeding. Effective therapy in habitual and threatened abortion.		MODANE TABLETS AND LIQUID: A nutritive deconstrictant for relief and rehabilitation of the atonic bowel. Courteous medical service representatives will welcome all registrants at the Warren-Teed display.
107	THE UPJOHN COMPANY, Kalamazoo, Michigan Harry Justia, R. J. Brown, Earl Klink, Neil Black, Harold Arnholter, H. D. Nelson Professional representatives of The Upjohn Company are eager to contribute to the success of your meeting. We are here to discuss with you products of Upjohn research that are designed to assist you in the practice of your profession. We solicit your inquiries and comments.	111	WESTWOOD PHARMACEUTICALS, Buffalo, New York Robert Kawalec, Raymond R. Johnson FOSTEX CREAM and FOSTEX CAKE are new, easy to use, therapeutically effective medications for the treatment of acne, dandruff and seborrheic dermatitis. They contain Sebulytic T (lauryl sulfoacetate, alkyl aryl polyether sulfonate and dioctyl sulfosuccinate), a unique combination of penetrating anionic soapless cleansers and wetting agents which are highly antiseborrheic and exert antibacterial and keratolytic effects . . . enhanced by sulfur, salicylic acid and hexachlorophene. FOSTEX CREAM is applied as a therapeutic skin wash in the initial treatment of acne, when maximum degreasing and peeling are desired. Postex Cake is used as a therapeutic skin wash for maintenance therapy to keep the skin dry and substantially free of comedones. Postex Cream is also used as a therapeutic shampoo in dandruff.
113	WALLACE LABORATORIES, New Brunswick, New Jersey Representatives of Wallace Laboratories will be very glad to discuss our product, MILPREM, with members of the Indiana State Medical Association. MILPREM has the combined action of MILTOWN, plus conjugated estrogens (equine), and provides both emotional and hormonal balance in the treatment of the menopause.	47	WILSON MILK COMPANY, INC., Indianapolis 4 Don Honacker, Lynn Bultman, R. H. Keyes The Wilson Milk Company cordially invites all members of the Indiana State Medical Association and their guests to visit booth #47. Descriptive, time-saving literature on infant feeding and child care will be available or we will be pleased to mail a supply to your office address. Wilson's Milk as a baby food is safe, pure, easily digestible, inexpensive and is available locally. Courteous representatives will be in attendance and will assist registrants in any way possible.
51	WARNER-CHILCOTT LABORATORIES, Morris Plains, New Jersey Lee G. Hadin, in charge; J. P. Kleinhelter, G. W. Grazier, H. Wayne Cumbee, Russ Lindenmuth Warner-Chilcott Laboratories will feature: PACATAL—Clinically proven as a profound ataractic agent, Pacatal continues to demonstrate its value in the treatment of mental and emotional disturbances. Pacatal is unique in its "normalizing" action, helping the patient to think normally and react in a more stable emotional pattern. Pacatal, in contrast to other ataractic agents, rarely sedates the patient. On the contrary, it has a mild euphoric effect and is, therefore, of particular value in the treatment of patients with mental depression. PERITRATE—Painful seizures often create fear in the patient with angina pectoris. Attacks can be controlled and fear arrested by prophylactic management with Peritrate, the long-acting coronary vasodilator. Prescribed on a regular daily dosage schedule, Peritrate increases coronary circulation and lessens the frequency and severity of attacks. In addition, nitroglycerin dependence is often dramatically reduced and exercise tolerance increased.	40	WINTHROP LABORATORIES, New York, New York D. A. Blomgren Isuprel Mistometer, a complete nebulizing unit consisting of a 10 cc. vial of Isuprel HCl 1:400 (0.25%) aerosol solution, detachable plastic mouthpiece with built-in nebulizer and protective cap. Isuprel-Franol, new sublingual—oral tablet with "flavor-timer" for dependable day and day out prophylaxis of bronchial asthma (taken orally) as well as for quick relief of an acute attack (sublingually). Tablets contain a sublingual layer of Isuprel 10 mg. (Isuprel 5 mg. in Isuprel-Franol Mild for children) over a central core of benzylephedrine 32 mg., theophylline 130 mg., and Luminal 8 mg.
137	THE WARREN-TEED PRODUCTS COMPANY, Columbus 8, Ohio Herschell Lammey, William Haydock, John L. Cron The Warren-Teed Products Company is featuring four specialty products at Booth No. 137. ILOPAN: A new parenteral approach to the prevention and treatment of retained flatus and feces and delayed bowel motility. ILOPAN-CHOLINE: (c.t.) A new oral preparation which relieves gas retained in an atonic gastrointestinal tract.	34	ZIMMER MANUFACTURING COMPANY, Warsaw, Indiana F. C. Bartol, C. A. Bartol The Zimmer Manufacturing Company will exhibit in Booth No. 34 the new Myo Cervical Collar for use in flexion, new types of head halters, new types of pelvic traction belts, a revolutionary new type of pin cutter for use in cutting Steinman Pins, an additional size in the Mason Allen Hand Splint which has never been available before, new traction anklets, as well as many other items for the treatment of fractures.

Deaths . . .

Allen A. C. Nickel, M.D., 63, a partner in the Caylor-Nickel Clinic and Hospital at Bluffton, died July 31 at the Clinic Hospital of a heart condition after an illness of four years. He had continued his practice intermittently during his illness.

Dr. Nickel was an ordained minister in the Evangelical Church, graduating from North Central College (Naperville, Ill.) in 1915 and from seminary in 1917. He then turned to medicine and graduated from University of Wisconsin in 1921 and received his M.D. from Rush Medical College in 1924. He interned at St. Luke's Hospital, Chicago.

After being associated with the Mayo Clinic, Dr. Nickel joined the Bluffton clinic staff in association with Drs. Charles, Harold and Truman Caylor.

He was a member of the First Baptist Church of Bluffton where he was on the board of deacons and a Fellow in the American College of Physicians. Dr. Nickel was a past president of the Wells County Medical Society and former member of the Kiwanis Club. He had lived in Wells County 27 years.

Dr. Nickel's son, Frederick Allen, is a medical student at I.U. Medical Center.

Harry C. O'Dell, M.D., 73, died July 18 at his Farmersburg home after serving the Farmersburg community as a prominent physician for the past 42 years.

He graduated from I.U. School of Medicine in 1913. Dr. O'Dell was a member of the American Legion Post No. 109 at Farmersburg, the Masonic Lodge of Odon, Farmersburg Methodist Church, the Sullivan County Medical Society, ISMA and AMA.

He served as a captain in the Army Medical Corps during WWI on overseas duty.

L. Forrest Swank, M.D., 60, a physician of Elkhart for many years, died July 16 at his home a week after retiring from active medical practice due to a heart attack.

Dr. Swank was a graduate of the I.U. School of Medicine in 1921. He interned at Louisville City Hospital. His specialty was EENT. He was a member of his county, state and American medical associations.

The Elkhart physician served in the Navy in 1918 and was a Draft Board examiner during WWII.

Dr. E. A. Hawk Heads Mead Johnson Parenteral Products Division

Dr. Edgar A. Hawk has been appointed medical director of the Parenteral Products Division of Mead Johnson & Company. Dr. Hawk was born at Finly, Ind., and attended Indiana University where he took the A.B. degree in 1939 and the M.D. in 1942. He also holds the M.S. in biochemistry from Wisconsin. He interned at Indiana University Medical Center and served a residency at Ball Memorial Hospital in Muncie. He served as a naval medical officer in World War II. He has worked as a medical researcher for the United States Public Health Service and has just completed a tour of duty as staff physician for the Upjohn Company.

G. P. Residencies Open in USAF

Approved residencies in general practice are available at USAF Hospital, Maxwell AFB, Alabama, and certain civilian hospitals, according to an Air Force release.

The Air Force General Practice Residency Program provides one year of training in medicine, including pediatrics and psychiatry, and one year in surgery including traumatic surgery, fractures, obstetrics and gynecology. After completing the GP residency, medical officers may attend the Primary Course in Aviation Medicine if they so desire and are physically qualified.

Physicians interested in an Air Force career in general practice may write directly to The Surgeon General, Headquarters, USAF, Washington 25, D. C.

NEWS NOTES—from State and Nation

Gastroenterology Postgrad Course To Be Held in New Orleans

The American College of Gastroenterology will give its Annual Course in Postgraduate Gastroenterology Oct. 23-25, 1958, at the Jung Hotel in New Orleans.

Dr. Owen H. Wagensteen, Professor of Surgery at University of Minnesota Medical School, will again be director and co-chairman of the course, and will serve as surgical coordinator. Dr. I. Snapper, Director of Medical Education, Beth-El Hospital, Brooklyn, N.Y., will serve as medical coordinator.

Subject matters will cover advances in diagnosis and treatment of gastrointestinal diseases and a comprehensive discussion of diseases of the mouth, esophagus, stomach, pancreas, spleen, liver and gallbladder, colon and rectum.

For information and enrollment, write to the American College of Gastroenterology, 33 West 60th St., New York 23, N. Y.

American Rhinologic Society To Hold Annual Meeting

The American Rhinologic Society will hold its fourth annual meeting in the Palmer House, Chicago, October 17-18.

Among the topics to be discussed will be pulmonary and nasal physiology, laboratory and clinical aspects of bone transplants, hump removal, roof repair, and nasal process corrections.

Dr. Russell I. Williams of Cheyenne, president of the Society, will preside. Dr. Guy L. Boyden, professor of otolaryngology, University of Oregon Medical School, Portland, will be the guest of honor.

The Society will display many reprints, papers, slides, charts and other teaching and study material available to the profession upon request. Two new exhibits suitable for showing at state society and other professional meetings will also be presented.

The profession is cordially invited to attend as guests. There will be no registration fee.

For further information, write to Dr. Robert M. Hansen, secretary of the society, 1735 North Wheeler Avenue, Portland 17, Ore.

AMA Produces New Food Quackery Film

How modern "medicine men" dupe the public into spending millions of dollars on unnecessary or over-priced nutritional products is the story unfolded in a new American Medical Association film. Prepared especially for airing over local television stations under the auspices of local medical societies, this new 27-minute film, "The Medicine Man," dramatically pinpoints the fight against quackery in the food and nutrition field.

The film singles out problems which stem from health lecturers who travel from town to town giving misinformation on nutrition as a tie-in to plugging their products of questionable merit and from door-to-door salesmen who misrepresent the value of nutritional products. The film also shows how the medical profession cooperates with the Food and Drug Administration and voluntary agencies such as the National Better Business Bureau in the crackdown on these food quacks.

First showing of the film was at the AMA's Public Relations Institute August 27-28 at the Drake Hotel, Chicago. Prints will be available to local medical societies after September 15 from the AMA TV Film Library.

A four-day postgraduate course on Arthritis and Related Disorders will be conducted by the University of Oklahoma School of Medicine at Oklahoma City November 12-15 inclusive. Eleven nationally prominent investigators will participate.

Members of the ISMA are invited to attend. Registration fee is \$25.00. Members of Armed Forces, interns and residents are invited to attend without charge.

Further information may be obtained by writing the Office of Postgraduate Education, University of Oklahoma School of Medicine, 801 Northeast 13th St., Oklahoma City.

Offices of the Indiana Academy of General Practice have moved to 1403 N. Delaware St., Indianapolis 2.

Continued

COSA-TETRACYN

glucosamine potentiated tetracycline

IN RESEARCH

1. HIGHEST TETRACYCLINE SERUM LEVELS^{1,2}
2. MOST CONSISTENTLY ELEVATED SERUM LEVELS¹
3. SAFE PHYSIOLOGIC POTENTIATION WITH A NATURAL HUMAN METABOLITE³

AND NOW IN PRACTICE

4. MORE RAPID CLINICAL RESPONSE^{4, 5, 6}
5. UNEXCELLED TOLERATION^{4, 5, 6, 7, 8}

COSA-TETRACYN*

glucosamine potentiated tetracycline

CAPSULES (black and white)

50 mg., 125 mg.

ORAL SUSPENSION (orange flavored)

2 oz. bottle, 125 mg. per tsp. (5 cc.)

PEDIATRIC DROPS (orange flavored)

10 cc., 5 mg. per drop (100 mg. per cc.)

Calibrated dropper

COSA-TETRASTATIN*

glucosamine potentiated tetracycline
with nystatin

CAPSULES (black and pink)

250 mg. Cosa-Tetracyclin (with 250,000
u. nystatin)

ORAL SUSPENSION (orange-pineapple
flavored) 2 oz. bottle, 125 mg.

Cosa-Tetracyclin (with 125,000 u.
nystatin) per tsp. (5 cc.)

For patients susceptible to
oral candidiasis.

COSA-TETRACYDIN*


glucosamine potentiated tetracycline-
analgesic-antihistamine compound

CAPSULES (black and orange)

each capsule contains:

Cosa-Tetracyclin	125 mg.
Phenacetin	120 mg.
Caffeine	30 mg.
Salicylamide	150 mg.
Bucizine HCl	15 mg.

- Antibiotic
- Analgesic
- Antihistamine

 *Science for the world's well-being*

PFIZER LABORATORIES

Division, Chas. Pfizer & Co., Inc., Brooklyn 6, New York

REFERENCES: 1. Carozzi, M.: Ant. Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W., and Staffa, A. W.: Ant. Med. & Clin. Therapy 5:152 (Jan.) 1958. 3. Walch, E.: Dent. Med. Wschr. (April) 1956. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A.; Bamford, J., and Bradley, W.: Ant. Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

Trademark

A-5365-7-8

News Notes

Continued

Gastroenterological Convention Slated

The 23rd Annual Convention of the American College of Gastroenterology will be held at the Jung Hotel in New Orleans, La., October 20-22.

In addition to the many individual papers to be presented, there will be panel discussions on Gastric Carcinoma, Steroids in Gastroenterology and Functional Disturbances of the Gastrointestinal Tract. There will again be scientific as well as commercial exhibits and the sessions will be open to all physicians without charge.

On October 23-25, immediately following the Convention, Dr. Owen H. Wangenstein of Minneapolis and Dr. I. Snapper of Brooklyn, N. Y., will again be the moderators of the Annual Course in Postgraduate Gastroenterology. The sessions will be held at the Jung Hotel and in the Auditorium of the Louisiana State University School of Medicine. Attendance at the Course will be limited to those who have registered in advance.

As a part of this year's sessions, a one-day regional meeting will be held at the University Hospital in Mexico City on October 27 and members of the College from that city will present papers.

Copies of the program and further information concerning the Postgraduate Course and Mexico Regional Meeting may be obtained by writing to: American College of Gastroenterology, 33 West 60th St., New York 23, N. Y.

Ohio GP's Conduct Assembly

The Ohio Academy of General Practice will conduct a Scientific Assembly on October 1st and 2nd, in the Civic Auditorium, Toledo, Ohio. The program will carry 13 hours of Category I credit for AAGP members. It is designed strictly for postgraduate teaching purposes and consists of many currently vital subjects with the speakers all being doctors of prominence recognized as authorities on the subjects they will talk on. Copies of the detailed program and reservation blanks may be obtained by addressing the Academy at 209 S. High St., Columbus, Ohio.

News from I. U. Med School

Dr. Harris B. Shumacker, Jr., professor and chairman of the department of surgery, is the new president of the Society for Vascular Surgery. He succeeds Dr. Frank Gerbode of Stanford University School of Medicine.

Dr. Fred M. Wilson, professor and chairman of the department of ophthalmology, has been named as associate member of the American Ophthalmological Society.

Dr. J. S. Battersby and Dr. Harris B. Shumacker, Jr., attended joint meetings of the American College of Surgeons with the Swedish Surgical Society in Stockholm and the Oslo (Norway) Surgical Society.

Dr. Edward B. Smith, professor and chairman of pathology, was the guest speaker for a meeting of Philadelphia pathologists honoring Dr. Philip Custer of the University of Pennsylvania and Presbyterian Hospital. Dr. Smith also was an examiner for the American Board of Pathology meeting in San Francisco.

Promotion of 23 members of the faculty of the Indiana University School of Medicine has been announced by Dean John D. VanNuys following approval by the University Trustees. Those promoted and their new academic titles are:

Professor—Dr. Sprague H. Gardiner, obstetrics and gynecology.

Associate Professor—Dr. Dale M. Schultz, pathology; Dr. Thomas C. Moore, surgery; Dr. Steward Ginsberg and Dr. James E. Simmons, psychiatry; Dr. Calvin C. Turbes, anatomy.

Assistant Professor—Dr. William DeMeyer and Dr. Hallgrim Klove, neurology; Dr. Richard W. Stander, obstetrics and gynecology; Dr. Harold King, Dr. Robert Lenke and Dr. Leo Radigan, surgery; Dr. John Tondra, plastic surgery; Dr. J. William Wright, Dr. Raleigh L. Lingeman and Dr. Lewis E. Morrison, otolaryngology; Dr. Myron H. Nourse, urology.

Associates—Dr. James H. Belt and Dr. Robert M. Butler, pediatrics; Dr. Harry G. Becker, Dr. Paul F. Benedict, Dr. Edward J. Berman, and Dr. Arnold W. Kunkler, surgery.

Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., DIRECTOR

MONTHLY REPORT - July 1958

Disease	July 1958	June 1958	May 1958	July 1957	July 1956
Animal Bites	881	831	316	561	337
Chickenpox	94	165	444	37	53
Conjunctivitis	68	65	70	39	17
Diphtheria	0	2	0	0	1
Dysentery, Other, Unspecified	33	11	6	7	20
Impetigo	114	37	17	46	44
Infectious Hepatitis	22	10	23	18	12
Infectious Mononucleosis	17	20	15	9	5
Influenza	122	100	125	62	27
Measles (Rubeola-Rubella)	570	1667	4527	176	347
Meningitis, Meningococcal	7	1	6	2	2
Meningitis, Other	10	8	6	22	5
Mumps	240	323	734	126	79
Pertussis (Whooping Cough)	130	139	164	112	8
Pneumonia	130	111	100	50	36
Poliomyelitis	13	0	1	19	44
Streptococcal Infections	204	275	453	88	45
Tinea Capitis	4	8	12	2	8
Vincent's Infection	3	1	3	1	2

Ob-Gyn Specialists Meet This Month

District V of The American College of Obstetricians and Gynecologists will meet in French Lick, Indiana on September 25-27. The states comprising this District are Indiana, Kentucky, Michigan, Ohio and the Province of Ontario, Canada. Physicians of these states and province are invited to attend the scientific and social functions of the meeting. Additional information may be obtained by writing Arthur G. King, M.D., 199 William Howard Taft Road, Cincinnati 19, Ohio, or Sprague H. Gardiner, M.D., I.U. Medical Center, Indianapolis 7, Indiana.

The program will have four innovations, at least for District V meetings, namely, a three-day meeting; the inclusion of considerable time for fellowship, relaxation, and sports; the offering of two \$100 prizes for papers by residents in obstetrics and gynecology; and the elimination of all other papers in favor of five panel discussions and twelve, three times repeated Round Tables.

Changes Made in Medicare Regs

AMA WASHINGTON OFFICE, June 13.—The Office for Dependents Medical Care has cancelled a regulation that permitted doctors to add to their statements the cost of drug items directly or indirectly furnished maternity patients. ODMC said the majority of state medical societies considered the policy objectionable, as did pharmacists.

In addition, only a small percentage of dependents getting maternity care from civilian sources have benefited from this policy.

Physicians, after July 1, may continue to include the cost of drugs which they administer parenterally, provided such drugs are necessary and directly related to the condition for which authorized care and treatment are furnished. The doctor must also identify the nomenclature and quantity of the drug and set forth the cost to him on the claim form or attachment.

One of the panel discussions will be on Socio-economic problems.

Continued on page 1300

Investigator

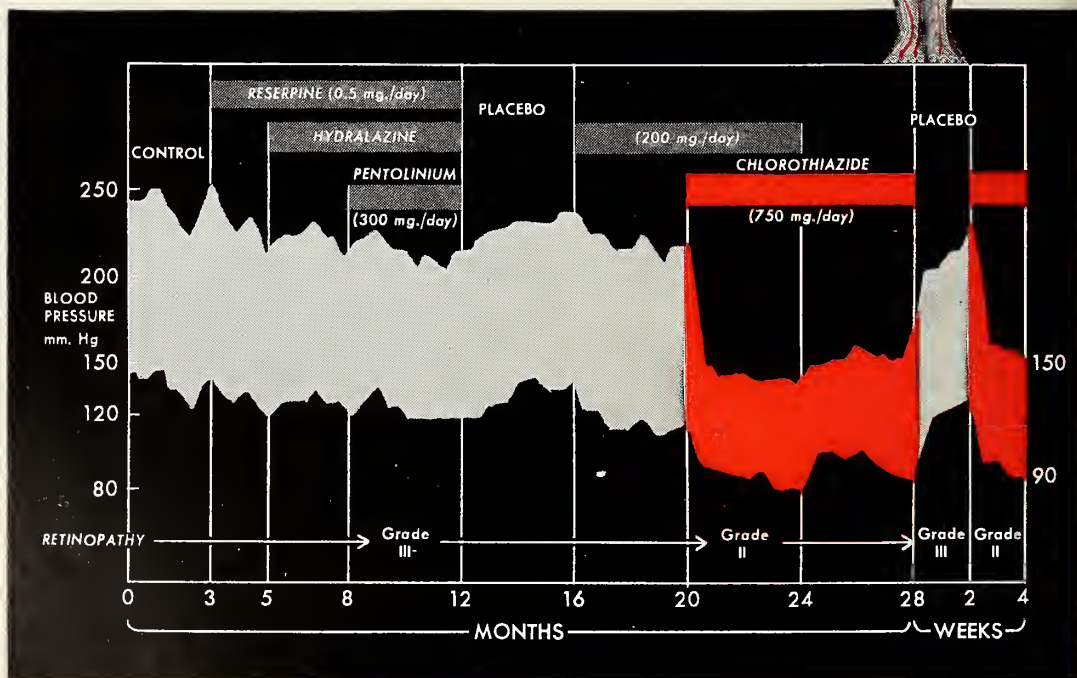
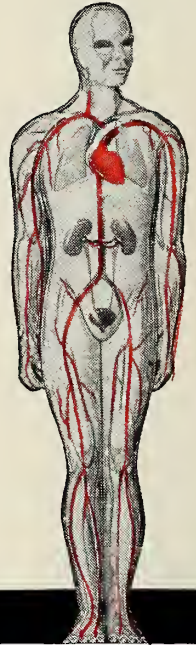
after investigator reports

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide." "... it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). ..."

reiss, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa.



the effectiveness of **'DIURIL'**
(CHLOROTHIAZIDE)
in
Hypertension

as simple as 1-2-3

1 INITIATE THERAPY WITH 'DIURIL'. 'DIURIL' is given in a dosage range of from 250 mg. twice a day to 500 mg. three times a day.

2 ADJUST DOSAGE OF OTHER AGENTS. The dosage of other antihypertensive medication (reserpine, veratrum, hydralazine, etc.) is adjusted as indicated by patient response. If the patient is established on a ganglionic blocking agent (e.g., 'INVERSINE') this should be continued, but the total daily dose should be immediately reduced by as much as 25 to 50 per cent. This will reduce the serious side effects often observed with ganglionic blockade.

3 ADJUST DOSAGE OF ALL MEDICATION. The patient must be frequently observed and careful adjustment of all agents should be made to determine optimal maintenance dosage.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

'DIURIL' is a trade-mark of Merck & Co., Inc.

Smooth, more trouble-free management of hypertension with 'DIURIL'

News Notes

Continued from page 1297

Catholic Charities Assail Government Handouts

The National Conference of Catholic Charities made it clear that it wants no help from government in the field of hospital and medical group insurance.

Testifying recently before a House committee in Washington, which is considering changes in the Social Security Act, Msgr. John O'Grady, secretary, said that over-all government relief programs "represent the welfare state in its most complete form."

The monsignor added that "at this time, we are not sympathetic about having the federal government enter the field of hospital and medical group insurance. We believe that it brings the federal government too close to the problems of family life. It is an entire departure from the objectives of a social insurance program."

Monsignor O'Grady added that studies of the aging made by Catholic charities "do not justify our supporting a program for the entrance of government into the field of hospital and medical group insurance."

ISMDPA Officers Named

The Indiana State Medical, Dental and Pharmaceutical Association, composed of colored medical men, held their annual session at the I. U. Medical Center in June.

Dr. E. Kenneth Washington of Gary was elected president; Robert Wilson, R.Ph., of Indianapolis, president-elect; Richard H. Furgeson of Richmond, vice president, and Dr. Denis A. Bethea of Hammond, general secretary.

Dean John VanNuys Announces Two New I.U. Divisions

Designation of Dr. W. Donald Close and Dr. A. David McKinley to head two new educational divisions in the Indiana University School of Medicine was announced recently by Dean John D. VanNuys.

Dr. Close will be in charge of a new and expanded professional medical education program for physicians serving residencies and internships on the staffs of the University hospitals and in that capacity will serve as medical director for the Long, Coleman and Riley hospitals at the I. U. Medical Center.

Dr. McKinley will develop and direct an audio-visual aids program for the School of Medicine, assembling and originating material for use in teaching and other educational activities of the school. In addition, Dr. McKinley will supervise the operation of the Heart Station and will resume the teaching assignments in cardiology which he had given up while serving as medical director of the hospitals.

Both the professional education and the audio-visual aids programs are outgrowths of the expansion of the School of Medicine and a recognition of the school's educational responsibilities, Dean Van Nuys pointed out.

A one-day course in Cardiac Resuscitation has been announced by the Emory University School of Medicine, Atlanta, for Oct. 3, 1958. Visiting faculty will include Dr. Paul Zoll, Beth Israel Hospital, Boston, and Dr. David S. Leighninger, Lakeside Hospital, Cleveland. For information write to: Post-graduate Education, Emory University School of Medicine, 69 Butler Street, SE, Atlanta 3.



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DONALD R. KINZER
Manager

New Med Center Quarters

The anatomy, biochemistry, microbiology, and physiology departments, as well as the associate dean's office and the medical school library, have moved into their new quarters in the Medical Science Building at the Indiana University Medical Center. Some of the equipment and staff of the anatomy and physiology departments will remain in Bloomington where a combined anatomy-physiology department has been established in the College of Arts and Sciences to provide instruction for students in other than medical and dental courses.

The cytotechnology course established in the Department of Clinical Pathology at the Indiana University Medical Center last year has been approved by the American Society of Clinical Pathologists. Students completing the course will be eligible for the ASCP examination and registry.

Cancer Symposium Announced

A Symposium on Carcinoma of the Colon and Rectum will be presented at the Annual Scientific Session of the American Cancer Society at the Biltmore Hotel, New York City, on October 20 and 21. Outstanding authorities from this country and England will participate. In addition to presentation of papers the speakers will join in a panel discussion as a part of each session. The morning session of Monday, October 20, will deal with pathogenesis and etiology. That afternoon the subject will be diagnosis. Meeting the Problem of Spread of Cancer of the Colon and Rectum will be discussed on the morning of October 21. Treatment will be covered in the afternoon session.

Initial Officers Named

Dr. Stephen L. Johnson, Evansville, was named the first president of the permanent organization of the Indiana Society of Internal Medicine at an organizational meeting March 9.

Dr. Sherman L. Egan, South Bend, was elected president-elect for 1959; Dr. William D. Province, Franklin, secretary-treasurer, and Drs. Arthur B. Richter, Indianapolis, John F. Ling, Richmond, Robert B. Sanderson, South Bend, and George W. Willison, Evansville, councilors.

AMA to Publish Work Absence Guide

The AMA's Committee on Medical Care for Industrial Workers (a joint committee of the Councils on Medical Service and Industrial Health) currently is working on a "Guide for Measuring Work Absence Due to Illness and Injury." In an effort to obtain additional data for such a booklet, the Committee will publish a "preliminary guide" which will be used in field surveys and was to be mailed about August 1 to companies, individuals interested in the subject and medical societies. Medical societies may send information on their activities in this area to the Committee.

Auxiliary Member Places Third

Mrs. M. J. Fujawa of Mishawaka won third prize in group IV for selling subscriptions to *Today's Health* in the county category. Group IV represented county membership of 151 or over. Special recognition was accorded winning auxiliaries and their chairmen who sold the most subscriptions at the AMA's annual convention held in San Francisco.

Continued on page 1304

Malpractice Prophylaxis

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broad-spectrum

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effective against more
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even including
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Available forms:

Panalba Capsules, bottles of 16 and 100 capsules. Each capsule contains:

anmycin phosphate (tetracycline phosphate complex) equivalent to tetracycline hydrochloride250 mg.
lbamycin (as novobiocin sodium).....125 mg.

Panalba KM,†† Flavored Granules, 60 cc. size bottle. When sufficient water is added to fill the bottle, each teaspoonful (5 cc.) contains:

anmycin (tetracycline) equivalent to tetracycline hydrochloride125 mg.
lbamycin (as novobiocin calcium).....62.5 mg.
potassium metaphosphate100 mg.

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Usual adult dosage is 2 capsules q.i.d.

Panalba KM Granules

For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 30 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.



News Notes

Continued from page 1301

"Nationalizations—10 Years Later"

Dr. Melchior Palyi, well known economist and financial expert, has written another informative, 36-page pamphlet entitled "Nationalizations—Ten Years Later." One chapter is devoted to socialized medicine. His searching and enlightening analysis should prove of great interest to the medical profession as well as to thoughtful people in business, public affairs, finance and education.

The booklet, costing 50 cents, may be obtained from the Heritage Foundation, Inc., 121 West Wacker Drive, Chicago 1, Ill.

Postgraduate Week Next Month

The New York Academy of Medicine will hold its Second Annual Postgraduate Week (formerly the Graduate Fortnight) Oct. 13-17, 1958. Title of program will be "Research Contributions to Clinical Practice."

Although registration is required of non-Fellows of the Academy, no fee will be charged.

Dr. O'Brien Joins Borden

Appointment of Dr. J. Paul O'Brien to the research staff of Marcelle Cosmetics, Inc., has been announced by Dr. David W. Anderson, director of research for The Borden Company's Pharmaceutical Division.

Dr. O'Brien will work as a pharmaceutical research chemist at the Marcelle plant in Chicago. He will specialize in the development of new dermatologicals and cosmetics.

Prior to joining The Borden Company, Dr. O'Brien had been with the Whiting Research Laboratory of the Standard Oil Co., of Indiana.

Dr. A. L. Ross of West Alexandria has purchased the office building and equipment at Eaton and will practice there evenings, continuing his daytime hours at West Alexandria. Eaton physician of the past four years, Dr. John R. Bowman, has moved to Denver.

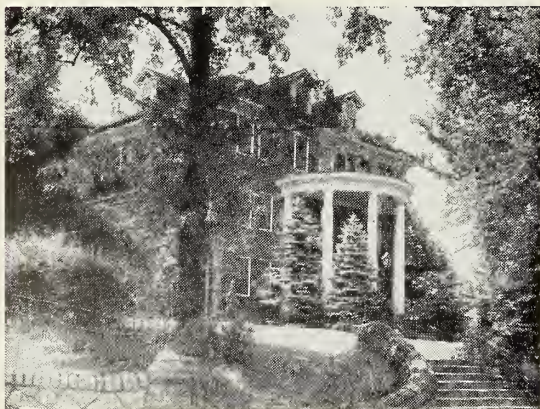
For information contact Robert L. Craig, M.D., secretary, Postgraduate Week Committee, The New York Academy of Medicine, 2 East 103 St., New York City 29.

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Associate Medical Director

Add 1

by corki

"ADD 1" is sometimes used in newspaper parlance to indicate an additional page of copy. This column, then, is sort of an addendum to the usual news items carried in the *Journal*, but from the point of view of a non-professional in the medical field. So to a few "adds."

FOUR GENERATIONS of physicians came into being when Stephen Smith, a Knightstown high school grad, received his M.D. from I.U. in June. This according to an article in the *Indianapolis News* by Wayne Guthrie.

The new Dr. Smith's uncle, Dr. Robert A. Smith, was a New Castle physician several years. His grandfather, the late Dr. George Smith, was a Henry County doctor; and his great-grandparents were BOTH doctors. Drs. Robert A. and Molly Smith were physicians in Greensboro.

Newest of the Smith medics plans to intern at Riverside County Hospital at Arlington, Calif.

THE WOMEN'S AUXILIARY to the Vigo County Medical Society has given a philanthropic scholarship award to Loretta Young, graduate of Otter Creek high school. Miss Young entered Union Hospital School of Nursing. This seems to me a pretty good idea what with the shortage of trained nurses. A mythical orchid to the ladies.

BABY, IT'S COLD OUTSIDE! Busy, busy day in August . . . sun shining hot outside (between thunder showers, that is!) . . . phone ringing . . . typewriter clacking . . . talk of cuts and printing and deadlines and funds and format.

Fifteen year old boy enters the office.

"Would you like to buy your Christmas cards early?"

A stunned silence!

Christmas cards in August already yet! Buy 'em early and avoid the last minute rush.

SEPTEMBER CHUCKLE. From the *Wall Street Journal* a few definitions on "Modern Medicine" by David Savage:

Psychology: Betting on No. 9 horse because you shot a 99 at golf yesterday.

Specialist: All modern doctors.

General Practitioner: Your present doctor's father.

Pediatrician: A child specialist. You should see his kids—they're really special.

Tranquilizer: A new method to enable you to stop worrying and start losing money.

IT'S ALL GREEK TO ME. Associated Press sent out the story about Nicky, a two-year-old Greek lad from Athens who arrived in Dallas for adoption. He was put in a local nursery in hopes he'd learn English from fellow toddlers. Didn't work that way. His fellow toddlers are learning Greek! Does that mean the Greek has a strong character or Americans want to learn new things? (I might add, if the latter is true, it's a shame so many of us lose some of that two-year-old enthusiasm.)

WHAT'S IN A NAME from Blue Shield's *Newsletter*. ". . . the Blue Cross Plan in Oakland, Calif., enrolled a group under a program sponsored by the Bureau of Indian Affairs and among the enrollees is one whose name is H. D. Blueshield!"

MOST IMPRESSED with that fine special salute to medicine by the AMA *Journal* marking the *Journal's* 75th anniversary. Congrats to Dr. Austin Smith and his staff (and I can say this from the editorial side of things if not from the medical).

NEWS HEADLINE: "Radiation Pill Unveiled." My first thought was who needs a pill for radiation— isn't there enuf of the stuff floating around now? Reading perseverance showed that the pill is to cut down on the effects of radiation and that's a mighty good idea.

ANOTHER REASON to be a chief instead of an Indian: An AMA News Release states that "Executives Show Less Vascular Disease Than Nonexecutives." But where do you docs fit in there? (As to that, you might take a look at President Topping's page in the August issue!)

Society Reports

INDIANA STATE MEDICAL ASSOCIATION

Executive Committee

July 19, 1958

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.; O. W. Sicks, M.D.

James A. Waggener, executive secretary.

MEMBERSHIP REPORT

Number of members July 19, 1958__ 4,143*
Number of members July 19, 1957__ 4,092
Gain over last year_____ 51
Number of members Dec. 31, 1957__ 4,149

*Includes 68 in military service (gratis)

152—\$10 members (residents
and interns)

392—senior members

52—members, dues remitted
by Council

1—honorary member

Number who have paid AMA dues:

July, 1958 _____ 3,980**

July, 1957 _____ 3,923

Gain _____ 57

**Includes 653 exempt members (gratis)—

394 prior to 1/1/58;

259 so far this year

The secretary was instructed to add to the membership report the number of members who have died during the year, in both Association and AMA member classifications.

HEADQUARTERS OFFICE

The secretary reported on the field service calls during the first six months, the circulation of the tape library and Medicare.

TREASURER'S OFFICE

The treasurer's report on the financial condition of the Association was approved on motion of Drs. Wood and Olson.

LEGISLATIVE MATTERS

Dr. Wood reported on various legislative matters including the Forand Bill, the prospect of reintroduction in the 1959 session of the State Legislature of the bill which would have the effect of opening hospital privileges to all physicians, and the chiropractic issue, and called to the attention of the Committee the recent statement of the Insurance Commissioner in which he proposed that the State should regulate hospital costs. Dr. Wood stated that the Legislative Committee of the 1957 session could take no stand on the bill to open hospital privileges to all licensed physicians inasmuch as there was no policy from the Association level for the committee to follow. By consent it was agreed that this matter should be referred to

the Council with the request that the Council appoint a committee to study this question and report back to the Executive Committee at its next meeting in order that the matter might be presented to the House of Delegates in October.

1958 ANNUAL CONVENTION, MURAT TEMPLE, INDIANAPOLIS, OCTOBER 12, 13, 14 AND 15, 1958

Report on sale of exhibit space was noted.

The person to respond in behalf of the Fifty-Year Club at the banquet was discussed, and upon motion of Drs. Wood and Olson, the appointment of this person is to be left to the president's discretion.

The question of a speaker for the banquet was discussed, and by consent the president was to decide whether or not he desires a speaker for this program.

The speakers' table and invitation list for the 1958 meeting was reviewed and on motion of Drs. Owsley and Wood the same procedure is to be followed this year as in the past, with the addition of Dr. F. J. L. Blasingame of the American Medical Association to the list.

The time for the second meeting of the House of Delegates was discussed, and upon motion of Drs. Sicks and Wood, it was recommended that this be called at 1:30 p.m. Wednesday, Oct. 15, 1958, that no luncheon be served and that the Egyptian Room be used instead of the Murat Theater.

By consent it was agreed that the past presidents' luncheon will be held on Wednesday noon.

The secretary, on behalf of Dr. Jack Weinbaum, chairman of the Scientific Exhibit Committee, reported that applications received for exhibit space exceeded the space available, and the secretary was instructed to accept all scientific exhibits and to attempt to find space for them.

The proposed entertainment program was reviewed. No action was taken.

The recommendation of Dr. Edward B. Smith, chairman of the Scientific Work Committee, that representatives of various interested organizations dealing in traffic safety be invited to the "Mock Trial" on Wednesday morning was approved by consent.

On motion of Drs. Topping and Wood the Executive Committee is to recommend to the Council that the Council hold a breakfast meeting each morning during the convention for the purpose of keeping the councilors informed as to events taking place, and that the Council also permit the chairman to assign a councilor to each of the reference committees as a representative of the Council.

It was also recommended that the secretary check with the Indiana Academy of General Practice to determine if credit will be allowed for at-

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M. C. PITKIN, M.D., *Medical Director*

J. W. GIBBS, M.D., *Associate*

tendance at scientific programs during the Association convention.

ORGANIZATION MATTERS

A brief report on the AMA meeting at San Francisco was given and the announcement made that Dr. Cleon A. Nafe, Indianapolis, had been elected to the Executive Committee of the Board of Trustees of the American Medical Association.

The visitation by the chairman of the Council and one of the AMA delegates to the Judicial Council of the AMA for discussion of the osteopathic situation was reported upon, and the members of the Judicial Council indicated they were very hopeful that this matter would be resolved in the very near future.

It was also reported at the AMA meeting that the American Osteopathic Association was expected to take some definitive action at its national meeting in July.

The secretary reported that the Veterans Administration had requested that the Association accept a different schedule than the one submitted by the Association for the year beginning July 1, 1958, and as a result of discussion with some of the officers in San Francisco during the AMA meeting, this was approved inasmuch as the schedule was equal or better than the one submitted by the Association.

The invitation for the Association to recommend a physician as a candidate to receive the President's Award for the Employment of the Physically Handicapped was presented, as was the recommendation of the Commission on Public Health for the nomination of E. S. Jones, M.D., of Hammond. This was approved on motion of Drs. Wood and Olson.

Notice that the cost of the Washington Report on the Medical Sciences would be increased and offer to the Association to extend its subscription for any period of time at the present rate so long as subscription is extended in the month of July, were brought to the attention of the Committee. By consent the secretary was instructed to extend the subscription for three additional years.

A letter from the Indiana State Board of Health regarding a survey on immunization was read, and upon motion of Drs. Wood and Sicks this is to be referred to the appropriate commission for study and recommendation, with the suggestion that a different approach be used.

Letter from the Indianapolis Surgical Society, Inc., was read and accepted as a matter of information, with the recommendation that the letter be transmitted to the Commission on Medical Economics and Insurance.

The minutes of the annual meeting of the Board of Directors of the North Central District Blood Bank Clearing House, held June 9, 1958, were brought to the attention of the Committee for its information.

Letter from A. G. Blazey, M.D., originally sent

to the Grievance Committee, was referred to the Council upon motion of Drs. Topping and Sicks.

For the information of the Committee the comments of Robert J. Miller, M.D., Evansville, were read.

NEW BUSINESS

The president called attention to a communication he had received from the American Medical Association regarding the establishment by the Indiana State Medical Association of a Committee on Aging. Upon motion of Drs. Wood and Olson it was recommended that the president suggest to the members of the Commission on Public Health that they establish a Subcommittee on Aging.

Dr. Topping also referred a letter from the Maternal Mortality Study Committee, requesting the appointment of men to fill the expiring terms on the committee, to the Executive Committee. Action on this was held in abeyance pending details on the establishment of this study committee.

THE JOURNAL

The secretary read a report from the State Journal Advertising Bureau in which the Bureau pointed out that the net billing for advertising in the Indiana State Medical Association *Journal* from the State Journal Advertising Bureau had shown a 23.2 per cent increase during the first six months of 1958. The report also pointed out that the third quarter would show additional increases.

The secretary, on behalf of the editor of *The Journal*, discussed several policy matters concerning the operation of *The Journal*, namely, the price to be charged for the roster and the areas of distribution of this publication, as well as the price of single copies of *The Journal* and the subscription price. On motion of Drs. Wood and Topping the decision on these matters is to be left to Dr. Ramsey and the executive secretary.

The secretary also reported on the plans to use more color in *The Journal* and to change the format, using colored photographs, and this was approved by consent.

A discussion took place regarding the medical defense fund and practices of the Association, and on motion of Dr. Owsley it was taken by consent that the Executive Committee, which is the Medical Defense Committee of the Association, make a complete study of the medical defense program of the Association, and that the secretary's office submit to each member of the Committee the history of the medical defense fund, the number of claims per year and the total amount paid for attorneys' services during the last fifteen years.

FUTURE MEETINGS

On motion of Drs. Topping and Owsley the secretary and the field men were authorized to attend the AMA Public Relations Institute in Chicago, August 27 and 28, 1958.

There being no further business the meeting was adjourned. The Committee will meet again at 2:00 p. m., Wednesday, Sept. 3, 1958, at the I. U. Student Union Building, Indianapolis.

INDIANA STATE MEDICAL ASSOCIATION

The Council

July 20, 1958

The Council of the Indiana State Medical Association convened for its summer meeting at 10:00 a.m., Central Daylight Saving Time, Sunday, July 20, 1958, at 3333 North Meridian Street, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Roll call showed the following present:

Councilors:

First District—William B. Challman, Mount Vernon
Second District—Not represented
Third District—John M. Paris, New Albany
Fourth District—J. E. Dudding, Hope; George S. Row, Osgood, alternate
Fifth District—Robert K. Webster, Brazil
Sixth District—Harry P. Ross, Richmond; William R. Tindall, Shelbyville, alternate
Seventh District—Charles A. Jones, Franklin, alternate
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate
Ninth District—Kenneth O. Neumann, Lafayette
Tenth District—James P. Vye, Gary
Eleventh District—Max R. Adams, Flora
Twelfth District—Maurice E. Glock, Fort Wayne
Thirteenth District—G. O. Larson, LaPorte

Officers:

Kenneth L. Olson, South Bend, president-elect
O. W. Sicks, Indianapolis, treasurer

Journal:

Frank B. Ramsey, Indianapolis, editor

Executive Committee:

E. H. Clauser, Muncie, chairman
Albert Stump, Indianapolis, attorney
Robert J. Amick, field secretary
Howard Grindstaff, field secretary
Wayne Worick, secretary
J. A. Waggener, executive secretary

Guests:

Gordon B. Wilder, Anderson, AMA delegate
Wendell C. Stover, Boonville, AMA delegate
E. S. Jones, Hammond, AMA delegate
John M. Paris, New Albany, AMA alternate delegate
Wm. Harry Howard, Hammond, past president
Harry Pandolfo, Indianapolis, chairman, Commission on Public Information
Glen Ward Lee, Richmond, chairman, Commission on Governmental Medical Services
Mr. W. A. Brennan Jr., Indianapolis, of W. A. Brennan, Inc., realtors

On motion of Dr. Larson, duly seconded, minutes of the April 20, 1958, Council meeting were approved as printed in the June, 1958, *Journal*.

REPORTS OF OFFICERS

Dr. Kenneth L. Olson, president-elect, reported that he had attended the AMA meeting in San Francisco, and "this week I attended the Commission on Public Health. It was discovered that several members of the Commission on Public Health have not attended any meetings, or made any response to the Chairman's letter, and it was thought probably in the make-up of the Commission for next year we might investigate these members to see if they intend to serve, and if not, ask them to resign so that they can be replaced.

"The Commission met with a group representing a statewide organization of personnel people of industry in regard to their problems in relation to medicine, and it was quite an interesting meeting. I think they intend to continue to have a more extensive meeting to explore these problems a little further."

Dr. O. W. Sicks, treasurer, reported that the total assets of the Association amount to \$333,379.00 as of July 20, 1958; \$307,000.00 in government securities and \$26,379.00 in cash on hand.

Drs. Wendell Stover and E. S. Jones, AMA delegates, reported on the actions taken at the AMA meeting in San Francisco, June 23, 27, 1958. (For full report, see August, 1958 *Journal* of ISMA, page 1032.)

UNFINISHED BUSINESS

1. *Report on new Headquarters office building.* Mr. W. A. Brennan, Jr., of W. A. Brennan, Inc., Indianapolis realtors, presented facts and figures on the building which is for sale at 3333 North Meridian Street, Indianapolis.

Chairman Owsley: You all are familiar with the action of the House of Delegates at the Special Session of the House of Delegates in which the recommendations of the Council were voted to be tabled until more information was available to the House at the Fall Meeting. This is the last regular meeting of the Council before the Fall Meeting and, in view of the action taken at the Special Meeting of the House of Delegates and the fact that there was only one councilor heard from at the Special Meeting, if my memory serves me correctly, it might be good at this time to state informally your current opinions, whether or not this project should be pursued, whether it should be dropped, whether it should be further investigated, or what. Dr. Paris.

Councilor John M. Paris (3rd District): Down in the 3rd District we are still interested in a Headquarter's Building. We are not too concerned about how much it is going to cost but no one wants a dues increase. Now, if this building or any building can be built and rented and rents used to amortize it and some money taken from our current assets, they are all for it.

I think that when we started out on this committee and it first recommended the fact we might have an office building, I, for one, as a member of that committee, had in mind a total of about \$100,000, which I thought we could manage within our own funds. Now, here we are in a building that is in the neighborhood of \$600,000. That's quite a jump for me! Now, if this building is as attractive for rental purposes as Mr. Brennan says, and what he presents now, I think we can swing it, but I would sure like to see some rental contracts in our hands before we bite this thing off.

Chairman Owsley: In this informal discussion, which it necessarily must be at this time, I think a point should be made of what the attitude is in your district now concerning the site at the Uni-

versity in view of the action taken at the Special Meeting of the House of Delegates.

Councilor Paris: Let me say this, Dr. Owsley: When I reported that to my colleagues, every one said, "Well, that then eliminates the University so far as being the most attractive. It still could be considered but, if we have an opportunity to move elsewhere in the city, let's don't tie ourselves to the first one."

Chairman Owsley: Dr. Adams.

Councilor Max R. Adams (11th District): I have no report from my Society.

Chairman Owsley: Dr. Neumann.

Councilor Kenneth O. Neumann (9th District): We haven't had a meeting, however, there has been a lot of discussion around the hospitals in the various sections, including a number of the men. They seemed greatly surprised at the turn of events. They are pretty much unsold now on the problem of building a building or buying a building. I believe perhaps most of them would prefer to adopt a wait-and-see attitude. I think maybe the Indianapolis group is the one that certainly oversold itself when they got into the problem of financing and so forth, and made the thing look very unattractive regardless of the \$450,000. When this came out to \$625,000, it looks even more unattractive to them. I believe, if assurances were given that adequate rental could be obtained and if the program could be worked out, they would probably not object too much to purchasing or building a building but they have lost a lot of enthusiasm for it.

Chairman Owsley: Thank you, Dr. Neumann. Dr. Webster.

Councilor Robert K. Webster (5th District): When I wrote that report to Mr. Waggener a few weeks ago, this new building hadn't come up yet. At that time the fellows in my district were pretty generally in favor of having a new office building. They thought they should have their own quarters. They, at that time, also thought that it should include other organizations on a state level, such as the nurses and the dentists. They also thought that it should be at the University or in that neighborhood. They were very much at odds as to how it should be financed but most of them didn't seem to be in favor of a dues increase. They didn't say how they wanted to finance it but they were not in favor of the dues increase. I think that they would probably still be in favor but whether they would be in favor of this building and this location and at this price, I don't know; I rather doubt it.

Chairman Owsley: I think possibly before the day is over we can come to some conclusion whether we want to pursue the building at all or whether we want to consider this building and we will expect a motion from you in one way or other. This is still the Building Committee. Dr. Vye.

Councilor James P. Vye (10th District): I haven't had any special meeting but I talked a lot around the hospital about this. I think the consensus of most of our members is that we need a

building. They have said that for a long time. They need their own headquarters. Of course they were in favor of the University but, since this came up, they think, if it could be swung financially, if you think you can rent this, they are in favor of it.

Chairman Owsley: Thank you, Dr. Vye. Dr. Dudding.

Councilor J. E. Dudding (4th District): Well, in my district there are some men who are against this building or building a building. There are some against our having it at the University. However, the majority of them, I think, are in favor of building a building and on the University Campus.

Chairman Owsley: I will ask a question. Did the action of the House of Delegates have any effect on your district as far as the building on the University Campus is concerned?

Councilor Dudding: I don't think so and I think actually they need a little more information than they have had in the past.

Chairman Owsley: I think that's a good point. I think everybody needs more information.

Dr. Pandolfo, I am going to ask you to report for Indianapolis since Dr. Everly isn't here, and put you on the spot a little bit. We know what your attitude was and the Indianapolis Medical Society on the University site. You were perfectly right in expressing your attitude and you were given that opportunity. How do you feel now about a Headquarter's Building elsewhere in Indianapolis, or have you had a chance to sample?

Dr. Harry Pandolfo (Indianapolis): This is certainly really putting me on the spot! I came here to discuss another matter today. We have not discussed this building program officially since the House of Delegates meeting and, to say that the feeling has changed any, I certainly could not make such a statement. At our Council Meeting of the Medical Society, I think we have had two since the House of Delegates Meeting, and at that time the building program, as such, was not a matter for discussion. I don't think the attitude has altered any. I think all of the members are waiting for the House of Delegates Meeting in the Fall to see what accrues in that direction. I think—and this is still just my thinking honestly since I did not sample any opinion—I think there is general objection, as there was to the University, and that still persists. I think many of the members of the Society feel that, if a building is needed for the purpose of office space, that might not be too objectionable but I think a lot of the men are hesitant about a building with rental space. In other words, they feel there could be some objection to the business of getting into a land owner or a landlord. As far as any official opinion, I don't feel that I can change anything from what happened at the House of Delegates Meeting.

Chairman Owsley: Thank you, Dr. Pandolfo. Dr. Ross.

Councilor Harry P. Ross (6th District): Well, it is my understanding that, of the eight counties in my district, half of them are opposed in some way

or other to the building program. I wondered how I, as a member of the Council, was going to split myself up to cast a vote if it actually came out on the floor. I had one county who said they would be in favor of building a building but they would not be in favor of building the building on the University Campus regardless of what action the rest of the House of Delegates took. And then I had one group who were just opposed to the building program—period or exclamation point. So I was just figuring that I would have to vote half and half, about half a vote this way and half a vote that way. Of course since this brochure has been sent out, there has been insufficient time for me to poll any other than the delegate from Wayne County and he is here if he wants to speak.

Chairman Owsley: This is all informal. We have to start some place.

Dr. Larson, your district.

Councilor G. O. Larson (13th District): I would like to give my own personal opinions which, of course, have been influenced by the opinions of a good many other men in my district with whom I have talked.

In the first place, as far as having a building on the Campus of the Medical School is concerned, I am reminded of Shakespeare's quotation: "'Tis not that I loved Caesar less but that I loved Rome more." I feel that, as a State Medical Society, we cannot afford to alienate the affections—if you wish to use that term—of one-third of our members by having a building on the Campus of Indiana University, and the Indianapolis boys don't want it. I think that would be a terrific mistake to alienate the affections of the boys in Indianapolis.

Another point that I would like to make is that many of the individuals with whom I have talked have not taken kindly to the idea of a rental proposition. Most of them feel that we should have our own building, and that's it!

A third point I want to make is that it seems to me that most any action which is taken, if it results in our obtaining a Headquarter's Building, will necessarily require an increase in dues. It costs money to operate a building. If we have a building with more space, give more service to the members of the State Society, we will need more employees, we will need people for upkeep of the building and so forth.

It seems to me that the entire proposition, when it is developed—I think maybe several propositions ought to be developed and in detail, and then I think the entire proposition should be presented to every County Society in the State and I think all the boys should have an opportunity to think about it and then make up their minds what they want to do and, if the majority of them want it, knowing what they are getting into, then I think we ought to go ahead.

Personally, I would like to see some day a Headquarters Building. I don't think we should move too fast. I think that every County Society should

have an opportunity to act upon it and know what we are getting into.

Chairman Owsley: Dr. Glock.

Councilor Maurice E. Glock (12th District): Before the Special Meeting of the House of Delegates, I was instructed and I believe the majority of the delegates from my district were instructed to support the action of the State Office Building on the grounds of the University. Following the action of the House of Delegates, there have been no meetings but there has been considerable discussion and it has focused attention back on the fact that: Do we really need a State Office Building? I think most everybody feels that the need is not great; that it would be desirable if we had a State Office Building, from a point of pride and to possibly furnish more service, but the question is raised time and time again: Where does this all come from about the acute need for this at the present time?

The second item was that we have given considerable time to this in our District Meetings and in our local Society Meetings and we are quite distressed about the lack of knowledge that was expressed at the Special Meeting and we felt that we had been hoodwinked and wasted a day's time when we might have stayed home and gone fishing. In conjunction with that, a letter was sent out from one of the former employees of the *Journal*, stating that information had been withheld from the preceding issue of the *Journal* which might have helped the situation some. I don't know the merits of that particular thing but I think that, whether it wasn't intentional or whether it was, that they dropped the ball.

Certainly I think the action was well taken. The majority of the people didn't seem to have a grasp of what was going on. They didn't have the background and I think they did right to table it. I think that you are going to have to have an educational program, as has been mentioned by these other men, acquainting every member of the State Medical Association as to the pros and cons of this. We would like again to be resold as to the need. We are not convinced.

The people in my area, from a point of pride of ownership and expanding service, think it probably would be nice if sometime we could have a State Office Building. They are almost unanimous in feeling that it should be at or near the Medical Center. They don't feel that we have any business being in the real estate business. They do not want a dues increase. I believe that's about it.

Chairman Owsley: Dr. Challman.

Councilor William B. Challman (1st District): We haven't had any formal meetings. My district was pretty much in favor of having a big building. They at first were quite in favor of having it on the University Campus but they also felt that they didn't want to unduly oppose the Indianapolis Medical Society so they weren't particularly emphatic on that point. I have discussed this building with

them, not as a group but individually, and they feel that they need more information about it—which they do—but that it might be a good thing. They have no objection to being in the real estate business providing it is profitable. They feel that, from what I have told them of this building—now this is not the consensus of all the opinions but I have heard it expressed that some limit should be placed on the amount of space, at least for the present, that the State Society could occupy, say, one floor of this building, for the obvious reason that when offices have a lot of space you tend to fill them and we want to keep down the overhead in the State Office by simply limiting the number of employees you can have by limiting the space. Now, that is not, as I say, the consensus of opinion but it is one thing that has been expressed to me.

Another thing, they felt that perhaps the cafeteria in the basement could be rented or leased on a percentage basis to some organization or some individual and provide meals for everyone in the office and everyone in the neighborhood if they wanted to make a little money on that. Those people down there certainly don't object to making a little bit of money. They don't want a dues increase.

Chairman Owsley: Dr. Jones, I should have called on you for Dr. Everly, rather than Dr. Pandolfo. I didn't notice you. Do you have any further report from the 7th District?

Alternate Charles A. Jones (7th District): We have no official sampling that I know of but we are such a minority group to Indianapolis, I think we have to go along with them. In Johnson County we haven't discussed it very widely except Dr. Murphy, our delegate who attended the meeting a few Sundays ago, is still against it and Dr. Porteus, I think, is for it, to and including the bar in the basement—hasn't changed our thinking on that.

Chairman Owsley: Now, gentlemen, I think some action by this Council should be taken to either continue to study or discontinue it, as is your pleasure, and I will entertain a motion. We have heard everyone's expression here today. There is still a divergence of opinion. Certainly, I think we all recognize that we haven't done a good job from an educational point of view and probably that should be pursued before any definite recommendations are made. But do I hear a motion from any of the councilors to either discontinue this body as a Building Committee, or continue it for further study?

Councilor James P. Vye (10th District): I make a motion we continue this. I don't think you should drop it.

Chairman Owsley: It has been moved by Dr. Vye that the Council continue as a Committee of the Whole as a Building Committee. Is there a second to that motion?

(The motion was seconded by Councilor William B. Challman, 1st District, and Councilor Joseph E. Dudding, 4th District.)

Councilor William B. Challman (1st District): Mr. President, I don't know whether this is the time to discuss it or not, but some time or other we have got to get together and see what this building can actually be got for.

Chairman Owsley: If we decide to continue, then I think we can. You know I have thought so much about this thing, I am going into some discussion here. I don't know how you can get 4,000 doctors together on anything like this, or even a House of Delegates—or even a Council, I might say. Certainly unless there is a crystallization of opinion much more in favor of a Headquarters building and more of a pride in ownership of a Headquarters building than has existed so far, I would be hesitant to make any more recommendations to the House of Delegates until further education has been accomplished. I don't know how other State Associations do this job. Maybe we should find out.

Councilor John M. Paris (3rd District): Are we going to have a Cook's tour and look this thing over before we discuss this?

Chairman Owsley: Oh, yes. Dr. Jones?

Dr. E. S. Jones (Delegate to AMA): I am out of order here.

Chairman Owsley: That's all right. We are glad to hear from you.

Dr. E. S. Jones: I might discuss it as a member of the State Association. Up in our district doctors are moving out of downtown offices into the rural districts, more or less due to the fact that the buildings downtown are having a heck of a time renting their space because of parking space. I just looked at the parking space here and, if you rent any part of this building, the parking space is extremely important to the people you are renting to, and where are you going to find any place for doctors to park if they come into this territory? I don't see it.

The other thing is, I just built a building so I know a little something about the costs which are incurred and so on and so forth, and it seems to me that a few blocks difference in where you are going to have a building, and where you don't have a building, with everybody having automobiles, doesn't make too much difference. It seems to me that around the City of Indianapolis, which is a pretty nice city in some respects, that you ought to be able to find some place with beautiful grounds, with a lot of parking space and so forth. If you are going to put up a building—I have no objection to the State owning the building, don't misunderstand me—but, if you are going to do that, then why don't we look around and find some beautiful place to build it where you have beautiful grounds and plenty of parking space, because, if there is anything important now, it is parking space.

In our territory now they are not letting you build an office building until 50 per cent of your territory is for parking and most of us are putting in two-thirds of the space for parking.



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Chairman Owsley: Thank you, Dr. Jones. One of your remarks has been considered. As far as an outlying area is concerned, that was discussed and there is one stumbling block in Indianapolis which may be or may not be insurmountable. I only mention this because zoning gets to be an important thing. I think everybody is agreed that, if a building is built, it should be in the Indianapolis area, definitely, and zoning is a problem even at the edge of the city sometimes. I just mention that because it isn't easy. It would be nice and desirable, I think, but it is not always as easy to do.

Now, Dr. Glen Ward Lee.

Dr. Glen Ward Lee (Richmond): Guy, I would just like to interject a comment that I have gotten from the men at home and that is this: So far as the majority of them in our County Society, they have nothing to do with the State Organization office, they would have no reason to be going into it. That is, the rank and file members of the Society, they have made the comment, and sitting around the doctors' room discussing it, that perhaps if the building were around the University or on the University grounds, that they might feel that they had more occasion to go in there, that their traffic now to Indianapolis most commonly is out to the University and, if the building were in that area, that they would probably avail themselves of the opportunity to see what goes on in Headquarters and perhaps utilize some of their service. Now they go down to the University to talk to some of the professors or to go to the library and get books, or buy books through the library, or to check up on welfare cases that have been sent in to the University. And so far as Indianapolis is concerned, they have expressed themselves, too, that they wondered whether this feeling that has been brought up wasn't really a reflection of a few members in a vocal position and not necessarily representative of the entire Society. They kind of questioned whether the whole of Marion County would be that much opposed to it.

Chairman Owsley: Thank you. Now we will return to the motion of Dr. Vye that this Council continue to act as a Committee of the Whole and further study the problem of Headquarters Building, and that has been seconded by Dr. Challman. Is there further discussion? Are you ready for the question?

I will ask you to raise your right hand if you

are in favor of Dr. Vye's motion. It is unanimous that we continue the study of the Headquarters Building.

(The meeting adjourned for lunch at 12:30 p.m. and reconvened at 1:30 p.m.)

Chairman Owsley: The Council will be in order. Getting back to the Headquarters' Building, before proceeding with other orders of business, it has been suggested and discussed that possibly the Council as a whole, while it should remain and has been so designated as the Building Committee, might be a little bit too cumbersome to continue the study that obviously is going to have to be made not only on this building but other possibilities, and I think I shall exercise my prerogative as Chairman and appoint a five-man committee. I have in mind appointing a councilor from each corner of the State and one in the central part, so, in the two southern corners, I will appoint Dr. Paris and also make him Chairman of the Committee, and Dr. Challman, Dr. Glock, Dr. Vye, and Dr. Neumann. This committee will continue the study for the Council and bring back any reports. If you feel that there should be a specially-called meeting of the Council, that is your prerogative to ask for it in this situation or to advise the Council of all progress up to and including the House of Delegates meeting this fall. If this committee feels that action should be taken sooner on any item, then it will report back to the Council.

It seems that the more people who get into a thing like this, possibly it is a little more difficult to carry out the wishes of everybody, and maybe this committee will accomplish more than has been accomplished to date, particularly in the educational phase of this problem. How are we going to get the profession informed properly? I think there has been considerable idle talk about lack of information because, if one would read his *Journal*, he would get a lot of information and so, obviously, a lot of people didn't read what has gone before in the *Journal*. But nevertheless, it probably hasn't been done well enough and, if this committee will accept that responsibility, the Council will always stand ready to join you in whatever recommendations you make.

Councilor John M. Paris (3rd District): In other words, Mr. Chairman, you want us to further investigate—

Chairman Owsley: All facets.

Councilor Paris: All facets in this building?

Chairman Owsley: This building or any other real estate location that might be possible outside of the city limits of Indianapolis or within the city limits.

Councilor Paris: Are we going to haggle about price today with the Brennans?

Chairman Owsley: I think that would be a little bit ridiculous unless we just might say it is too high.

Councilor Paris: I think we would vote "aye" to that!

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references:

1. Grieble, H.G., and Jackson, G.G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958.
2. Editorial: *New England J. Med.* 258:48-49, 1958.

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Chairman Owsley: That's one reason I think a committee like this can sit down possibly and discuss that better than the Council as a whole.

Councilor William B. Challman (1st District): Are we authorized to do that?

Chairman Owsley: You are authorized to do anything you want to do except buy something.

Councilor Challman: Except buy a building?

Chairman Owsley: You are authorized to do anything you care to do except buy something! Seriously, with this committee I feel a lot more will be accomplished. So far there has been something lacking and maybe this might be part of the solution to better progress.

2. *Blue Shield liaison with State Medical Association.* a. Dr. William Harry Howard, president of Blue Shield, spoke of the problems of Blue Shield and Blue Cross and asked for help in getting these two groups a little closer together. "We are doing all right, but we need your continued support to make the thing run. If we administer Blue Shield wisely, it may be all we need to maintain our professional independence, but to make this thing work, we have to be willing to give some as well as to receive. Many of us feel that the Blue Shield movement is the answer to the economic problems of the practice of medicine. We also feel that the time has come to stop quibbling about minor changes in fee schedules and stand behind it in its major decisions and not for selfish gain, but to share with the public a mutual service and benefits.

"The reason I am actually here is to get some constructive criticism, to make Blue Shield attractive enough to the public that the demand for government encroachment will be obliterated. But we have to make this attractive enough without raising our fee schedules or our premiums so high that we can't sell it. We just want to say that we are trying to run this the way you men want it run."

At this time the matter of false claims made by an Indiana physician was discussed, and upon motion of Drs. Challman and Paris, the secretary of the State Medical Association was instructed to write the secretary of the County Medical Society involved and formally ask that the county medical society give all assistance possible to Blue Shield in the prosecution of this case.

b. Dr. Challman, chairman of the Liaison Committee between the Council and Blue Shield, reported that he and his committee had met with the Blue Shield Council and its Executive Committee on Sunday, July 13, and as a result of discussion at that meeting, it was moved that a joint meeting between the Blue Cross and Blue Shield Executive Committee be requested by the Liaison Committee of the State Medical Association to consider mutual problems affecting both Blue Cross and Blue Shield, as well as the hospitals and the medical profession. Tentative date for this meeting was set for Sept. 7, 1958. Suggested subjects to be discussed at this meeting are: (1) the employment of a fulltime med-

ical director for Blue Cross and Blue Shield, and (2) the mounting cost of hospitalization to Blue Cross.

3. *District nominations for membership on the Board of Directors of Blue Shield*, as follows, were approved by the Council:

For three-year term beginning March, 1958:

Seventh District—Glen V. Ryan, Indianapolis — motion of Dr. Charles A. Jones, duly seconded.

For three-year term beginning March, 1959:

Fifth District—Hubert T. Goodman, Terre Haute—motion of Dr. Webster, duly seconded.

Eighth District—E. H. Clauser, Muncie—motion of Drs. Owsley and Ross.

Ninth District—R. R. Calvert, Lafayette —motion of Drs. Neumann and Ross.

4. *Election of Editorial Board members.* On motion of Drs. Ross and Larson, Dr. Jene Bennett, South Bend (pathology) was elected, and Dr. Harold D. Lynch, Evansville (pediatrics), was re-elected, members of the Editorial Board for three years.

5. *Student Loan Fund.* Dr. Ross, chairman of the Student Loan Committee, reported a balance of \$515.27 in the Student Loan Fund, with eight applications pending at the present time, for a total of \$4,000.00. As soon as processing details are completed, another \$500.00 loan will be granted, leaving a balance of \$15.27 in the Fund.

Dr. Ross read the resolution passed by the House of Delegates in 1956, which set up a Student Loan Fund of \$10,000.00. In May, 1957, on recommendation of the Executive and Budget Committees, and on authorization of the Council, an additional \$5,000.00 was transferred from the General Fund to the Student Loan Fund, making a total of \$15,000.00 in the Fund.

With a balance of \$15.27, it is now necessary to write each applicant and tell him that no further funds are available as of this time and that his application will be placed on file and considered if and when funds become available.

On motion of Drs. Glock and Vye, the Council voted to refer this matter of the Student Loan Fund to the House of Delegates at the October meeting, with the recommendation that additional funds be allocated to this Fund.

6. *Nomination of director for Indiana State Chamber of Commerce.* On motion of Drs. Paris and Challman, the name of Dr. Don Wood, Indianapolis, is to be submitted to the Indiana State Chamber of Commerce for consideration as a director of the Indiana State Chamber of Commerce for a two-year term.

7. *Medical Care for Military Dependents.* Mr. Waggener reported that word had been received that the government will probably restore all the cuts to the Medicare Funds. Some additional restrictions may be put on people who are living on

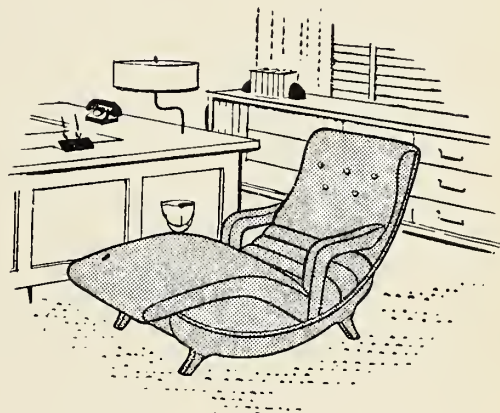


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military installations, requiring their use of hospital facilities on the installation. . . . The bank account was frozen on June 30th, the end of the fiscal year, but additional funds will be available so payments may be made again, starting sometime around the first of August.

8. *Brain Research Foundation.* The secretary read a full report from the alternate councilor of the Tenth District, in which district a chapter of the Brain Research Foundation has been formed. The Council directed that this matter be referred to the local county medical society concerned, for the handling of any irregularities that may occur in that area in reference to this foundation.

1958 Annual Convention, Indianapolis

October 13, 14 and 15, 1958

The secretary reported on the scientific and entertainment programs for the annual convention. The complete program will be carried in the September issue of the *Journal*.

LEGISLATIVE MATTERS

Washington trip, April 29, 1958. In the absence of Dr. Don Wood, chairman of the Commission on Legislation, the secretary reported that the President, President-elect, chairman of the Council, chairman of the Legislative Commission, and he had had a very successful meeting in Washington with the Indiana delegation in Congress, and also with the United States Chamber of Commerce and the Indiana State Chamber of Commerce.

NEW BUSINESS

1. *Matters referred to Council by Executive Committee:*

a. *Bill to eliminate ability of hospitals and hospital staffs to regulate or control right of a licensed physician to practice medicine.* Following discussion by Drs. Clauser, chairman of the Executive Committee, Vye, Glock, Paris, and Mr. Stump, the chairman appointed a committee to "study the bill, with the help of legal counsel, between now and the Executive Committee meeting in September, so that the Council may make some recommendation to the House of Delegates." Membership of this committee is as follows: M. C. Topping, president, chairman; Maurice E. Glock, Robert K. Webster, Harry P. Ross, and Kenneth L. Olson, president-elect, ex-officio.

"This committee will report to the Executive Committee, which will meet on Sept. 3, 1958, and, whatever recommendation is made, the Executive Committee will prepare a resolution to be presented to the House of Delegates."

b. *Breakfast meetings of Council during annual convention.* The recommendation of the Executive Committee that the Council members meet each morning during the annual convention for breakfast was approved on motion of Drs. Ross and Larson.

c. *Incentive for attendance at scientific meetings during annual convention.* By consent, the executive secretary is to handle this matter.

d. *Request for additional \$1,000 by Commission*

on Convention Arrangements. On motion of Drs. Glock and Paris, the Council recommended to the Convention Arrangements Committee that the price of the stag party tickets be raised \$1.00 to cover any deficit that might be incurred by the committee, and if this does not take care of any existing deficit, the State Association will make it up.

2. *Letter from Dr. A. G. Blazey, Washington,* was read by the executive secretary, but no action was taken.

3. *1959 Science Fair.* Dr. Harry Pandolfo, chairman, Commission on Public Information, reported fully on the National Science Fair participation of the Indiana State Medical Association in the past, and made the following recommendations:

That we participate, as in the past, paying transportation costs of the winners of each Regional Fair in Indiana, to the National Science Fair in Hartford, Conn., in 1959, this to include also the transportation for an escort for each participant as in the past.

The decision to participate in the 1959 Fair should be made before the end of 1958 so that the Indiana State Medical Association may be listed as a co-sponsor of each Regional Fair and receive adequate credit for their participation, which we have not received to date.

The second recommendation is that a larger number of members of the Indiana State Medical Association, possibly six or eight, be sent to Hartford, Conn., so that these persons may help in planning the Indiana State Medical Association participation in the 1960 Fair here in Indianapolis. These persons could be selected by that person who is elected president of the State Association for 1960 at our next Annual Meeting.

The third is to discontinue the policy of inviting two exhibitors to our State Meeting, because of inappropriate timing of our meeting, and, in lieu thereof, each County Society where a Regional Fair is held should be urged to invite Regional Fair winners to a Medical Society Meeting in the interval between the National Science Fair and the Regional Science Fair. The program might be planned with a special appeal to youngsters in general, as we did here in Indianapolis. When we had the two Regional Fair winners, our program was on space physiology and it was a program which these youngsters knew more about than we did.

Thank you, and those are the recommendations of our committee. (Applause.)

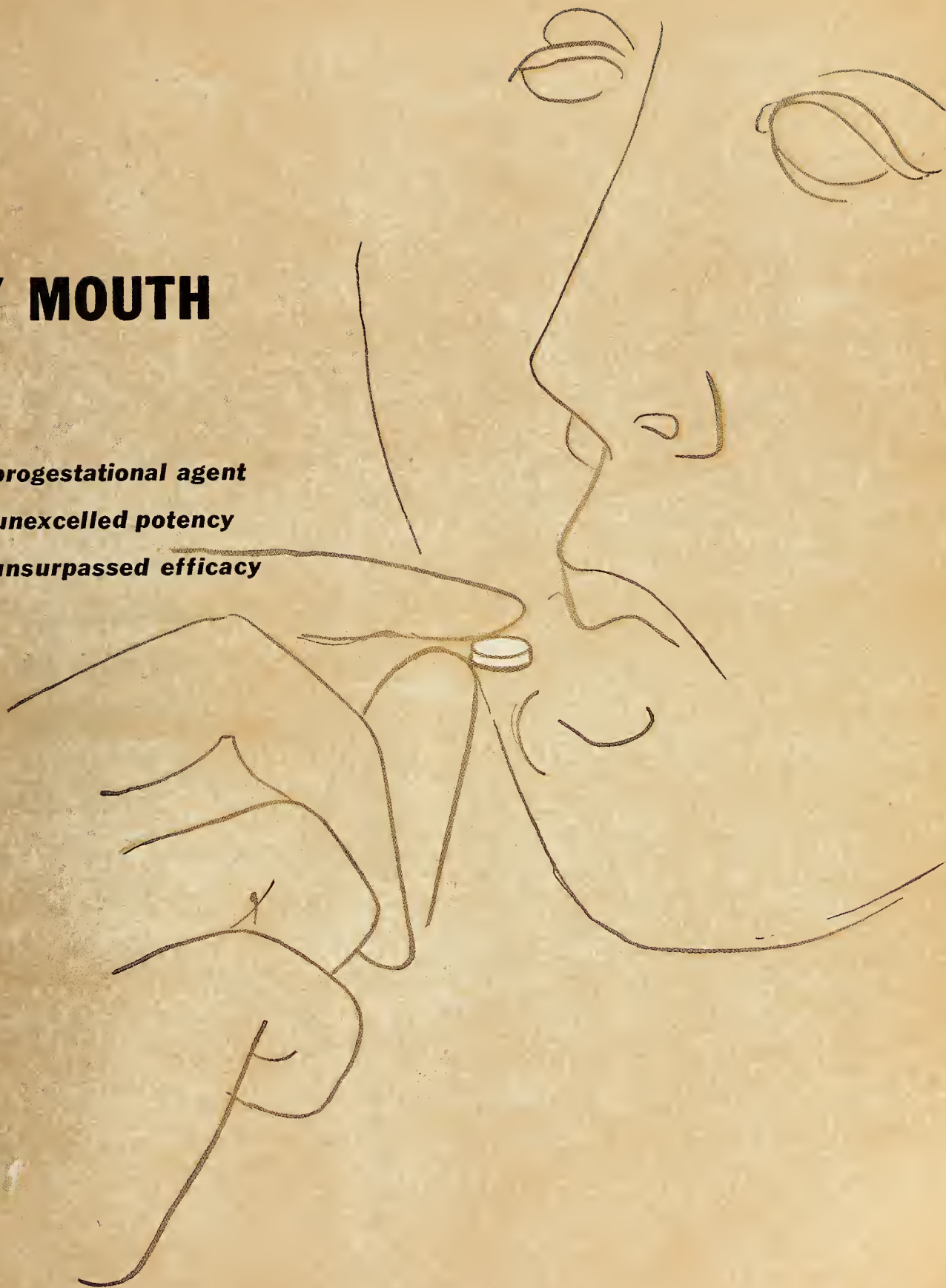
Following discussion by Drs. Glock, Pandolfo, Neumann, Olson and Larson, on motion of Drs. Paris and Ross the Council approved the above recommendation.

4. *Cornell Automotive Crash Injury Program.* On motion of Dr. Dudding, seconded by several, the Council approved releasing information in this program to the automotive manufacturers.

No further business appearing, the Council adjourned to meet again at 3:00 p.m., Sunday, Oct. 12, 1958, in the Harrison Room, Columbia Club, Indianapolis.

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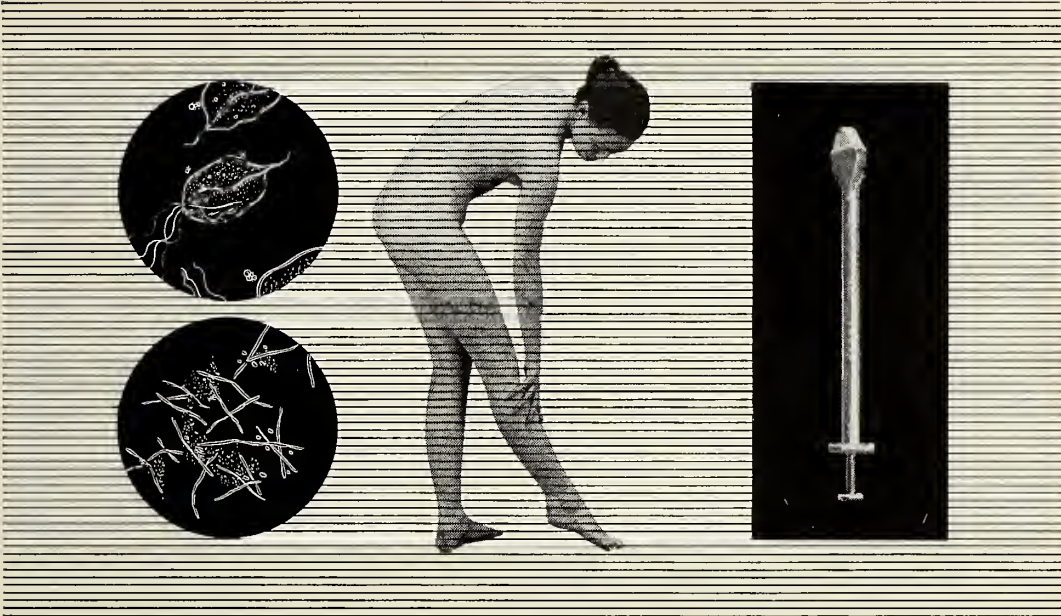
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1. Davis, C. H.: Trichomonas Vaginalis Infections: A Clinical and Experimental Study, J.A.M.A. 157:126 (Jan. 8) 1955.

2. Pitt, M. B.: Leukorrhea, Causes and Management, J.M.A. Alabama 25:182 (Feb.) 1956.

3. Lang, W. R.: Recent Advances in Vaginitis, Philadelphia Med. 51:1494 (June 15) 1956.

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9, April 1956. 179. Friedman, A. P.: The treatment of chronic headache with mepro-
 Use of tranquilizers in the treatment of headache. Am. Pract. & Digest Treat. 8:94,
 .M.A. 163:1111, March 30, 1957. 182. Friedman, H. T. and Marmelzat, W. L.: Adverse
 robamate [Miltown]- a clinical study. Am. J. Psychiat. In press, 1957. 184. Gibbs,
 Relaxant effects of meprobamate in disabilities resulting from musculoskeletal and
 453, July 1956. 186. Gillette, H. E.: The effect of meprobamate on cerebral palsy.
 ers and purpura hemorrhagica (Correspondence). J.A.M.A. 161:96, May 5, 1956. 188.
 An evaluation of meprobamate in the treatment of alcoholism. Ann. New York Acad. Sc.
 "Habit-forming" individuals (Queries and Minor Notes). J.A.M.A. 163:515, Feb. 9,
 e. Ohio M. J. 52:1306, Dec. 1956. 192. Hollister, L. E., Elkins, H., Hiler, E. C.
 ad. Sc. 67:789, May 9, 1957. 193. Hollister, L. E., Stannard, A. N. and Drake, C. F.:
 194. Hollenbek, J. E., Thomas, O. G. and Sarr, J.: Tonic reaction to 2-methyl-
 95. Karlish, J. F.: Allergic reaction due to meprobamate (Correspondence). Canad.
 robamate (Miltown) in surgery of eye, ear, nose and throat. Eye, Ear, Nose & Throat.
 tranquilizer, meprobamate -- its use for pain associated with cancer, preliminary
 obamate (Correspondence). J.A.M.A. 161:644, June 16, 1956. 197. Kugelmass, I. N.:
 . P. Clin. 165:223, Jan. 1956. 200. Kuchner, T. A.: Therapeutic addition (Correspond-
 obamate in postoperative surgical care. Ann. New York Acad. Sc. 67:811, May 9, 1957.
 J. Chronic Dis. 11:12, Feb. 1956. 203. Lemere, F.: Habit-forming drugs. North-
). J.A.M.A. 160:1431, April 21, 1956. 205. Lemere, F.: Habit-forming properties of
 56. 206. Lemere, F.: Promazine (Sparine) in the treatment of psychiatric disorders.
 A. Arch. Derm. & Syph. 74:437, March 1957. 207. LeVan, N. E. and LeVan, C. F.: Un-
 LeVan, P. and Wright, E. T.: Use of tranquilizers in diseases of the skin -- A
 Clinical evaluation of meprobamate in disturbed and prepsychotic children. Ann. New
 .: Ineffectiveness of Dianox in the treatment of childhood epilepsy. Pediatrics 17:
 in treatment. Southwestern Med. 37:428, July 1956. 213. McGee, R. A.: Drug reaction
 town in the treatment of chronically ill psychiatric outpatients. Pennsylvania M. J.
 ychiatric Clin. 6:1, March 1956. 218. April 1956. 219. Osinski, W. A., Boyd,
 blication, 1956. 217. Osinski, W. A.: Treatment of anxiety states with meprobamate
 Osinski, W. A.: Treatment of anxiety states with meprobamate. Ann. New York Acad.
 spondence). J.A.M.A. 163:480, Feb. 9, 1957. 220. Felner, L.: Meprobamate (Correspond-
 of six ataraxics in neuropsychiatric patients. Read at the American Psychosomatic
 robamate, tranquilizing drug with muscle relaxant properties in the treatment of
 1957, pp. 125-131. 223. Harding, V. M.: Comparative study of six ataraxics in
 en, V. M.: A two-year comparative study of ataraxics in neuropsychiatric patients. J.
 n (meprobamate) with psychotic patients. Am. J. Psychiat. 114:257, Sept. 1957. 226.
 7. 227. Persinger, V. M.: Addition to meprobamate mentioned (Correspondence). North-
 in convulsive and related disorders. Canad. J. Neurol. 4:120, July 1957. 227. Pevey, J.
 with phenothiazine, meprobamate, and a sedative. J. Pharmacol. & Therap. 1957. 228.
 (Miltown) for the treatment of emotional disorders. Am. Pract. & Digest Treat. 7:1573,
 tion. North. 5:4, Jan. 1957. 229. Rushia, E. L.: Meprobamate in anx-
 1956. 233. Rushia, E. L.: Preliminary report on the use of meprobamate for pre-anes-
 S. B.: The effects of ward tension on the quality and quantity of tranquilizer uti-
 The value of muscle relaxants in disorders of muscle tone. Ann. New York Acad. Sc.
 Hypotensive mode following treatment with meprobamate (Correspondence). Lancet 2:
 g drug: use of meprobamate (Miltown) in the treatment of anxiety states. J.A.M.A.
 new tranquilizer. J. Clin. & Exper. Psychopath. 7:1, March 1956. 239. Sen-
 ode Island M. J. 4:9, Dec. 1956. 240. Shuman, A. W. and Shuman, S. Three cases
 O.: 'Mood therapy' in the treatment of manic-depressive psychosis. M. Times
 P.: Meprobamate (Miltown) in rheumatic diseases. J.A.M.A. 163:107, Feb. 16, 1957.
 spasm due to meprobamate (Miltown) in rheumatic diseases. J.A.M.A. 163:107, Feb. 16, 1957.
 iatrics Soc. 5:152, Feb. 1957. 245. Smith, R. T.: The newer drugs in the treat-
 adelphia, March, 1957, pp. 353-358. 246. Sokoloff, O. J.: Meprobamate (Miltown) as
 , Oct. 1956. 247. Steffen, C. G., Chervin, M. and Van Vranken, B.: Reaction follow-
 Stewart, R. H.: The use of tranquilizing drugs in gynecology. West. J. Surg. 64:
 land J. Med. 256:354, Feb. 21, 1957. 250. Thal, N.: Premedication for electroshock
 7:52, Feb. 1956. 251. Thimann, J.: Newer drugs in the treatment of acute alcoholism
 ng, Atlanta, Georgia, Dec. 28, 1955. 252. Thimann, J. and Gauthier, J. W.: Miltown
 17:19, March 1956. 253. Tucker, W. I.: The place of Miltown in general practice.
 l evaluation of meprobamate therapy in a chronic schizophrenic population. Am. J.
 . Surg., Gynec. & Obst. 104:233, Feb. 1957. 256. Turvey, S. E. C.: Meprobamate for
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 cas (The new ataractic drugs). Prensa méd. argent. 43:2667, Aug. 31, 1956. 259. Wein-

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Acute conditions: Two or three tablets four times daily. After
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METICORTEN® (prednisone)	0.75 mg.
Acetylsalicylic acid	325 mg.
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References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—When the Congress that is elected in November goes to work next January 7 it will have before it a half dozen important health-medical issues that the last Congress took some interest in but didn't resolve. They include hospitalization under social security, tax-deferment on annuities, loans and mortgage guarantees for hospitals and nursing homes, aid to medical schools and amendment of Veterans Administration's hospitalization procedures.

The issue of hospitalization under social security—the Forand bill principle—will come into the spotlight shortly after the new session starts. Under instructions from the House Ways and Means Committee, the Department of Health, Education, and Welfare will complete a study on the problems of financing hospital care for the aged before next February 1. Some study of medical costs may also be included.

Decision to move ahead with a study of medical care costs for the aged was reached by the committee at the same time it excluded the Forand idea from the social security bill enacted during the summer. HEW was told to pay particular attention to the possibility of increasing OASI taxes, and with the money purchasing health insurance (nonprofit or commercial) to take effect upon retirement or disability. This would differ from the Forand plan in that health care would be financed through insurance and not paid for directly by the Federal government.

The Keogh bill to allow doctors and other self-employed to defer income taxes on money put into retirement funds passed the House with very little opposition, but encountered difficulty in the Senate. It was defeated there in the closing days and under unusual circumstances. Policy committees of both parties decided to oppose the bill as too costly and the vote came in the course of a complicated legislative maneu-

ver that could not be used as a test of whether individual Senators favored or opposed the bill itself.

Keogh bill sponsors, however, are encouraged that 32 Senators resisted official party instructions and stayed with the pension plan. They are confident that next year under more favorable legislative circumstances the measure will clear the Senate.

An effort was made late in the session to authorize grants to medical schools for building and equipping teaching as well as research facilities. The bill extending the research grants program also would have allowed use of the grants for "multi-purpose" structures (teaching and research) if emphasis were on research. However, for fear this change would hold up the simple extension bill, it was dropped off before the bill reached the House floor. Sponsors of aid to medical education will be back next year and campaign on this issue alone.

Legislation for U. S. guarantee of nursing home mortgages, strongly supported by the American Medical Association, fell by the wayside in the House during the closing hours of the session after having cleared the Senate with no trouble whatever. This also will be pushed next year and may have a better chance of passage because of the growing emphasis on need for solving the problems of the aged.

Far too late for passage, Chairman Olin Teague's House Veterans Affairs Committee reported out a bill that would make a number of changes in VA hospitalization procedures, liberalizing some and tightening up on others. The bill also would require VA to open 5,000 beds over which Mr. Teague and VA Administrator Whittier have been squabbling for months, the latter maintaining that the beds aren't needed.

Continued on Page 1352



Safe, too:

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BONADOXIN DOESN'T STOP THE PATIENT!

**Now
available in tablet or drop form.**

Dosage: usually one tablet or one tsp. (5 cc.) at bedtime. Severe cases may require another dose on arising.

Supplied: tiny pink-and-blue tablets, bottles of 25 and 100. Bonadoxin Drops in 30 cc. dropper bottles.

Each tiny pink-and-blue Bonadoxin tablet contains:

Meclizine HCl (25 mg.)
...for symptomatic relief
Pyridoxine HCl (50 mg.)
...for metabolic action and prompt
antinauseant effect.

Infant colic?

Non-narcotic Bonadoxin Drops stop colic in about 85% of cases.

Each cc. contains:

Meclizine Dihydrochloride... 8.33 mg.
Pyridoxine Hydrochloride... 16.67 mg.

Dosage:

under 6 months	0.5 cc.	← 2 or 3 times daily, on the tongue, in fruit juice or water
6 months to 2 years	1.5 to 2 cc.	
2 to 6 years	3 cc.	
adults and children over 6 years	1 teaspoon (5 cc.)	

Supplied:

fruit-flavored, clear green syrup in 30 cc. dropper bottles.

References: 1. *Drugs of Choice* 1958-1959, St. Louis, C. V. Mosby Company, 1958, p. 347.
2. Goldsmith, J. W.: *Minnesota Med.* 40:99 (Feb.) 1957.



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LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY,
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Month in Washington

Continued from Page 1348

That issue still is unresolved, inasmuch as the bill didn't pass.

Congress did roll out a sizeable list of medical-health laws. It ordered the calling of a 1961 White House Conference on the Aging, gave Food and Drug Administration authority to enforce its pre-testing standards on foods to which chemicals and other substances have been added, authorized loans as well as grants under the Hill-Burton program, authorized grants for the country's schools of public health and for civil defense purposes, raised military and VA physicians' pay, and required labor and management health and welfare plans to make reports and open up their books for inspection by members.

American Medical Association was able to persuade the Department of Defense and the administration to retain the post of Assistant Secretary (health and medical) in the reorganization of the department. In legislation passed by Congress to bring about the reorganization, one of the assistant secretary posts would have been eliminated and the medical assistant was marked for down-grading. However, Secretary McElroy eventually announced that the position would be continued.

Even before Congress adjourned, it was clear that trouble was in sight for Medicare because of inadequate appropriations and instructions from Congress not to exceed the appropriation. To keep within the limitation, if possible, Defense Department was channelling many thousands of service families to military facilities, and at the same time limiting the scope of care permitted in civilian facilities.

Two Instead of One

Separation of the department of biochemistry and pharmacology of the Indiana University School of Medicine into two departments has been approved by the University's board of trustees.

The department of biochemistry is to be headed by Dr. George E. Bowman. The ranking member of the department of pharmacology is Dr. Harold R. Hulpieu, professor of pharmacology.

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*A review of the latest concepts and
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This new book contains the most up-to-date bibliography of current research on: 1. The origin and behavior of cholesterol in the human body; 2. The effect of different dietary fats on serum cholesterol levels; 3. The nature of the active components in vegetable oils; and 4. Suggestions for practical diets.

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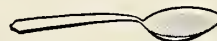
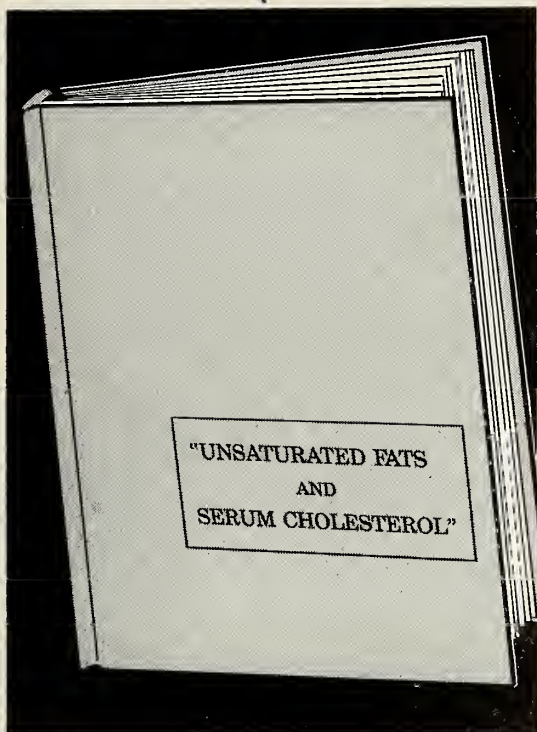
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Provides approximately:

LINOLEIC ACID	7.4 Gm.
Sitosterols	130.0 mg.
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Weight	14 Gm.
Calories	126
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TYPICAL AMOUNTS PER DIET

For a 3600 calorie diet	3 Tbsp.
For a 3000 calorie diet	2.5 Tbsp.
For a 2000 calorie diet	1.5 Tbsp.

The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Pace of Medicine

Are developments in the field of medical science coming too fast for the men who are expected to put them to use?

At least there seems to be a feeling of frustration among many of the nation's 240,000 physicians who are faced with trying to keep abreast of new drugs at the rate of 400 a year as well as with some of the 6,000 medical journals and listen to a representative number of the 20,000 salesmen spreading the word of what's new to the MDs in America. That, by the way, is a side of the medical profession that few laymen ever glimpse, much less think about.

A report in the *Wall Street Journal* depicts medical men as reluctant to admit that they are falling behind, but willing to tell about cases of needless surgery and unnecessarily long treatment because their colleagues had not kept abreast of developments in their profession.

One member of a team of five doctors said the literature flowing into their offices had become so heavy that one man was assigned to digest it and report worthwhile information to the others in weekly conferences.

Another revealed he had arbitrarily set aside as much as two hours a day for professional reading at an estimated loss of \$2,000 a year in fees so that in fairness to his patients he could keep abreast of medicine's progress.

An indication of the speed with which modern medicine is changing is to be found in the estimate that advances that once were useful for an average of five years now are "lucky to be good a year."

The most harassed figure in the picture is the general practitioner who is expected to cope with all manners of aches and ailments. One doctor commented that the best GP today is "the one who knows what kind of specialist to send his patients to."

Medicine, of course, cannot stand still even if medical men find it difficult to keep pace. It will keep on moving forward. But what about laymen who argue that the need is for the return of the family doctor of another day, the all-wise counsellor who had all medicine at his finger tips and in his little black bag?

—*Terre Haute Star*

Rule of the Road

Driving a few miles through heavy traffic is often enough to sour a man on the human race. It begins to seem that everyone becomes thoughtless, impolite, careless and downright belligerent when he gets behind the wheel.

But every now and then something happens that changes the whole picture. A driver holds back at an intersection to let two or three cars come through the other way. A man idling along enjoying the scenery notices a lineup of cars behind him and steps on it a bit because he knows they want to move faster. Someone anxious to pull out of a parking space waves gratefully to the considerate fellow who waited.

It doesn't happen often enough. But it does happen. The Golden Rule does a first-rate job as a basic rule of the road.

Kokomo Tribune

No Fear of Mankind's Doom

The United Nations report on radiation hazards to world health will increase pressure on the United States to cease making nuclear tests. Russia on March 31 said she was halting tests.

It should, however, be understood that the U. N. report did not substantiate the fears of some that continued bomb tests would doom mankind. There is no indication that nuclear test explosions would poison the human race in the manner described in the fiction story of Nevil Shute, "On the Beach."

Dr. Edward Lawrence Powers, associate director of the division of biological and medical

Continued

Comments by investigators on

Robaxin®

(Methocarbamol Robins, U.S. Pat. No. 2770649)

Robins



—the remarkably efficient skeletal muscle relaxant, unique in chemical formulation, and outstanding for sustained action and relative freedom from adverse side effects.

PUBLISHED REFERENCES: 1. Carpenter, E. B.: Southern Medical Journal 51:627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Little, J. M., and Truitt, E. B., Jr.: J. Pharm. & Exper. Therap. 119:161, 1957. 4. Morgan, A. M., Truitt, E. B., Jr., and Little, J. M.: J. Am. Pharm. Assn., Sci. Ed. 46:374, 1957. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Truitt, E. B., Jr., and Patterson, R. B., Proc. Soc. Exper. Bio. & Med. 95:422, 1957. 8. Truitt, E. B., Jr., Patterson, R. B., Morgan, A. M., and Little, J. M.: J. Pharm. & Exper. Therap. 119:189, 1957.

Supply: Tablets (white, scored), 0.5 Gm., bottles of 50 and 500.

A. H. ROBINS CO., INC., Richmond 20, Va.

Ethical Pharmaceuticals of Merit since 1878

Summary of four new published clinical studies:

Robaxin Beneficial in 95.6% of Cases of Acute Skeletal Muscle Spasm^{1, 2, 3, 6}

CONDITION	NO. PATIENTS	RESPONSE			
		"marked"	moderate	slight	none
STUDY 1¹					
Skeletal muscle spasm secondary to acute trauma	33	26	6	1	—
STUDY 2²		"pronounced"			
Herniated disc	39	25	13	—	1
Ligamentous strains	8	4	4	—	—
Torticollis	3	3	—	—	—
Whiplash injury	3	2	1	—	—
Contusions, fractures, and muscle soreness due to accidents	5	3	2	—	—
STUDY 3⁵		"excellent"			
Herniated disc	8	6	2	—	—
Acute fibromyositis	8	8	—	—	—
Torticollis	1	—	—	1	—
STUDY 4⁶		"significant"			
Pyramidal tract and acute myalgic disorders	30	27	—	2	1
TOTALS	138	104	28	4	2
		(75.3%)	(20.3%)		

THE JOURNAL

American Medical Association

"In the author's clinical experience, methocarbamol has afforded greater relief of muscle spasm and pain for a longer period of time without undesirable side effects or toxic reactions than any other commonly used relaxants . . ."²

THE JOURNAL

American Medical Association

"An excellent result, following methocarbamol administration, was obtained in all patients with acute skeletal muscle spasm."⁵

THE JOURNAL

American Medical Association

"In no instance was there any significant reduction in voluntary strength or intensity of simple reflexes."⁶

Southern Medical Journal

"This study has demonstrated that methocarbamol (Robaxin) is a superior skeletal muscle relaxant in acute orthopedic conditions."¹

Fourth Estate

Continued

research at Argonne National Laboratory, says, "I would say that people have little reason to be alarmed."

The two-year study by scientists of 15 nations found that the radio-active fallout from nuclear tests adds a small amount to the everpresent "natural" radiation from cosmic rays and to the radiation that some areas are subjected to from X-rays and industrial procedures.

But, the committee said, even the addition of a small amount ought to be avoided because it can have deleterious genetic effects that might lower the intelligence of yet unborn children and might increase the incidence of bone cancer and leukemia.

For example, medical X-rays cause an average person to absorb, in 30 years, 16 to 166 per cent more radiation in the reproductive glands than would be received from natural causes. Fallout would add only .3 per cent.

The U. S. Atomic Energy Commission takes the somewhat scientifically cold viewpoint that "as is the case with every technological advance, man must learn to live with new risks even as he accepts new benefits conferred upon him." If the world is to make use of atomic energy for peaceful purposes it must learn to control radiation hazards, as it controls X-ray hazards. And with regard to nuclear bombs, some civilized form of inspection and control is needed to prevent cheating on a pledge to eliminate them.

Nevertheless, civilized men will not want to imperil unborn individual children, much less entire future generations, and it's likely that the benefit of the doubt will be given them and bomb tests will be suspended. The United States has indicated it will suspend tests after the current Eniwetok series. This would give the scientists time for the further study they say they need.

—*Chicago Sun-Times*

Better Flue Preparedness

The frightening aspects of an outbreak of Asian flu in the United States last fall were blunted to a considerable degree by the knowledge that medical science had developed vaccines that were 60 to 75 per cent effective.

The swiftness with which the vaccines were

Promoting Health

The *Journal* of the American Medical Association recently published a report that businessmen who are promoted do not ordinarily contract heart ailments by taking on more work.

Well, frankly, we never felt that men who get promoted have any reason to feel sick about it. But we wonder if the good doctors examined any of the men who were passed over.

—*Wall Street Journal*

brought into use against the "Asian" variety of flu was an outstanding achievement in the field of preventive medicine. It created new respects for medical scientists.

Many lives probably were saved. In numerous instances, no doubt, the severity of the attack was lessened and the period of illness reduced.

Now, in the wake of a new outbreak of Asian flu in Hong Kong, where it began its world-wide spread last year, apparently there is even less cause for undue anxiety if the disease again hits the United States.

Dr. Alexander Langmuir, of the United States Public Health Service, was reassuring when he told the American Hospital Assn. convention in Chicago the other day that pharmaceutical houses are working on what are intended to be more potent influenza vaccines.

The U. S., it appears, will not be caught without defenses even momentarily. The USPHS International Influenza Center for the Americans at Montgomery, Ala., is watching the situation.

It was through the alertness of this agency and effective cooperation that the vaccines were developed last year to meet the threat. The vaccines were improved from time to time and the public was kept alerted to the danger.

The constantly improving techniques of preparedness, coupled with the ability to warn the public of impending danger, are paying off in preventive medicine.

Danger warnings are less frightening when the public is aware that it is not helpless, as is the case when vaccines are available.

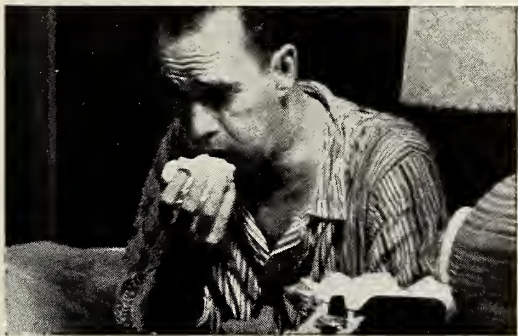
With scientists on the alert at the International Influenza Center, Americans will be amply warned if another round of Asian flu appears

Pyribenzamine® EXPECTORANT breaks up cough

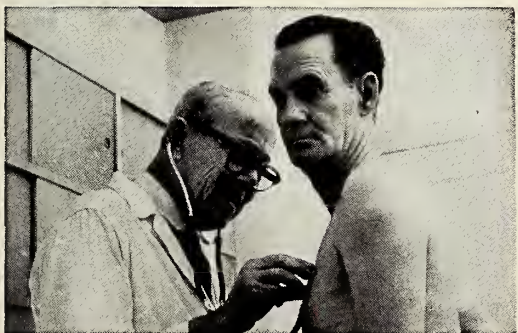
even persistent cough



Patient, factory worker, age 43, had suffered for months with persistent, dry cough, which he termed "smoker's hack."



Cough frequently interrupted his sleep, causing him to be nervous, irritable; his job efficiency was impaired.



Chest X-ray was negative and the plant physician prescribed PYRIBENZAMINE EXPECTORANT with Ephedrine. Patient noticed almost immediate relief—a week later felt "considerably better."

Pyribenzamine Expectorant with Ephedrine provides a unique combination of antitussive agents, which work three ways at once to break up the persistent cough: *Pyribenzamine* relieves histamine-induced congestion throughout the respiratory tract; *ephedrine* relaxes the bronchioles and makes breathing easier; *ammonium chloride* liquefies mucus, relieving dry cough and promoting productive expectoration.

Supplied: Pyribenzamine Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon.

Also available: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula as above with the addition of 8 mg. codeine phosphate per 4-ml. teaspoon (exempt narcotic).

Pyribenzamine® citrate (tripelennamine citrate CIBA)

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C I B A
SUMMIT, N. J.

Fourth Estate

Continued

imminent. And with other scientists working on still better vaccines there is much to be thankful for.

—*South Bend Tribune*

20-Year Cost of Living Rise Reaches 105%

FOOD 151% HIGHER: HOSPITAL TRIPLED

Washington, July 24 (AP)—Living costs have gone up an average 105 per cent in the 20 years since 1938, years that included World War II and the Korean war.

That means that on the average, you must pay \$2.05 today for something you could have bought for a dollar back in 1938, when Adolf Hitler was poised for his blitz of Europe.

A bit of analysis into what's happened seemed in order after the government released its latest living cost index Wednesday. It showed a rise from May to June of nearly one-tenth of one per cent. It was the 20th living cost record set in the last 22 months.

Some Up Much More

Government experts provided figures on request showing the story of those 20 years, two decades, broken down into five-year periods.

Their data shows that from 1938 to 1943 consumer costs rose 23 per cent; from 1943 to 1948, 39 per cent; from 1948 to 1953, 11 per cent, and from 1953 to 1958, with President Eisenhower in the White House, 8 per cent.

While the over-all living cost level soared 105 per cent in those 20 years, some individual family budget items didn't go up that much and others advanced much more.

For example, the cost of gas and electricity rose a little over 11 per cent, while coal and fuel oil jumped 129 per cent.

Baby Shoes Up 171 Per Cent

In the 1938-58 span the cost of a pair of baby shoes rose 171 per cent, a new car 125 per cent, rent 60 per cent, and food—the main drain on the family budget—a whopping 151 per cent.

Hospital costs eclipsed almost everything else, rising nearly 300 per cent, doctor fees increased 84 per cent, men's haircuts 206 per cent, gasoline 69 per cent, household appliances 33 per cent, newspapers 124 per cent, and movie admissions 120 per cent.

Oddly enough, costs of men's clothes in those two decades rose 110 per cent, but women's clothes climbed only 78 per cent.

Hospital Costs Climb

Now turn to the past five years under Mr. Eisenhower, in which living costs have risen 8 per cent. This again is a composite of many different changes.

For example, in the 1953-58 period food has increased 7.8 per cent, housing 8.6, rents 11, gas and electricity 9.7, coal and fuel oil 6.3, and clothing 1.8 per cent. Hospital costs rose 33 per cent, hospitalization insurance the same, shoes 12.7, haircuts 23.1, movies 25, and newspapers 20 per cent.

But in the past five years there were substantial price declines, too. Appliances, probably due to price discounts, declined 15 per cent, including TV sets 6 per cent, radios 10 per cent, refrigerators 33 per cent, and vacuum cleaners 23 per cent.

A pair of women's nylons now costs 13 per cent less than five years ago, men's pajamas 1 per cent less, bed sheets 8.3 per cent less, and used cars 12.6 per cent less.

—*Chicago Daily Tribune*

Ignoring Polio Protection

The other day one of the major drug companies announced it was halting the production of polio vaccine. The reason? The tremendous surplus of unused Salk shots that has piled up.

Remember how it was in the days before Dr. Jonas Salk had developed his remarkable vaccine?

When epidemics of polio struck, mothers up and down the land were frantic with pleas for help from the community. They marched on city halls. They begged for gamma globulin, the only thing then available, and not a preventive but a treatment to ease the ravaging effects of the disease.

The Salk discovery was hailed as one of the great milestones of the century in medicine. At

Continued

ARTHRITIS... OR GOUT?



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GOUT—THE DIAGNOSTIC PROBLEM

Clinical "curiosity" rather than clinical "instinct" is the key to accurate diagnosis of gout. Visible manifestations may not appear until late in the course of the disease. Moreover, the patient's description of the pain and the site of the pain may not differ markedly from other articular disorders.

THE FOLLOWING FINDINGS ARE HIGHLY INDICATIVE OF GOUT: (1) *Tophaceous deposits* resulting in irregular, asymmetrical deformity of joints; (2) *Elevated serum uric acid levels* (above 6 mg.%); (3) *Pain relief with colchicine*. When findings suggest gout, therapy with 'Benemid' should be started immediately.

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long last, it was said, this scourge of the young was to be routed.

And so, evidently, it could be. But the parents who were so alarmed over polio when protection could not be had are in many, many cases not troubled today.

Some eight million children under the age of five have had no polio shots at all. Another two million have had just one or two shots, instead of the recommended three. The eight million are just as vulnerable to this crippling ailment as if the Salk vaccine did not exist.

Altogether, some 40 per cent of the nation's youngsters in the age brackets where they are most susceptible to polio have either inadequate or no protection at all against the disease.

On top of this, there are countless millions of American adults subject to polio who have not availed themselves of the "discovery of the age." The sight of one afflicted man struggling his way aboard a bus with two canes ought to be a sobering thing for any of us.

It is really hard to find words to characterize this glaring neglect. To the talented, conscientious medical researchers who toil endless hours in quest for cures and preventives for the major diseases which plague us, this must mean a saddening sense of futility even when they are successful.

And it makes almost a mockery of parents' hand-wringing concern for their children's health in the days before Salk. Who in the future will listen to cries for "protection" if when it is at hand it is not used?

—*Kokomo Tribune*

U. S. Bar Group Raps Medical Security Bill

The American Bar association closed its 81st annual convention recently by voting a resolution opposing the Forand bill, which would add hospital and nursing care and surgical payments to social security benefits.

The bill is expected to be reintroduced in the next session of Congress. The lawyers joined in the sentiment of an American Medical Association statement that the bill "is a modified version of compulsory national health insurance and would inevitably lead to nationalization of our hospitals, our physicians and related medical groups."

—*Chicago Tribune*

Polio in Retreat

The number of polio cases continues to drop so sharply that the success of the Salk vaccine is almost undeniable. In the country as a whole, the public health service has reported only one-sixth as many cases, for this time of year, as the latest five-year average. Illinois shows an even sharper drop, with 47 cases so far this year against an average of 634; and in Chicago the board of health has just reported the first case of the year, compared with nine thru August last year and 980 the year before.

The fact that some physicians are still skeptical of the vaccine is no doubt a good thing. The figures do not justify overconfidence, because there are still some doubts. Many physicians and public health authorities, it is argued, are reluctant to report a case as polio, or to accept

Continued

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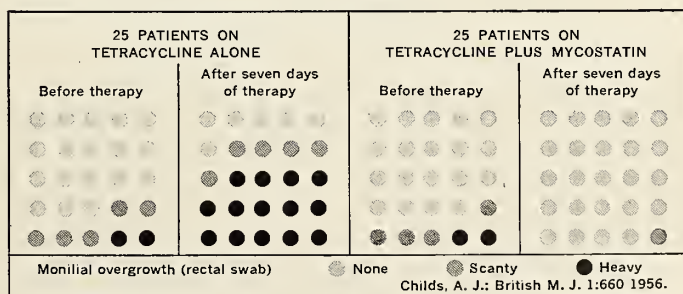
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such a report, as long as some other diagnosis is possible. The figures, therefore, are probably somewhat more favorable than they would have been if the standards of earlier years had been followed. Then, too, the incidence of polio has fluctuated in the past, and may be affected by the cool weather this year.

Statistics on how many of the victims had received shots are neither complete nor reliable. It is sometimes impossible for a physician to find out how many shots, if any, a victim has had; or whether his vaccine was from an early batch already found to be defective. A complete victory, moreover, is probably impossible, because no vaccine is 100 per cent effective. People vary in their capacity for immunity.

By the same token, the figures showing an increase in the number of paralytic cases should not be taken too seriously. For one thing, the national total [66 last year and 92 this year] is so small that a handful of cases can show up as a sizable increase; and there have been epidemics in several small towns. For another thing, it is often impossible, at the time of diagnosis, to know whether a case is paralytic. The figures are therefore tentative at best.

While we must wait for reliable conclusions on these points, the figures are nevertheless so overwhelming that, even admitting all the objections, they stand as strong evidence of the vaccine's success. The better-than-average record in Illinois and Chicago can be attributed to the diligence of those who administered and took part in the mass inoculation program which began in the spring of 1955.

—Chicago Tribune

Traveling Abroad? PHS Booklet Contains Immunization Info

A new edition of the booklet "Immunization Information for International Travel" was issued recently by the Public Health Service, Department of Health, Education, and Welfare.

The booklet is designed primarily for use of travelers going abroad and for health departments and physicians. It gives current details on immunization requirements for persons entering the United States, including Americans returning from abroad. It also lists requirements and recommendations for immunization in 200 other countries, and in some cases, additional recommendations of the Public Health Service for American travelers.

Information on bringing pets into the United States from other countries is included in a special section.

Prepared by the Division of Foreign Quarantine of the Public Health Service, the booklet is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., for 30 cents.

Chest Physician Fellowship

A Certificate of Fellowship in the American College of Chest Physicians was awarded to Roy H. Behnke, M.D., of Indianapolis, at the College's 24th annual meeting held in San Francisco in June.

Newly elected president of the College is Donald R. McKay, Buffalo, N. Y.; president-elect, Seymour M. Farber, San Francisco; 1st VP, M. Jay Flipse, Miami; 2nd VP, Hollis E. Johnson, Nashville; treasurer, Charles K. Peter, Waukegan, Ill.; his assistant, Albert H. Andrews, Chicago, and Board of Regents chairman, John F. Briggs, St. Paul.

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Largest Class Admitted to I. U. Medical School

Acceptance of a first-year class of 160 students by the Indiana University School of Medicine, the largest class in the school's history, has been announced by Dean John D. VanNuys.

Selected by the Medical School Admissions Committee on the basis of personal interviews, academic and other qualifications, the 1958 class was described by Dean VanNuys as outstanding in potential ability and well-fitted for the strenuous four years of medical study.

Members of the class reported in September (8th) to the new Medical Science Building on the University's Medical Center campus in Indianapolis. This is the first class to begin its studies at the Medical Center and in the building which has been under construction for the past three years. In previous years medical students took their first year of work on the University campus at Bloomington, followed by three years of study at the Medical Center.

The 1958 class is 91 percent Hoosier, representing more than half of the Indiana counties. The remainder of the class is from other states, Canada, Canal Zone, Hawaii and Iran. The class also includes seven women, the same number as were in the beginning class last year.

Members of the 1958 class are:

Garland DeW. Anderson, Columbia City; Byron L. Annis, Terre Haute; Thomas L. Arnold, Fort Wayne; Marion E. Ayers, Fort Wayne; Charles R. Baker, Bedford; Gilbert H. Barnes, Indianapolis; Lisa K. Barrett, Hammond; Richard L. Bauman, West Lafayette; Lowell E. Becker, Woodburn; Alan E. Beer, Milford; Robert W. Begley, Ind'pls.; Alan D. Belcher, Logansport; David F. Bennhoff, Fort Wayne; Dale E. Berkebile, Jr., Rochester; Kenneth M. Binkley, Sarasota, Fla.; Max E. Blue, Jr., Richmond, Ky.; Mrs. Maria A. Boha, Bloomington; Rudolf L. Boha, Bloomington; Edward H. Boseker, Fort Wayne.

Warren H. Bower, Sheridan; William A. Boycott, Jr., Sandwich West, Ontario, Canada; Stanley W. Boyer, Elkhart; Delver R. Cain, Marion; William R. Cast, Kentland; Robert D. Chaney, North Manchester; Jerold N. Chip, Munster; Jay K. Church, Waterloo; Marilyn R. Cline, Morgantown; David E. Copher, Elwood; William S. Corpening, Jr., Evansville; Alfred C. Cox, Hammond; Daniel B. Crane, Chicago; David G. Crane, Chicago; Gordon C. Crates, Columbia City; Robert W. Croddy, Kokomo; Reid C. Crosby, New Albany; James A. Cusick, Evansville; Lawrence P. Cutner, South Bend; Margaret L. Davis, Argos; Louis O. Dayson, Vincennes; David M. Dersch, Troy; Dexter D. DeWitt, Michigan City; David J. Dietz, Downers Grove, Ill.; Ralph E. Dodge, Jr., Upland; Ted S. Doles, Marion.

Andrei S. Dragomer, East Chicago; Ross L. Eggers, North Liberty; Richard L. Elliott, Boonville; Barbara L. Ellison, Hammond; Martin T. Feeney, Ind'pls.; Stephen C. Ferguson, Evansville; John A. Foster, Gaston; David G. Gerkin, French Lick; Charles P. Gibbs, Fort Wayne; Walker D. Goodin, Parker; Bernard

Continued

The Chicago Diabetes Association will conduct its second annual Symposium on Diabetes Mellitus at the Drake Hotel, Chicago, on Monday, November 17th, 1958.

Physicians registering for the course will be charged an enrollment fee of \$25.00, with the exception of members of the Chicago Diabetes Association, the American Diabetes Association, Medical Students, Interns and Residents, who may enroll without charge.

The following program has been scheduled:

ACTION OF INSULIN—Rachmiel Levine: Chairman, Department of Medicine and Professorial Lecturer in Physiology, University of Chicago.

ASPECTS OF PATHOLOGY OF DIABETES MELLITUS—W. Stanley Hartroft: Mallinckrodt Professor and Chairman, Department of Pathology, Washington University, St. Louis, Missouri.

RECENT CONCEPTS IN THE EARLY RECOGNITION OF DIABETES MELLITUS—Stefan S. Fajans: Associate Professor of Internal Medicine, Division of Endocrinology and Metabolism and the Metabolic Research Unit, Department of Internal Medicine, University of Michigan Medical School, Ann Arbor, Michigan.

MANAGEMENT OF THE AMBULATORY DIABETIC—Arthur R. Colwell: Chairman, Department of Medicine, Northwestern University Medical School, Chicago.

MANAGEMENT OF SEVERE DIABETIC ACIDOSIS IN CHILDREN—Jack Metcalf: Chairman, Division of Pediatrics, Michael Reese Hospital; Professor of Pediatrics, Northwestern University Medical School.

PANEL DISCUSSION OF ORAL HYPOLYCEMIC AGENTS—Moderator: Henry T. Ricketts: Professor of Medicine, University of Chicago Clinics.

PROBLEMS OF THE PREGNANT DIABETIC—Ralph A. Reis: Professor of Obstetrics and Gynecology, Northwestern University Medical School, Chicago.

INFANTS OF DIABETIC MOTHERS—David Yi-Yung Hsia: Director of Research, Children's Memorial Hospital; Professor of Pediatrics, Northwestern University Medical School, Chicago.

INSULIN ANTIBODIES—Joseph Skom: Instructor in Medicine, Northwestern University Medical School; Chief, Medical-Obstetrical Clinic, Northwestern University, Chicago.

THE ISLETS OF LANGERHANS—(Woodyatt Memorial Lecture) Francis D. W. Lukens: Professor of Medicine and Director of the George S. Cox Medical Research Institute, University of Pennsylvania School of Medicine, Philadelphia.

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Howard C. Jackson Jr., Terre Haute; Arthur C. Jay, Ind'pls.; Albert C. Johnson Jr., Marion; Rudolph Kachmann, New York City; Jon K. Kardatzke, Wichita, Kans.; Charles R. Kershner, Upland; Leonard Kessler, Detroit; John T. King, Gary; Wayne L. Knochel, Kentland; Richard L. Kochell, Attica; Edgar Kourany, Balboa, Canal Zone; Oscar Kourany, Balboa, Canal Zone; James F. Kuntz, South Bend; Leonard E. Lawrence, Ind'pls.; Jerome M. Leahey, Union City; Wallis B. Lewis, Bellrose, N. Y.; George R. Long, North Manchester;

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Basic Principles in General Surgery, Two Weeks, October 13
Gallbladder Surgery, Three Days, November 3
Surgery of Hernia, Three Days, November 6
General Surgery, Two Weeks, November 10; One Week, October 27
Fractures & Traumatic Surgery, Two Weeks, December 1
American Board Review Course, Two Weeks, November 10
Blood Vessel Surgery, One Week, October 20

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Oral Hypoglycemic Agents

GEORGE T. LUKEMEYER, M.D.*

Indianapolis

IT IS ESTIMATED that there are 2,800,000 known and unknown diabetics in the United States. Ninety-five percent of these are older than 15 years of age.¹ The magnitude of the incidence of this disease accentuates the tremendous impact that the oral hypoglycemic agents have had on both the lay public and the medical profession.

Hyperglycemia and glycosuria are such outstanding and familiar features of diabetes mellitus that a large segment of the lay public is keenly aware of their diagnostic significance. The physician must remember that "diabetes mellitus is a chronic disorder in carbohydrate metabolism, resulting from a relative or absolute deficiency of insulin. The disease is characterized by hyperglycemia, glycosuria, and altered protein and fat metabolism which in turn may give rise to acidosis, dehydration, coma, and death."² The treatment entails more than achieving a lowered blood sugar and a urine free of glucose. Ricketts states:

The treatment of diabetes mellitus has four principal objectives:

- a. the relief of symptoms
- b. the maintenance of normal nutrition
- c. the preservation of the insulin producing capacity of the pancreas, and
- d. The prevention or minimizing of complications.³

Diabetes has a long and fascinating history.⁴ The Papyrus Ebers, which dates from approximately 1500 B.C., refers to polyuria which may well have meant diabetes. Aretaeus (30-90 A.D.) described the disease and gave it the Greek name signifying "to run through a siphon." Willis (1621-1675) was the first to note the sweetish taste of diabetic urine. Dobson in 1777 was the first to demonstrate the presence of sugar in the urine of diabetics. Von Mering and Menkowski in 1869 produced diabetes in dogs by the extirpation of the pancreas.

The plight of the diabetic was practically hopeless until well into our present century. The

* Department of Medicine, Indiana University Medical Center.

therapy of this period can be summarized as follows:

Diabetes Mellitus Therapy Prior to 1921

1852	Von Düring's	"rice cure"
1874	Donkin's	"skimmed mild diet"
1902	Mosse's	"potato cure"
1903	Von Noorden's	"oat meal cure"
1898-1914	Nauyn Era—	Low carbohydrate, high fat, low protein and over-all caloric restrictions to the point of starvation.
1914-1922	Allen Era—	Principles of fasting and under-nutrition were placed on a more scientific basis.
1920	Newburgh and Marsh—	High fat diet for the starving diabetics.
1921	Banting and Best—	Insulin discovered. ⁵

The discovery of insulin in 1921 ushered in an entirely new era for the victims of diabetes mellitus. The initial efforts were directed primarily at purification and stabilization of the hormone. Next, modifications were sought to prolong the action of insulin. Hagedorn et. al. introduced protamine insulin in 1936. This was later modified by the addition of zinc. Prior to Hagedorn's modification, regular insulin was given in multiple injections each day.

Concomitantly an effective oral insulin preparation was sought. The search was unrewarding when it became clear that insulin was without effect when taken by mouth. A vigorous effort was then instituted to find an "insulin substitute" that could be taken orally.⁶ Many and varied substances were screened. These ranged from acorn shells through bacterial extracts to an amazing variety of plant extracts. Synthallin, a guanidine derivative, was the first synthetic agent introduced and tried clinically. It was abandoned because of its toxicity. The sulfonylureas were first studied for their hypoglycemic action by Loubatieres in France from 1942 to 1946. Von Holt, Achellis and other German scientists reintroduced the sulfonylurea drugs in 1954. They employed these new drugs in the treatment of patients with diabetes mellitus.

In 1942 M. Janbon and his colleagues in France were investigating the effect of the isopropylthiodiazole derivative of sulfanilamide in typhoid fever. They noticed that the use of this drug in undernourished patients produced signs and symptoms of hypoglycemia. Low blood sugar concentrations confirmed this observation. Some of these patients developed grave neurological symptoms and died. In June, 1942,

Loubatieres' group began a brilliant series of experiments and pursued them under the difficulties occasioned by the war years.⁷

It is amazing that these exciting studies were so completely overlooked. In 1946 Loubatieres wrote: "It is logical to assume that such hypoglycemic agents [sulfonylureas] could eventually be used in the treatment of certain forms of diabetes."

The German investigators in 1954 were studying the bacteriological and clinical efficacy of a number of "sulfa" drugs. Once again the signs and symptoms of hypoglycemia were encountered. These agents were then utilized clinically for their hypoglycemic activity by Von Holt and other German scientists. The two outstanding sulfonylureas that emerged were: 1) BZ-55 (carbutamide); 2.) D-860 (tolbutamide). These agents were brought to the United States in 1955. Thus was launched an intensive investigation of these compounds. The literature is now crowded with articles dealing with the sulfonylureas.

We are currently being swept along on the initial wave of enthusiasm for these drugs. Orinase (tolbutamide) was marketed on June 3, 1957.

Our initial studies at the Indiana University Medical Center were with BZ-55 (carbutamide). It is for this reason that this discussion will concern both Orinase and carbutamide. The chemical structure of tolbutamide, carbutamide, and sulfanilamide are illustrated in Figure I. Note that Orinase (tolbutamide) differs from

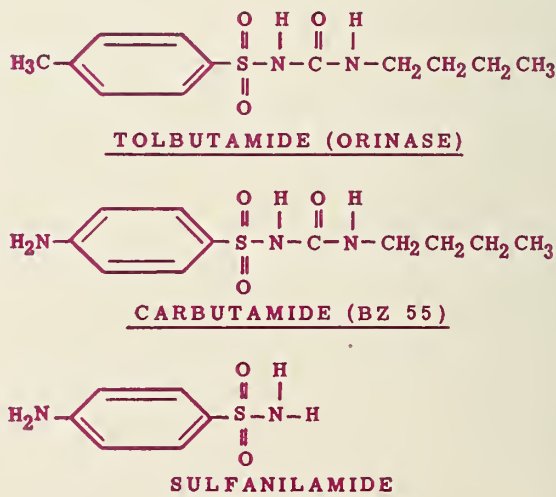


FIGURE I

carbutamide in that in Orinase there is a methyl group, rather than an amino group, at the para position on the benzene ring. Carbutamide is bacteriostatic whereas Orinase is not.

It is important once again to remind ourselves that the treatment of diabetes embraces more than the controlling of hyperglycemia and glycosuria. Synthallin, for instance, achieved this, but these results were in large part due to its toxic effect on the liver. By what criteria are we to judge a procedure or drug to replace insulin therapy?

- 1) The new agent should be as free from toxicity and untoward side-reactions as insulin is. This condition appears from recent reports to have been met, at least approximately, by tolbutamide.
- 2) The new agent should, in a readily controllable fashion, be capable of lowering the blood glucose concentration to normal levels and of abolishing glucosuria. Here again, at least in selected cases, tolbutamide appears to pass muster, offering the additional advantage over insulin of being effective by the oral route.
- 3) The new agent must correct, as insulin does, the fundamental defects in metabolism which, taken together, comprise diabetes mellitus. This criterion, thus far, tolbutamide has not been demonstrated to meet.⁸

What is the mode of action of insulin? The specific mechanism is unknown. Three theories are proposed:

- 1) The action of insulin is at the stage of initial phosphorylation of glucose to glucose-6-phosphate with glucokinase as the enzymic catalyst.
- 2) Insulin acts primarily by altering the cell membrane to permit a more rapid transfer of glucose across it.
- 3) Insulin acts by increasing the efficiency of formation of adenosinetriphosphate (ATP); an adequate supply of high energy phosphate in the form of ATP is necessary for the introduction of glucose into the metabolic pathway.²

As insulin lowers the blood glucose, there is glucose entry into skeletal muscle with glycogen deposition. This can be shown by an increase in the arterio-venous glucose concentration ratio.

The mechanism of action of the sulfonylureas is as yet not known. There is a vast, confusing, and on occasion, conflicting amount of literature on this problem. No attempt will be made to summarize all of this experimental and clinical work, but some of the proposed theories and their inconsistent findings will be presented. The following paragraphs are taken directly from an editorial which appeared in the May, 1957 issue of the *Annals of Internal Medicine*.

THEORY: The sulfonylurea drugs increase the effective peripheral concentration of insulin by antagonizing insulinase, by stimulating the B-cells of the islets of Langerhans, or by some other mechanism.

INCONSISTENT FINDINGS: Were this the explanation, a similarity would be anticipated in the consequences of peripheral insulin injection and of sulfonylurea administration. However, whereas insulin injection is known to result in an increase in the arteriovenous difference in glucose concentration, in most reports, the administration of sulfonylurea does not do this. The sulfonylurea drugs produce a marked increase in the quantity of liver glycogen under conditions where insulin administration is followed by a decline in liver glycogen.

THEORY: The sulfonylurea drugs increase the peripheral utilization of glucose in some fashion independent of insulin action.

INCONSISTENT FINDINGS: The inconsistencies mentioned above also apply to this theory. Further, with very few exceptions, it has been reported that functional B-cells are *sine qua non* for hypoglycemic response in patients or animals treated with sulfonylurea drugs. In addition, the classical manifestations of peripheral glucose utilization, rise in the concentrations of lactic and pyruvic acids in the blood, are lacking during the hypoglycemia induced by sulfonylurea drugs.

THEORY: The sulfonylurea drugs, by one or another alteration of hepatic enzyme architecture, interfere with the production or the release of glucose by the liver.

INCONSISTENT FINDINGS: The finding that tolbutamide exerts its hypoglycemic effect in the totally hepatectomized animal would certainly indicate that the liver is not the sole site of action of this drug. The injection of sulfonylurea drugs into the portal vein of experimental animals produced no fall in blood glucose concentration, but, on the contrary, a hyperglycemia.

THEORY: The sulfonylurea drugs damage the A-cells of the islets of Langerhans or otherwise interfere with glucagon production, or they abolish the responsiveness of the liver to glucagon.

INCONSISTENT FINDINGS: Several of the inconsistencies previously mentioned argue against this theory. Whereas altered responsiveness to glucagon in liver preparations exposed in vitro to

Comparison of Toxic Manifestations of Carbutamide and Tolbutamide

	Carbutamide*	Tolbutamide
Number of U.S. cases reported	7,193	7,147
Blood changes	67	13
Skin changes	109	67
(Exfoliative dermatitis)	6	0
Drug Fever	79	0
Fatalities	8	1

*Data of Dr. Kirtley.

FIGURE II

sulfonylurea drugs has been reported, in the intact patient a normal glucagon response has been found despite the administration of drug. Histological changes in the A-cells have been described to follow the administration of sulfonylurea drugs, but such changes have not been found by all students of the subject. Since the known effects of glucagon are apparently limited to the liver, the development of hypoglycemia after feeding of sulfonylurea drugs to liverless animals also militates against the present theory.⁸

It appears that no one mechanism will adequately explain all of the effects of the sulfonylureas. The one thing which does remain constant throughout all of the studies is that there must be some functioning B-cells present for the drugs to exert their hypoglycemic effect.

We began our clinical investigation of carbutamide late in 1955. The hypoglycemic effect of this drug was demonstrated easily and repeatedly with an "acute testing procedure" which will be described later. Our initial work was with a few nondiabetic individuals as well as with diabetic patients. A small group of fifteen patients was started on a longer term study designed primarily to help elucidate the mode of action of carbutamide. In almost every instance the patient's diabetes was adequately controlled if we accept a lowered fasting blood glucose concentration and absent or minimal glucosuria as our criteria of acceptability. In this series of fifteen patients there was one who developed a mild skin eruption. Some Orinase (tolbutamide) was utilized on a limited scale in our earlier work, but we were of the opinion that BZ-55 (carbutamide) on a gram for gram basis was superior to tolbutamide. It seemed to

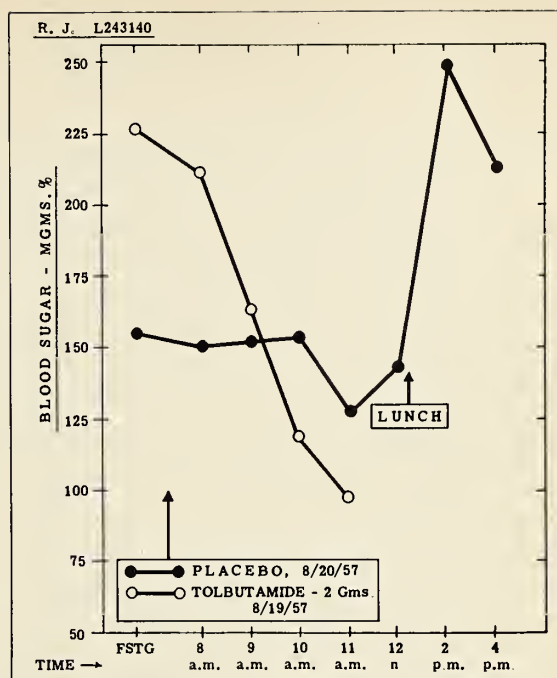
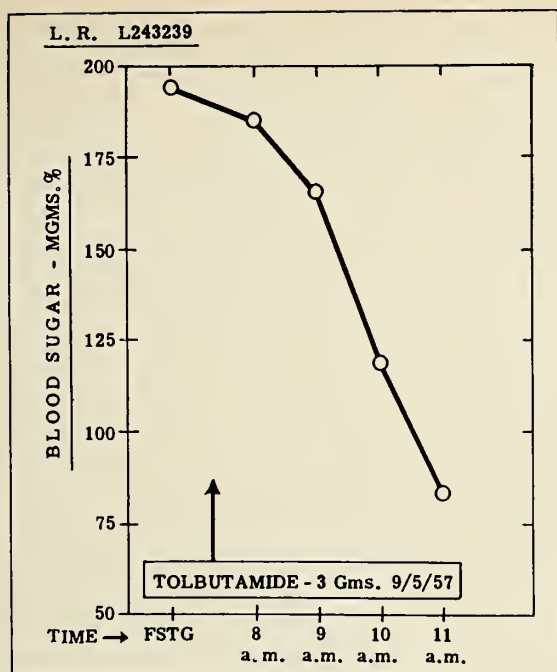
us that carbutamide had a more marked and prolonged hypoglycemic response.

The increasing number of patients being treated with BZ-55 in other clinical trials soon revealed an increasing number of undesirable side reactions. The side reactions occurred in about 5% of the patients and in the main were of a minor nature. There were some cases of agranulocytosis and several deaths attributed to this compound. Figure II demonstrates toxicity studies comparing carbutamide and tolbutamide.⁹ Because of its toxicity, carbutamide was withdrawn from clinical trial. This sequence of events made us quite skeptical of the future of the sulfonylureas, but some work was continued on a much reduced scale with these agents.

When is tolbutamide indicated in the therapy of diabetes mellitus? What type of patient is most likely to respond to this drug? Is there any simple test that might help in the selection of patients who will respond to Orinase? How is Orinase administered, and in what dosage? These are a few of the questions that should be answered.

It is generally agreed that the ideal candidate for sulfonylurea therapy is an older, obese patient with recent onset of diabetes mellitus. In the introductory remarks it was indicated that there are potentially 2,800,000 diabetics in the United States. It is estimated that more than 50% of the patients manifest the disease after the age of 40. The accumulated clinical experience would suggest that 65 to 75 per cent of this group of patients will respond to Orinase.

We have employed an "acute test procedure"



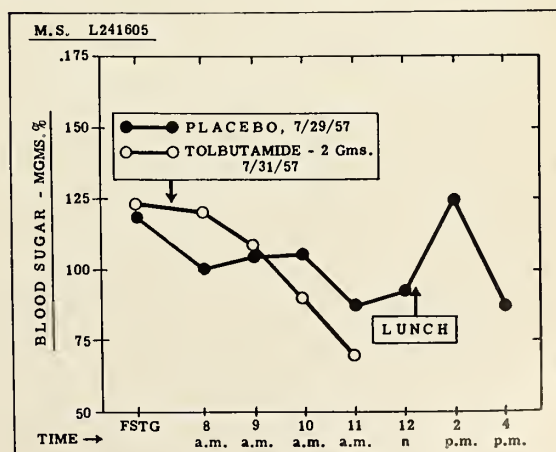
to help us study patients' responses to a variety of hypoglycemic agents. The test consists of obtaining a fasting blood sugar, and at 7:00 a.m. administering the drug to be tested. The patient is maintained in a fasting state while blood sugars are obtained at hourly intervals for four or more hours. A 25% reduction in blood glucose concentration suggests that the subject will respond satisfactorily to the test agent. The five illustrations depict several such "acute test procedure." A placebo control is an aid in evaluating the hypoglycemic agents.

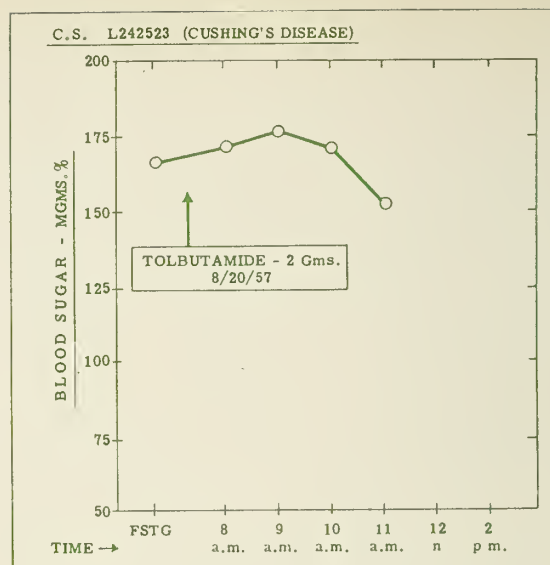
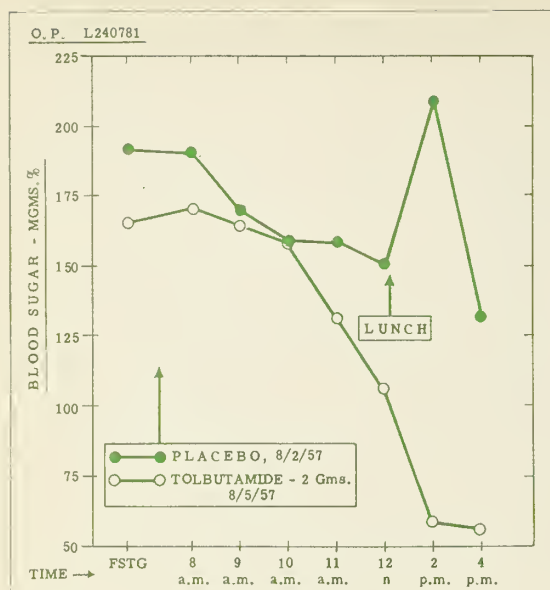
This test procedure is only of modest help in deciding whether or not to use Orinase. A short clinical trial is perhaps a better criterion by which to evaluate the patient's response to therapy. A suggested program is as follows: In those patients who are taking less than 20 units of insulin daily, the insulin is discontinued; on the first day of therapy we give 3 grams (6 tablets) of Orinase in the morning; the second day we give 2 grams (4 tablets) in the morning; and on the third day 0.5 grams (1 tablet two to three times a day as indicated by urine glucose levels and blood sugar levels).

A maintenance dose greater than 2 grams per day is not advisable. If the patient is taking 20 to 40 units of insulin (daily), the insulin can be decreased by 25 to 50% on the first day of Orinase therapy and reduced thereafter depending upon the response to the sulfonylurea. If

the patient takes more than 40 units of insulin daily the insulin is reduced by 20% on the first day Orinase is started and the insulin reduced thereafter according to the patients response to Orinase. There is no advantage in taking Orinase merely to reduce the amount of insulin taken each day unless it is an unusual problem of insulin resistance. The patient must have his diet instructions and should be taught how to utilize an insulin syringe. Orinase does not allow the patient to neglect his diet!!! The physician must be alerted to signs of ketonemia in the patient as well as signs of undesirable side reactions.

An excellent summary of our sentiments is expressed in these paragraphs taken from an editorial in *Diabetes* Vol. 6, No. 3 May-June





1957 which was recently reprinted in the September, 1957 issue of The *Journal* of the Indiana State Medical Association.

Tolbutamide is most effective in adult patients with relatively mild diabetes who have required small to moderate doses of insulin. The best test for responsiveness is the administration of the drug for a period of seven days during which insulin is withdrawn gradually and tests of the urine for glucose and ketone bodies are performed three times daily.¹⁰

From the same source I have borrowed another paragraph which succinctly states the current contraindications.

Tolbutamide is contraindicated in those patients with onset of diabetes in childhood or adolescence, those with unstable diabetes, those with a history of diabetic coma, those undergoing surgical operations, or those with existing complications such as ketosis, acidosis, infection, severe trauma, disease of the liver, thyroid or kidneys, or any other condition that usually increases requirement for insulin. In such situations insulin is essential, and attempts to replace it with tolbutamide would be dangerous. There is little or no published information concerning the effect of this drug in pregnancy.¹⁰

I would like to conclude this discussion by stating that it is very doubtful that we have in Orinase a true "insulin substitute." The sulfonylureas have contributed significantly to our understanding of diabetes mellitus, insulin action, and carbohydrate metabolism through the vast research program they have initiated.

Until the mode or modes of action of the sulfonylureas are more clearly delineated, and until the long term effects of these compounds are more completely evaluated, it would seem

advisable to proceed with caution and guarded enthusiasm in their clinical utilization.

REFERENCES

1. Danowski, T. S., *Diabetes Mellitus, with Emphasis on Children and Young Adults*, 1957, Williams & Wilkins, Baltimore.
2. Thorn, G. W., Forsham, P. H., and Goetz, F. C.: *Diabetes Mellitus, in Principles of Internal Medicine*, ed. 2, edited by Harrison, T. R., et al. New York, McGraw-Hill, 1954.
3. Ricketts, H. T.: *Modern Treatment of Diabetes Mellitus*. J.A.M.A., 150:959-961, November 8, 1952.
4. Major, R. H.: *Classic Descriptions of Disease*, ed. 3, Springfield, Illinois, C. C. Thomas, 1948.
5. Rippy, E. L.: *The Improved Outlook for the Diabetic Patient*. J.A.M.A., 150:961, November 8, 1952.
6. Lewis J. J.: *Diabetes and Insulin-Administration Problems*. *Physiol. Rev.*, 29:75-90, January, 1949.
7. Loubatieres, A.: *The Hypoglycemic Sulfonamides: History and Development of the Problem from 1942 to 1955*. *Ann. New York Acad. Sc.*, 71:4-11, July 10, 1957.
8. Stetten, D., Jr.: *Editorial—The Hypoglycemic Sulfonylurea Drugs—An Interim Evaluation*. *Ann. of Int. Med.*, 46:1005, May, 1957.
9. Craig, J. W., and Miller, M.: *Clinical Experience and Experimental Studies with Tolbutamide*. *Diabetes* 6:286, May-June, 1957.
10. Informational Committee on Oral Hypoglycemic Compounds, American Diabetes Association, Inc., Colwell, A. R., Sr., Chmn.: *The Clinical Use of Tolbutamide in Diabetes Mellitus: A Statement of the American Diabetes Association*, *Diabetes*, 6:290, May-June, 1957.

The Camp for Diabetic Children

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The Need

THE NEED for summer camps for diabetic children is attested by the fact that in the past eight years the number of camps in U. S. and Canada has increased from 14 to 32. While the 27 camps in this country are widely distributed, half of these are located in the Middle West. A number of affiliates of the American Diabetes Association have established camps in the past few years. The increase in the number of diabetic camps has increased simultaneously with the growth in the number of affiliates. Several of the older camps, however, are still actively operated by private medical clinics, church organizations and foundations.

It is generally agreed that summer camps provide the outlet for recreation for the less privileged children who have diabetes. It is well to emphasize that these children are not handicapped but no one will deny the fact that they are not privileged to enjoy the activities of a well-children's camp. The diabetic camp offers an opportunity for recreation without sacrificing regulation of the diabetes. Indeed the spoiled and pampered child may be better controlled at camp where dietary management may excel that in the home. In a well operated camp a child can hardly fail to grow spiritually. Into the life of the child comes a fineness, and understanding and an outlook on life that is to be found only where there is a healthy spiritual environment. Regularity of meals and activities set up by the school routine can be projected into the summer months and it is common knowledge that regularity, whether it be with respect to diet, insulin dosage or exercise, is the essence of good diabetic management.

The diabetic camp provides an opportunity for the youngster to acquire instruction in diabetes and its complications and to become more self-reliant. The association with diabetic children of his age even for a short period gives him self

confidence and he learns he is not the only child who must have a regulated diet and injections of insulin. That the parents, and more particularly the mother, enjoy a very well earned vacation from the constant care and anxiety of the child's management is a point not to be ignored.

The Method

Granted the need for well managed camps for diabetic children does exist, there are a great many aspects to the development of a camp which will entail much planning and work. These include the raising of funds, the selection of a camp-site, obtaining the services of a professional staff, and a camp director and his staff. The two major sources of income will probably be that of fees paid by campers and funds donated by public benefactors including local diabetic societies. Gifts of commodities including foods, medical supplies and athletic equipment will reduce expenditures. The more intensive the fund raising efforts of persons with the welfare of the camp at heart, the greater the number of children who can be taken without charge or for a part fee.

In 1956 the Committee on Camps of the American Diabetes Association through its Subcommittee on Medical Standards set up and later published, "Suggested Medical Standards of Camps for Diabetic Children."¹ This was established for the assistance and guidance of those in charge of established camps or those planning new ones. The following subjects have been carefully explored and suggestions outlined:

- 1) Entrance requirements
- 2) Personnel
- 3) Medical and Laboratory Equipment
- 4) Regulations relating to sanitation

The Committee has purposely avoided any discussion relative to the methods used in the management of the diabetes itself. It is felt that this should be left to the judgment of the medical personnel in charge. The suggestions with re-

spect to entrance requirements include a recent physical examination by the local attending physician to rule out the possibility of the child's having any contagious disease or a recent contact. Smallpox vaccination within the preceding 3 years is recommended and the child should have had Salk vaccine injections. For the child to have the permission of his local attending physician to attend the camp is most important.

The question of personnel is discussed with reference to establishing a Camp Committee which should be composed of physicians and lay members and headed by a physician with experience and special knowledge of diabetes. It is strongly urged that wherever possible a resident physician be at camp at all times especially if the camp is larger and there are more than 25 youngsters. The nursing service should be covered by registered nurses on a 24-hour basis. If it is necessary for the resident physician to be away, an extern who may be a medical student, or a nurse capable of administering glucose intravenously, should be in camp. All nurses should have a good knowledge of the signs and symptoms of acidosis and of insulin shock. One or more nurses should be responsible for the administration of insulin and should cooperate with the resident in conducting educational talks to the children. Above all they must like to work with children.

In the absence of a full-time laboratory technician the nurses must be responsible for the collection and testing of urine specimens. A former camper who may have outgrown the age limit for regular campers might be happy to return and serve as a junior counsellor. He or she might be assigned to help the medical or dietary staff a few hours each day in return for which his camp fee might be canceled.

A dietitian to plan the menus and supervise the apportionment of the foods for each child's tray is a necessity. The diet should probably be altered little from the child's usual quotation. We have tried increasing each child's diet by 20% to 25% in expectation of the child being more active in camp. Oftentimes this increase proved to furnish the child more food than he could conveniently handle. Actually we found the youngsters' activities in camp might not be much greater than at home. The dietitian will want to work along with the resident physician and the nurses in educational programs for the campers.

The camp director or recreational director and his counsellors should aid not only in carrying out the recreational program but also help in the activities of the nurses and dietitian whenever required. Counsellors should be familiar with hypoglycemic shock and the probability of this complication when scheduling exercise.

It is essential to have the ready availability of a practicing physician, perhaps in a nearby town or village. He should have some interest in and knowledge of diabetes. If the camp is near a large city and operated by an affiliate, the members of the professional group of the affiliate may well take turns in making daily visits to the camp to confer with the resident physician and other personnel.

The Suggested Medical Standards referred to above also include recommendations with respect to the laboratory and regulations relating to sanitation. Adequate first-aid equipment should be maintained including that recommended by the American Red Cross. In regard to insurance the Subcommittee suggests that the camp buy Fire and Extended Coverage and Owners, Landlord, and Tenant Public Liability with first-aid attached. Another insurance suggestion is Campers Accident and Health Policy in which diabetes is excluded.

Conclusion

Those who have had experience with camps for diabetic children agree that they are extremely worth while.² The time and money invested in them will yield extra-ordinarily high returns in health, happiness and character building. A stay at a well-run summer camp will contribute much to the regulation, education and development of diabetic children.

REFERENCES

1. Subcommittee on Medical Standards of the Committee on Camps of the American Diabetes Association: Suggested Medical Standards for Camps for Diabetic Children. *Diabetes* 6: 126, 1957.
2. Marble, Alexander: Summer Camps for Diabetic Children. *Diabetes* 1:245, 1952.

SUGGESTED READING

- Smelo, L. S., and Eichold, S.: The Conduct of a Camp for Diabetic Children. *Diabetes* 4:219, 1955.
- Hurd, J. B.: Report of the Committee on Camps. *Diabetes* 6:97, 1957.

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Diabetes With Pregnancy

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A CONSTANTLY increasing number of patients who have diabetes are now able to become pregnant and have children. Girls who develop diabetes early in life are now living approximately their normal life span, and with their diabetes under control have normal fertility.

Most pregnant patients with diabetes have previously had the diabetes diagnosed and are under treatment for the disease. However, in some instances, especially since some women never see a physician between the time of pediatric care and obstetrical care, the obstetrician may be able to make the initial diagnosis.

Pregnancy is usually not hazardous for the diabetic mother, but the fetal mortality is still alarmingly high, often estimated as high as 20%. Successful completion of the pregnancy with an undamaged mother and a live healthy baby requires careful management of the patient(s) by a team consisting of obstetrician, internist and pediatrician.

The mother should be seen at least every month during early pregnancy by both obstetrician and internist, with alternate visits spaced at two-week intervals. After the sixth month, she should be seen at least every week and more often if complications develop.

At each visit the weight is checked carefully, as is the blood pressure and urine. The position of the baby is determined, fetal heart tones counted and fetal size estimated. Evidence of edema and hydramnios is looked for and the eye grounds should be checked.

Uncomplicated diabetics need not be hospitalized until delivery. However, any patient who develops ketoacidosis, preeclampsia, hydramnios, renal failure or hypertension should be hospitalized and treated immediately.

After the patient has passed the increased possibility of spontaneous abortion, the most

common complications are ketoacidosis and preeclampsia.

Some obstetricians feel that large doses of stilbestrol given throughout pregnancy are valuable in reduction of complications and of aid in reducing fetal mortality.

Careful reevaluation of the patient should be made about the thirty-fourth week. Delivery should be accomplished in the most favorable manner, preferably after the thirty-fourth week, and ideally about the thirty-seventh week. Cesarean section should be used frequently. Practically all primigravidas should be delivered by Cesarean section (induction is usually not feasible at thirty-seven weeks) and all multigravidas who have had previous Cesarean sections. Induction with vaginal delivery might be used in multigravidas who have a ripe cervix and in whom the operator feels that vaginal delivery would not traumatize the baby.

Babies born of diabetic mothers need special attention and it is wise for the pediatrician to be present at the time of delivery. These babies should be treated as if they are in shock. They should be handled gently, have their airway cleared, their stomach pumped, and be placed in an incubator and cared for in the premature nursery.

Good nursing care is especially important during the difficult first forty-eight hours. Although these babies may be large, they are usually immature, and many times have atelectasis and hyaline membrane disease. Other frequent causes of fetal morbidity and mortality are prematurity, congenital malformation, and possibly, neonatal hypoglycemia.

With proper care and attention from obstetrician, internist and pediatrician, and with the cooperation of the patient, practically all diabetic patients can survive pregnancy and a large per cent can deliver a healthy viable baby.

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Diabetes: Errors in Diagnosis

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DIABETES, with its classical subjective symptoms, plus the finding of glycosuria and hyperglycemia, would appear to present very few opportunities for errors in diagnosis. Patients, however, may present *all* of the classical symptoms and *not* have diabetes; still others may seek medical advice with only a single complaint such as fatigue, disturbance in vision, neuritis, vague digestive symptoms or a disturbance in the sense of taste or smell.

The symptoms as outlined by the patient cannot always be relied upon. The patient, when inquiry is made in regard to thirst, will reply "I've always had an excessive thirst; however, I may be taking more fluids recently." He may state that he has polyuria and nocturia but this has been present for many years. When inquiry is made concerning weight loss he will admit that he has been over-weight for years and has voluntarily been trying to reduce his weight for the past four or five years, but has only recently been successful. He will admit that there has been some fatigability which he feels is due to the fact that he has been working harder and longer hours than ever before. He states that his recent impairment of vision is due to the fact that he has not had his lens changed for years. He admits that he has some pain in his legs when walking any distance or that he has cramps in his legs at night. However, these symptoms are not new and he does not feel that any of them are associated with the recent development of his diabetic state. When a patient presents *all* of these symptoms, then one is fairly safe in predicting that he has diabetes. This idea is strengthened when such a history is obtained on patients past forty years of age who have diabetic relatives and who are also definitely overweight. Nevertheless, with all of these facts, one still has to prove the presence or absence of diabetes.

The diagnosis cannot always be made by the

finding of sugar in the urine as other conditions may present varying degrees of glycosuria. Hyperglycemia, the most reliable of the laboratory findings, can be present in other conditions, but the degree to which it is present and the frequency of its occurrence are the deciding factors in establishing the diagnosis of diabetes.

Some of the conditions in which glycosuria is encountered aside from diabetes are as follows:

FIGURE I

Non-Diabetic Glycosuria

1. **Pregnancy—10% of all pregnancies. Diabetes to be proven or disproven.**
2. **Alimentary Glycosuria—Condition Questionable. Glucose Tolerance test indicated.**
3. **Infections—Stress—Emotional upsets. Pre-diabetic tendency.**
4. **Endocrine Diseases—Hyperthyroidism, Hyperpituitarism and Adrenal Cortex Disease.**
5. **Following the administration of Steroid Preparations and other drugs.**

(1) Pregnancy. Sugar is found in the urine and in about 10% of all pregnant patients. This is most frequently due to glucose in the urine but may rarely be due to lactose. By the use of such glucose oxidase reagents as Clinistix or Testape, which are specific for glucose, the presence of lactose can quickly be eliminated. The glycosuria of pregnancy is due to a lower renal threshold and the increased stress which the pregnancy produces in the other endocrine glands and the liver. One must be certain, however, that the glycosuria is not due to diabetes. It is a well known fact that diabetes frequently develops during pregnancy and if the glycosuria is marked or fairly constant, blood sugar determinations should be made. A single blood sugar test may not be sufficient to prove or disprove the presence of diabetes. Blood sugars may need to be made in both the fasting and post-

prandial state. If acetone or other acid bodies are present in the urine, this strengthens the possibility of a true diabetes. Glucose tolerance tests made during pregnancy are a little difficult to interpret. However, if the test is only suggestive of diabetes it might be well to give the patient small quantities of insulin until the termination of the pregnancy. If one then is still undecided as to the presence of diabetes a glucose tolerance test can be repeated three to six months after delivery. Less than 10% of patients who have glycosuria during their pregnancy or an abnormal glucose tolerance curve, will show no change in their tolerance test at this time. Patients who do show glucose frequently in their urine during pregnancy should be watched carefully during succeeding pregnancies for the development of a true diabetes.

(2) **Alimentary Glycosuria.** This type of glycosuria is most frequently observed in infants and children after the ingestion of unusual quantities of carbohydrate. In adults, the spilling over of sugar after meals had best be considered as potential diabetes or a pre-diabetic condition. This type of patient is entitled to a glucose tolerance test at three- to six-month intervals for a period of several years. During this time the patient should be advised to bring about a definite reduction in his weight.

(3) **Infections and Stress.** Glycosuria observed during infection, stress and emotional upsets is fairly common. If persistent, and if other symptoms of diabetes are present, or a hereditary background can be elicited, a glucose tolerance test should be made at a later date.

(4) **Endocrine Disturbances** such as hyperthyroidism, hyperpituitarism or adrenocortical disturbances may present a benign glycosuria, or they may be accompanied by a true diabetes.

(5) Glycosuria following the administration of Steroid drugs, Phloridzin, Salicylates, Penicillin and other antibiotics has been observed. In most of these instances the glycosuria disappears when the drugs are discontinued.

FIGURE II

6. **Renal Glycosuria—Blood sugar determination of value.**
7. **Cerebral-Vascular Accidents and Brain Tumors.**
8. **Coronary Thrombosis.**
9. **Malignancies of the liver, thyroid and pancreas.**

10. Skull or Brain Injuries.

11. Following Intravenous administration of concentrated Glucose Solutions.

(6) **Renal Glycosuria.** In this condition glycosuria is fairly constant and the amount of sugar in the urine may not be related to the amount of sugar ingested. The patients present normal blood sugars. This is definitely a kidney lesion and may be either unilateral or bilateral.

(7) **Cerebro-vascular accidents**, or certain brain tumors, may present a glycosuria without appreciable increase in the sugar content of the blood.

(8) **Coronary thrombosis** may produce a transient glycosuria in a non-diabetic patient and this may be accompanied by a slight and temporary increase in the sugar content of the blood. A comparable reaction is more apparent in the diabetic patient than in the non-diabetic.

(9) **Malignancies** involving the liver, thyroid or pancreas. These may present a glycosuria at times with an occasional elevation of the blood sugar.

(10) **Skull injuries** or severe brain injuries may show transient glycosurias without hyperglycemia. In all of these conditions, if the glycosuria persists or if a suggestive history of diabetes can be obtained, frequent blood sugar tests might be indicated. In some instances the glucose tolerance test might be necessary.

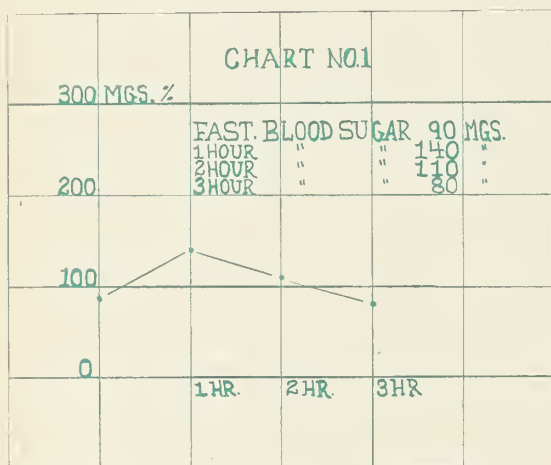
(11) Glycosuria following the intravenous administration of concentrated glucose solutions can at times be interpreted as being due to diabetes. However, if a blood sugar determination is found to be normal four to six hours after the intravenous has been completed, diabetes can be ruled out.

Glycosuria may be absent in long standing cases of diabetes or in patients with a high renal threshold, secondary to kidney disease. The diagnosis here can be made only by finding an abnormally high blood sugar level. The glucose tolerance test is extremely valuable in confirming the diagnosis.

A mistaken diagnosis of diabetes is made in about 10 to 15% of patients referred to physicians who are engaged in the treatment of this condition and the above mentioned factors are the ones most frequently found to be the cause of the error in diagnosis.

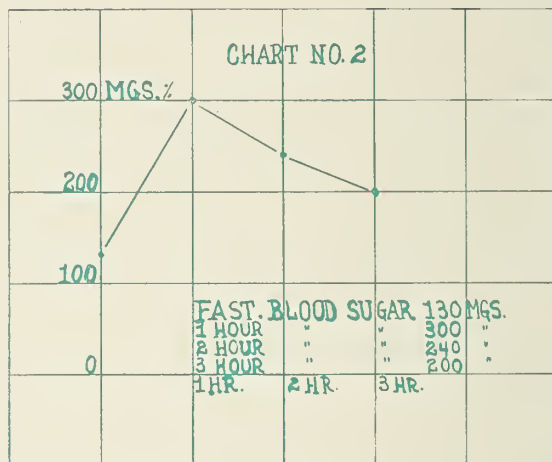
The glucose tolerance test is the most valu-

able procedure in the diagnosis of mild or questionable cases of diabetes. It should never be used in the definitely established cases of diabetes as it only provokes and intensifies the already existing hyperglycemia and glycosuria. It is of questionable value in attempting to determine the progress of a treated diabetic. The technique of the test varies as it is carried out in different laboratories and by different investigators. The method of administration of the glucose can either be oral or intravenous. The glucose can be administered in a single dose or in multiple doses, and the time of the collection of the blood sugar samples varies in different laboratories. The important factor is to decide on one or the other method and have certain standards for interpreting the results. In most laboratories the glucose is given by mouth in the fasting state, using 1.75 gm. of glucose per kilogram of ideal body weight. Blood sugars and urine samples are collected fasting, one hour, two hours and three hours after the administration of glucose.

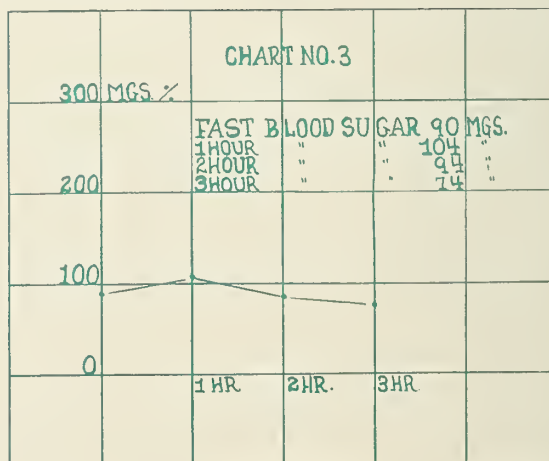


(a) In the normal glucose tolerance curve the fasting blood sugar is usually 100 mgm. or less, and does not rise above 160 mgm. at the end of the first hour. The blood sugar should not be above 140 mgm. at the end of two hours after the administration of glucose and should return to normal (120 mgm.) at the end of the third hour. These figures are for venous blood glucose as determined by the Somogyi-Nelson method. If the method of Folin-Wu is used the normal readings will be about 10 mgm. higher at each time interval. The determination of the blood sugar level at the end of the second hour after the administration of glucose is possibly

the most important finding in helping to establish or disprove the existence of diabetes or a pre-diabetic tendency. In some instances in which the curve is suggestive but not conclusive, Glucocorticoids may be given eight hours and again two hours before the making of the test as suggested by Conn and Fagans.

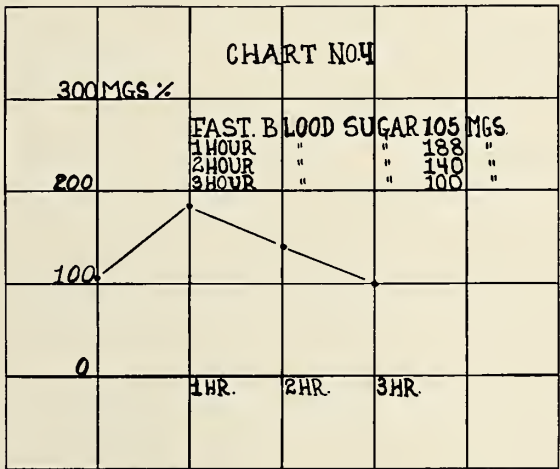


(b) The Diabetic Glucose Tolerance curve. The fasting blood sugar is usually above 100 or 120 mgm., and at the end of the first hour after the glucose is given may vary from 170 mgm. to as much as 300 mgm. At the end of the second hour the blood sugar is still well above the limits of normal, and seldom returns to normal at the end of the third hour. Glycosuria is usually present in varying amounts at the end of the first, second and third hours after the ingestion of the glucose.



(c) "Flat Curve." In this particular type of curve the blood sugars are normal or sub-normal both before and after the administration of glu-

cose. This type curve is some times obtained in patients who at rare intervals spill over small amounts of sugar in the urine. In several instances patients with this type of curve have been found to develop true diabetes in the course of three to ten years. This may represent an exhaustive phase of the pancreas following a long period of hyperinsulinism. This type curve might also be encountered in Addison's disease, hypopituitarism or hypothyroidism.



(d) Obesity Curve. In some obese patients the fasting blood sugar may be at the upper limits of normal and may rise slightly above the expected normal at the end of the first hour. It usually falls to normal at the end of the second hour after glucose. Glycosuria is seldom noted throughout the curve. The obese patient who loses appreciably in weight will oftentimes show

a marked improvement in his glucose tolerance curve when made at six- to twelve-month intervals.

Patients who have been receiving Steroid therapy may show a moderate elevation of their glucose tolerance curve. This frequently returns to normal a few weeks after the medication has been discontinued. It would appear to occur most frequently in individuals who have a family history of diabetes. In a few instances a permanent hyperglycemia and glycosuria has occurred and these patients have required insulin therapy for the control of the condition.

In conclusion one must admit that there are some errors in the diagnosis of diabetes. These errors most frequently occur in the various conditions in which glycosuria is the only suggestive finding of diabetes. The glucose tolerance test can be of the greatest value in helping to establish the diagnosis in questionable or borderline cases. Some patients with diabetes seldom present glycosuria and unless blood sugar determinations or a glucose tolerance test is made the diagnosis may be overlooked. In the majority of instances the correct diagnosis is not difficult to establish. Patients who are past forty years of age, obese and with a diabetic background are always to be thought of as potential diabetics. When these individuals present one or several of the classical symptoms of the disease the diagnosis can often times be definitely established by the glucose tolerance test.

23 East Ohio Street

Let us not make any mistake about this proposition of free choice. Let's define it in the only way it can be defined: He who pays the bills may choose whomsoever he desires for his medical adviser, but he who asks someone else to pay his bills is obliged to accept the choice of the giver of the gift. There can be no other definition of the expression "free choice."

Elmer Hess, M.D., Past President A.M.A.
In the *Bulletin* of the Los Angeles County
Medical Association

Glucagon—The Hyperglycemic-Glycogenolytic Factor

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THE CONTROL of metabolic processes and particularly of sugar metabolism has been the subject of research for many years. The greatest emphasis has been placed upon factors which tend to lower blood sugar because of the obvious importance of diabetes mellitus and its control by insulin.

On the other hand, relatively less interest has been shown in drugs which raise the blood sugar, since this can be accomplished by the ingestion of food and (during periods of fasting or starvation) by the mechanism of release of carbohydrate from liver and from adipose tissue.

A number of factors have been known to effect such release of sugar, among them epinephrine and the glucocorticoids. Another having similar action is glucagon, the hyperglycemic-glycogenolytic factor of the pancreas. Since it has been available for intensive study only in recent years, this review of the present knowledge of its specific actions is presented.

Glucagon was discovered and named over thirty-five years ago by Murlin¹ and his associates who reported that acetone precipitation of a pancreatic extract yielded a substance that caused marked hyperglycemia in dogs and rabbits. The extract was described as having "the power to act in just the opposite way to insulin; namely, to raise the blood sugar both of normal and diabetic animals enormously." Thus, interest in this hyperglycemic factor has in some measure

paralleled the development of insulin, particularly in relation to its crystallization and final chemical characterization.

Glucagon is the hyperglycemic-glycogenolytic factor of the pancreas and small amounts of it have been found in most of the commercial preparations of insulin. The interest of our laboratories was restimulated several years ago by the observations of Sutherland and deDuve,² which suggested that it might be a contaminant of insulin which conceivably could alter the physiological action of insulin in such a manner that undesirable therapeutic effects might result. Work was instituted in the Lilly Research Laboratories which has eventuated in the isolation of the substance from insulin, its crystallization (1953),³ and finally its structural chemical characterization (1957).⁴

The precise site of origin of glucagon is still somewhat in question, although considerable experimental evidence points to the alpha cell of the Islands of Langerhans as the most likely source.^{5,6} The beta cells have been definitely eliminated since glucagon can be obtained from pancreases in which the beta cells have been destroyed by alloxan.⁵ Efforts to destroy alpha cells have not been as successful. Fodden and Read⁷ showed that the pancreases of rabbits treated with cobaltous chloride, which has a short-lived toxic effect on the alpha cells, still contain an appreciable quantity of a hyperglycemic factor presumed to be glucagon. On the other hand, synthalin A, which is another alpha cell toxin, apparently destroys glucagon since no hyperglycemic activity is retained in these pancreases. Sutherland⁸ has demonstrated that an extract of the gastric mucosa also has hyperglycemic properties. It is thought that perhaps this

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material may be derived from certain cells in the mucosa which have some, but not all, of the staining characteristics of pancreatic alpha cells. Recently, Bencosme⁹ made an extract of the uncinate process of the dog pancreas which is devoid of alpha cells, and was unable to demonstrate hyperglycemic activity. A few years ago Bornstein, Reid, and Young¹⁰ described a hyperglycemic substance found in pancreatic vein blood of animals which had been treated either with growth hormone or insulin. Sirek¹¹ presented evidence that this was not glucagon since the substance did not produce hyperglycemia in animals pre-treated with dihydroergotamine and proposed that the material was epinephrine-like. Fodden and Read¹² indicated that it could not be epinephrine itself since the methods they used to purify this hyperglycemic substance would destroy any epinephrine present.

Development and Clinical Significance

Immediately following the intravenous injection of insulin, an initial brief and hitherto unexplained rise of blood sugar occurs before the characteristic hypoglycemic action of insulin is established. This blood-sugar elevation was believed to be inherent in the action of insulin and it was not until Abel¹³ succeeded in crystallizing an insulin which manifested no hyperglycemic action that it became apparent that two different factors were present in these preparations.

In 1934 Scott¹⁴ described a new method of crystallization of insulin with zinc which was well suited for commercial production. However, this preparation, too, displayed hyperglycemic-glycogenolytic properties. Since the brief blood-sugar elevation occurred only when insulin was injected intravenously, and also because it was of very short duration, it was generally agreed that the presence of glucagon was of no clinical significance and there was no serious attempt to remove it. Consequently, practically all insulin samples produced in the United States have contained a small percentage of glucagon.

In 1945 deDuve and his associates² reopened the question when investigations of glucagon disclosed that commercial insulin of Danish origin produced no initial hyperglycemic effect. In 1953, in the Lilly Laboratories, Staub³ isolated the hyperglycemic factor in crystalline

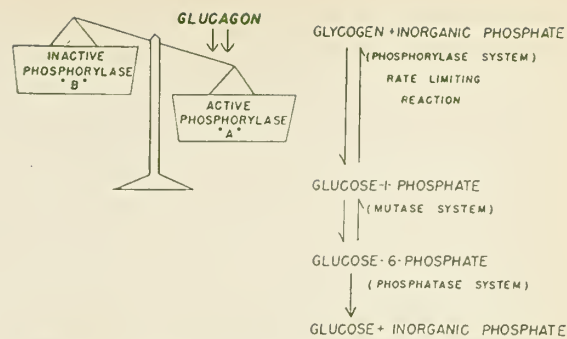


Figure I. Site of action of glucagon. Stimulation of phosphorylase system. (Kirtley, et al., *Diabetes*, Vol. 2, No. 5, 1953)

form. deDuve¹⁵ had estimated that the contamination of glucagon in commercially available insulin ranged in amount between 1 and 10 per cent. However, later and more precise measurements have shown that the amount present did not exceed 0.3 to 0.5 per cent.¹⁶

Sutherland and Cori (1948)¹⁷ determined that the principal site of action of glucagon was on the enzyme necessary for the breakdown of liver glycogen to glucose. Glucagon converted inactive phosphorylase to active phosphorylase, thus initiating the first step in glycolysis (Fig. I). Extensive studies have been carried out since glucagon has been available in quantities sufficient for experimentation to determine whether this action is specific for liver phosphorylase or if, on the contrary, it is related in any way to the well-known effects of epinephrine. As a result of these investigations, it has been shown that about the only property that epinephrine and glucagon have in common is the elevation in blood glucose.

It has been definitely established that glucagon has no effect on muscle glycogen.¹⁷ Whereas pyruvate and lactate levels are elevated following epinephrine administration (Fig. II), which represents muscle glycogen breakdown, there is no elevation of pyruvate and lactate following glucagon and indeed, there may be an actual fall in blood values.^{17, 18} Furthermore, the hyperglycemic response to glucagon is not blocked by adrenergic blocking agents, such as hexamethonium bromide, or by dihydroergotamine, which is found to be the case when epinephrine is used.¹⁹

Chemistry and Site of Origin

Early chemical studies (1935)²⁰ of glucagon indicated that it was a protein closely related to

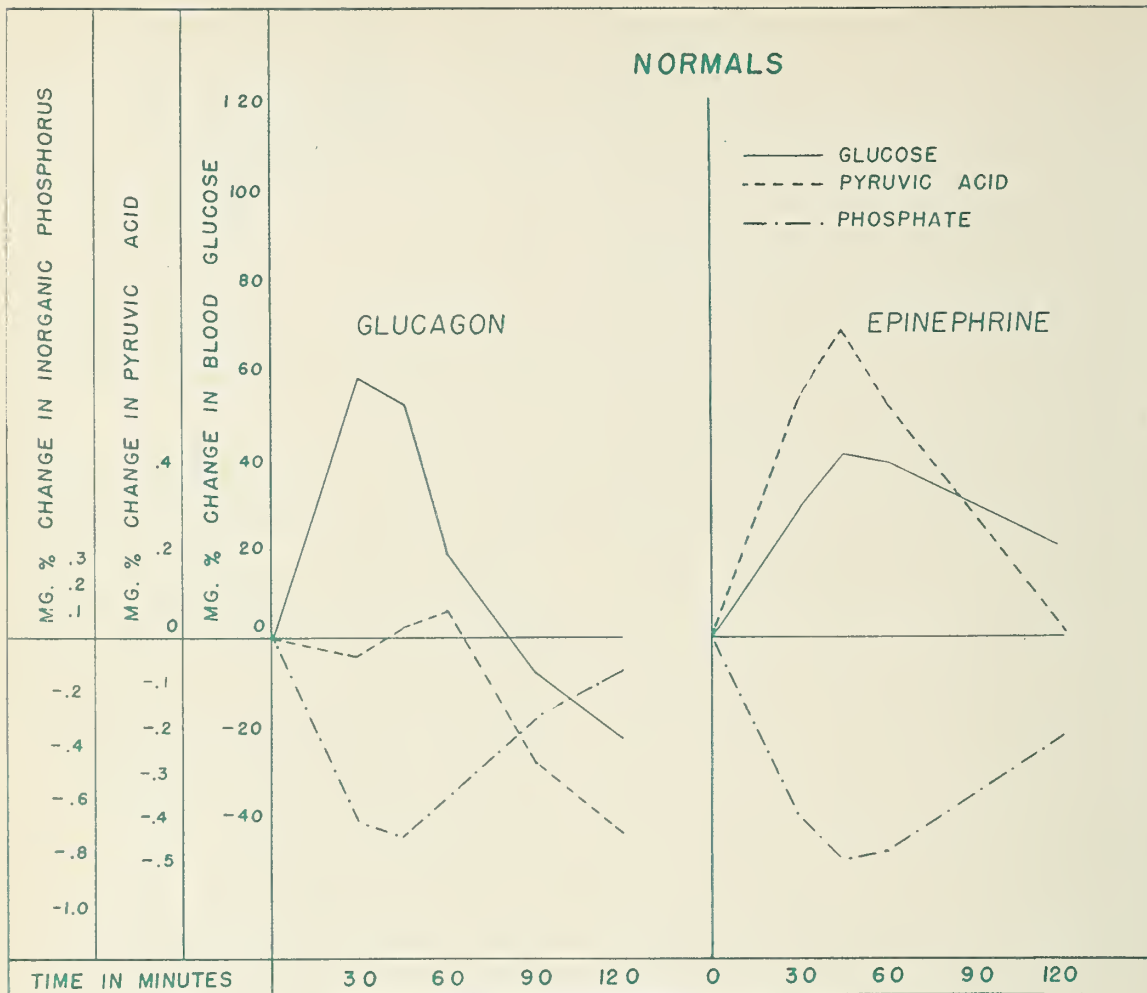


Figure II. Typical glucose and phosphate response in non-diabetic patient after glucagon and epinephrine. (Kirtley, et al., Diabetes, Vol. 2, No. 5, 1953)

insulin; in fact, it was suggested that glucagon might be a breakdown product of insulin. Following the crystallization of glucagon (Fig. III) it was soon determined that the substance differed from insulin in many important aspects. (Glucagon contains no cystine, proline or isoleucine, while methionine and tryptophane are both present, which is different from insulin.²¹) Finally, Bromer *et al.*⁴ have recently announced the complete structural analysis of the glucagon molecule. This work was patterned after the methods developed by Sanger and his co-workers²² for studies on the analysis of insulin.

Physiology

At present the function of glucagon has been only partially clarified. Even prior to purification and crystallization it had been determined that one site of action was related to the activa-

tion of phosphorylase, a necessary step in glycogenolysis in the liver. Its most obvious action, however, that of elevating the blood sugar, led to some speculative concepts which may be in error, particularly that glucagon acts antagonistically to insulin. Van Itallie²³ has pointed out that the term "antagonism" may be variously interpreted and that if considered as meaning inhibition of insulin action, such a concept is erroneous. deDuve¹⁵ believed that insulin free of glucagon would show about 10 per cent enhancement of its activity. Present evidence does not indicate that this is so. Root²⁴ added glucagon to insulin in amounts up to 100 per cent by weight and found no effect whatsoever on the mouse convulsion assay of insulin. There was a temporary hyperglycemia occurring during the first thirty minutes, but neither the peak of response to the insulin, nor the duration of effect

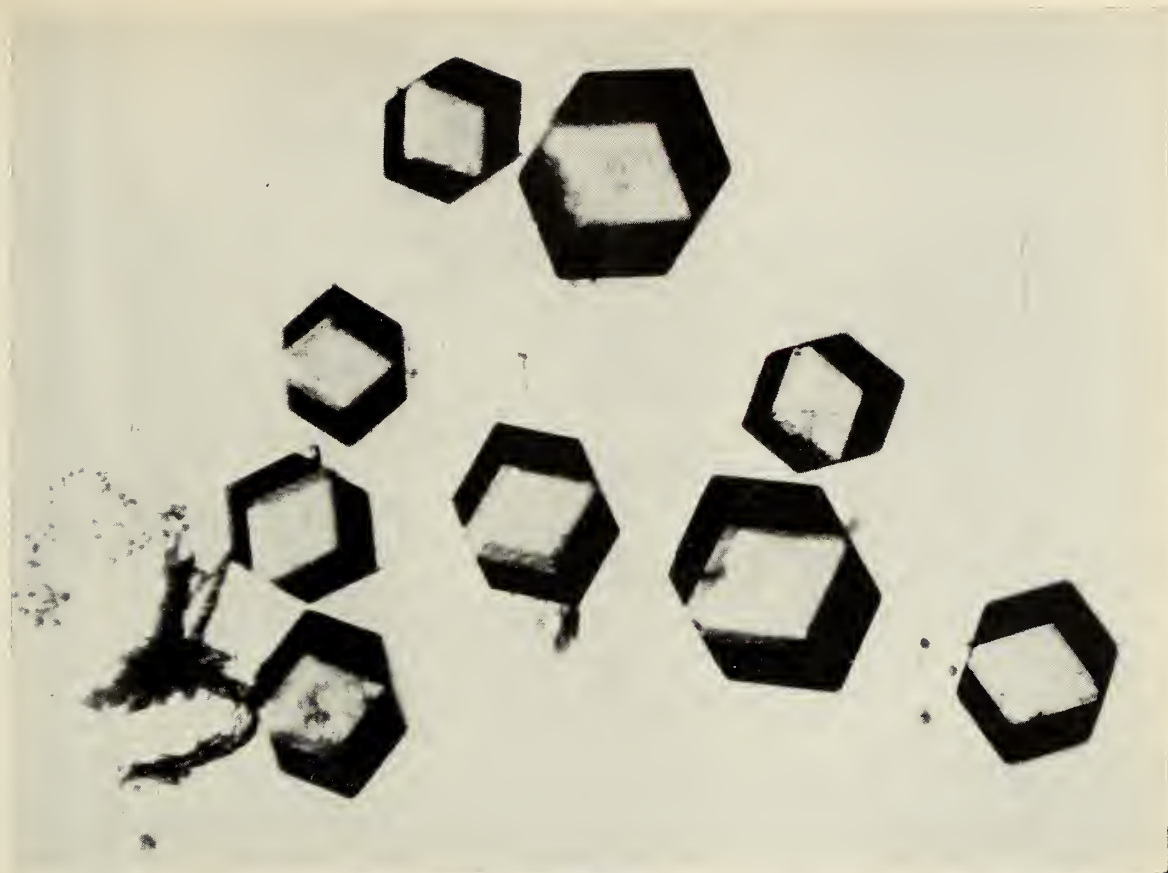


Figure III. Glucagon crystals.

were influenced in any way. Similar findings were obtained with rabbits.

✓ If the action of glucagon is actually antagonistic to insulin, then peripheral utilization of glucose should be blocked. Such an action can be demonstrated with both epinephrine and with growth hormone.²⁵ Van Itallie and his co-workers could find no such inhibitory effect with glucagon and actually demonstrated an enhancement of glucose utilization.^{26, 27} Confirmatory results have been obtained also by Elrick.²⁸ Tomizawa²⁹ is of the opinion that the increased peripheral utilization following glucagon administration is probably the result of the traces of insulin remaining as a contaminant of the preparations of glucagon which were utilized in these experiments.

Recently, an interesting new effect of glucagon has been reported—workers in Best's laboratory in Toronto³⁰ have demonstrated a marked increase in nitrogen output following the administration of massive doses of glucagon. On account of the similarity of nitrogen excretion

following glucagon and cortisone, they were led to investigate this action in certain clinical conditions. At dose levels of 10 to 25 milligrams over a 10-hour period in human subjects, glucagon was found to have beneficial effects in rheumatoid arthritis. Helmer and Kirtley³¹ have demonstrated similar clinical effects and have also shown that blood amino nitrogen levels fall after glucagon is given to normal and to adrenalectomized animals.

Additional evidence that glucagon exerts extra-hepatic action was demonstrated by effects on both the stomach and the kidney. Stunkard, Van Itallie, and Reis³² reported that glucagon inhibited gastric motility and secretion and also relieved hunger. Such inhibition of gastric secretion is found to occur not only in the innervated gastric pouch but also in the denervated pouch.³³ Insulin, on the other hand, will increase gastric secretion only in the innervated pouch.

Staub³⁴ observed an enhancement of renal excretion of electrolytes including sodium, potassium, chlorides, phosphates and radioactive io-

dine. This effect was independent of its hyperglycemic action and is thought to be the result of direct action on the kidney tubule.

Glucagon and Diabetes Mellitus

It is obvious that, from a speculative standpoint, a close relationship between diabetes mellitus and glucagon excess may be postulated. Since diabetes results from beta cell insufficiency, then perhaps it might also follow alpha cell overproduction. In the obese, hyperglycemic mouse which responds to insulin much like the middle-aged diabetic patient, Mayer³⁵ and co-workers have found that there is a relative increase in the number of alpha cells in the pancreatic islets. Furthermore, when substances are used which destroy alpha cells, these animals lose their hyperglycemia and their insulin resistance.

Since experimental diabetes can be induced by such substances as growth hormone, similar experiments were carried out with glucagon. Glucagon was administered chronically over a period of six months by multiple intraperitoneal injections to animals with no evidence of permanent diabetes.³⁶ On autopsy it was found that liver glycogen was markedly increased. The glucagon utilized in this study was short-acting material and in an attempt to prolong activity, Salter³⁷ incorporated glucagon in oil and administered it intramuscularly. A diabetic state was induced in these animals which persisted for variable periods of time after the interruption of therapy. However, permanent diabetes was not established.

Early work with diabetic patients demonstrated a difference in response between stable and unstable diabetic individuals.³⁸ The rise in blood sugar was significantly greater in the unstable group which may have been an indication of the availability of the liver glycogen, since this difference was apparently overcome when the glucagon was given after a meal rather than in the fasting state.

Glucagon does not seem to be a reliable test for liver function because the blood-sugar level is actually the result of two variables, namely, glycogen availability and peripheral utilization.²³

Glucagon Deficiency and Glucagon Excess

No clear-cut clinical entities have been demonstrated which are the result of alterations in

normal glucagon content of the pancreas. McQuarrie³⁹ has described a syndrome that he has named hypoglycemosi. It is characterized by hypoglycemic convulsions in children, which can be relieved by partial pancreatectomy or by the administration of either ACTH or glucagon. Examination of the pancreases of these children indicates that they are nearly devoid of alpha cells.

Presumptive evidence has been presented to indicate that alpha cell tumor may be related to the occurrence of benign peptic ulceration. Zollinger and Ellison⁴⁰ reported two cases in whom pancreatic adenomas containing no beta cells were found. It was theorized that the glucagon present in these adenomas may have stimulated the production of insulin from the beta cells, thus developing the clinical entity identical with the experimental ulcer induced by sustained insulin hypoglycemia. Contrary evidence to this theory may be briefly stated in that chronic and severe hypoglycemia resulting from insulin producing islet cells rarely causes peptic ulceration.

Glycogen Storage Disease

Since von Gierke's disease is characterized by low blood-sugar values, glucagon would seemingly be an ideal therapeutic tool. Unfortunately, there are several forms of glycogen storage disease. Only one single type has been correlated with diminished phosphorylase enzymatic action. Obviously, glucagon would have no influence in the type of glycogen storage disease associated with glycogen of abnormal configuration.⁴¹

Insulin Hypoglycemia

The fact that hypoglycemia as the result of insulin injection can be reversed by glucagon administration has practical application.

Schulman⁴² has demonstrated that glucagon is an extremely useful tool in terminating insulin coma in psychiatric patients who have received massive doses of insulin. He found that intravenously injected glucagon was the most efficient with lesser degrees of response being obtained with intramuscularly and subcutaneously administered material.

The response was not dependent upon the dose of insulin. Patients recovered as rapidly after receiving 2,000 units of insulin as they did with lower doses. The response to glucagon was more closely correlated with the degree to which the

dose of insulin had been effective in producing coma.

Studies are now in progress to determine the usefulness of glucagon in treating inadvertent insulin shock, particularly as might occur in the diabetic child. Here the intramuscular route is being utilized and the material is frequently injected by the parent. Encouraging results have been reported, especially when used in the very labile diabetic child. Doses have rarely exceeded one milligram in one milliliter of diluent.

As might be anticipated, it is necessary for the patient to take food by mouth shortly after awakening to prevent a lapse back into coma. This is also true when intravenous glucose is used.

Summary

Much remains to be learned about the action of glucagon and in particular, the assignment of its role in carbohydrate metabolism. Since both patients and experimental animals, who have undergone pancreatectomy, can be adequately controlled with insulin alone, it is apparent that glucagon cannot be regarded as a hormone essential to life, unless, of course, other sources of the hormone such as the gastro-intestinal tract act as a secondary source of supply.

Glucagon is not an insulin antagonist. It may actually assist in the peripheral utilization of glucose and consequently can be considered as antagonistic only insofar as it elevates the blood sugar. Its demonstrated effects on nitrogen metabolism indicate that perhaps an action on gluconeogenesis from protein sources may be present. This aspect of the problem is only beginning to be investigated, but it would appear that further work in this direction might prove most fruitful.

Additional studies on long-term administration, and particularly with long-acting preparations, when available, will contribute to the over-all knowledge of the problem. It can be anticipated that further interesting developments will be forthcoming in the very near future.

REFERENCES

1. Murlin, J. R.; Clough, H. D.; Gibbs, C. B. F., and Stokes, A. M.: Aqueous Extracts of Pancreas. I. Influence on the Carbohydrate Metabolism of De-pancreatized Animals, *J. Biol. Chem.*, 56:253, 1923.
2. Sutherland, E. W., and deDuve, C.: Origin and Distribution of the Hyperglycemic-Glycogenolytic

Factor of the Pancreas, *J. Biol. Chem.*, 175:663, 1948.

3. Staub, A.; Sinn, L., and Behrens, O. K.: Purification and Crystallization of Hyperglycemic-Glycogenolytic Factor (H.G.F.), *Science*, 117:628, 1953.
4. Bromer, W. W.; Sinn, L. G.; Staub, A., and Behrens, O. K.: The Amino-Acid Sequence of Glucagon, *DIABETES*, 6:234, 1956.
5. Volk, B. W.; Lazarus, S. S., and Goldner, M. G.: Alpha Cells of Pancreas—Morphologic and Physiologic Considerations, *A.M.A. Arch. Int. Med.*, 93:87, 1954.
6. Korp, W., and LeCompte, P. M.: The Nature and Function of the Alpha Cells of the Pancreas, *DIABETES*, 4:347, 1955.
7. Fodden, J. F., and Read, W. O.: The Activity of Extracted Pancreatic Hyperglycemic-Glycogenolytic Factor After Cobaltous Chloride and Synthalin A, *Endocrinology*, 54:303, 1954.
8. Sutherland, E. W.; Cori, C. F.; Haynes, R., and Olsen, N. S.: Purification of the Hyperglycemic-Glycogenolytic Factor from Insulin and from Gastric Mucosa, *J. Biol. Chem.*, 180:825, 1949.
9. Bencosme, S. A.; Liepa, E., and Lazarus, S. S.: Glucagon Content of Pancreatic Tissue Devoid of Alpha Cells, *Pros. Soc. Exper. Biol. & Med.*, 90:387, 1955.
10. Bornstein, J.; Reid, E., and Young, F. G.: The Hyperglycaemic Action of Blood from Animals Treated with Growth Hormone, *Nature*, 168:903, 1951.
11. Sirek, O. V.; Sirek, A., and Best, C. H.: The Effect of Anterior Pituitary Growth Hormone on the Adrenergic System and the Pancreatic Secretion of Glucagon, *Rev. Canad. Biol.*, 14:285, 1955.
12. Fodden, J. H., and Read, W. O.: Isolation of a Hyperglycemic, Phosphorylase-Reactivating Substance from Canine Pancreatic Blood, *Am. J. Physiol.*, 182:513, 1955.
13. Abel, J. J.: Crystalline Insulin, *Proc. Nat. Acad. Sc.*, 12:132, 1926.
14. Scott, D. A.: Crystalline Insulin, *Biochem. J.*, 28:1952, 1934.
15. deDuve, C.: Glucagon, the Hyperglycaemic-Glycogenolytic Factor of the Pancreas, *Lancet*, 2:99, 1953.
16. Staub, A., and Behrens, O. K.: The Glucagon Content of Crystalline Insulin Preparations, *J. Clin. Investigation*, 33:1629, 1954.
17. Sutherland, E. W., and Cori, C. F.: Influence of Insulin Preparations on Glycogenolysis in Liver Slices, *J. Biol. Chem.*, 172:737, 1948.
18. Kirtley, W. R.; Waife, S. O.; Helmer, O. M., and Peck, F. B.: Effect of Purified Glucagon (Hyperglycemic-Glycogenolytic Factor, HGF) on Carbohydrate and Corticoid Metabolism in Normal and Diabetic Subjects, *DIABETES*, 2:345, 1953.

19. Ellis, Sydney; Anderson, H. L., Jr., and Collins, M. C.: Pharmacologic Differentiation Between Epinephrine and HGF Hyperglycemias. Application in Analysis of Cobalt Hyperglycemia, *Proc. Soc. Exper. Biol. & Med.*, 84:383, 1953.
20. Sopp, J. W.: Ueber das Glukagon die Hyperglykämisierende Substanz des Pankreas, *Ztschr. ges. exper. Med.*, 96:817, 1935.
21. Staub, A.; Sinn, L., and Behrens, O. K.: Purification and Crystallization of Glucagon, *J. Biol. Chem.*, 214:619, 1955.
22. Sanger, F.: The Free Amino Groups of Insulin, *Biochem. J.*, 39:507, 1945.
23. Van Itallie, T. B.: Glucagon: Physiologic and Clinical Considerations, *New England J. Med.*, 254:794, 1956.
24. Root, M. A.; Ellis, J., and Staub, A.: Effect of Glucagon on Insulin Hypoglycemia, *Proc. Soc. Exper. Biol. & Med.*, 85:507, 1954.
25. DeBodo, R. C., and Suikoff, M. W.: The Role of Growth Hormone in Carbohydrate Metabolism, *Ann. New York Acad. Sc.*, 57:23, 1953.
26. Van Itallie, T. B.; Morgan, M. C., and Dotti, L. B.: Effect of Glucagon on Peripheral Glucose Utilization in Man, *Clin. Res. Proc.*, 2:78, 1954.
27. Van Itallie, T. B.; Morgan, M. C., and Dotti, L. B.: Effect of Glucagon on Peripheral Utilization of Glucose in Man, *J. Clin. Endocrinol. & Metab.*, 15:28, 1955.
28. Elrick, H.; Hlad, C. J., and Witten, T.: The Enhancement of Peripheral Glucose Utilization by Glucagon, *J. Clin. Investigation*, 34:1830, 1955.
29. Tomizawa, H.: Discussion of Paper by Foa, *et al.*, *Recent Progress in Hormone Research*. (Academic Press), Vol. XIII, 1957, page 503.
30. Ezrin, C.; Salter, J. M.; Ogrzylo, M. A., and Best, C. H.: The Clinical and Metabolic Effects of Glucagon. Paper Presented at the International Congress on Rheumatic Diseases, Toronto, June 23-28, 1957.
31. Helmer, O. M.; Kirtley, W. R., and Ridolfo, A. S.: To be published.
32. Stunkard, A. J.; Van Itallie, T. B., and Reis, B. B.: The Mechanism of Satiety: Effect of Glucagon on Gastric Hunger Contractions in Man, *Proc. Soc. Exper. Biol. & Med.*, 89:258, 1955.
33. Lin, T. M.: Unpublished data.
34. Staub, A.; Springs, V.; Stoll, F., and Elrick, H.: A Renal Action of Glucagon, *Proc. Soc. Exper. Biol. & Med.*, 94:57, 1957.
35. Mayer, J.; Andrus, S. B., and Silides, D. J.: Effect of Diethyldithiocarbamate and Other Agents on Mice with the Obese Hyperglycemic Syndrome, *Endocrinology*, 53:572, 1953.
36. Root, Mary A.: Effect of Chronic Administration of Glucagon to Rats and Rabbits, *Proc. Soc. Exper. Biol. & Med.*, 87:108, 1954.
37. Salter, J. M.; Davidson, I. W. F., and Best, C. H.: The Pathologic Effects of Large Amounts of Glucagon, *DIABETES*, 6:248, 1957.
38. Kirtley, W. R.; Waife, S. O., and Peck, F. B.: Effect of Glucagon in Stable and Unstable Diabetic Patients, *Proc. Soc. Exper. Biol. & Med.*, 83:387, 1953.
39. McQuarrie, I.: Spontaneous Hypoglycemia: Clinical and Metabolic Studies. In Najjar, V. A., *Carbohydrate Metabolism*, 134 pp., Baltimore: Johns Hopkins 1952, Vol. 6, pp. 76-91.
40. Zollinger, R. M., and Ellison, E. H.: Primary Peptic Ulceration of the Jejunum Associated with Islet Cell Tumors of the Pancreas, *Ann. Surg.*, 142:709, 1955.
41. Hubble, Douglas: Glucagon and Glycogen-Storage Disease of the Liver, *Lancet*, 1:235, 1954.
42. Schulman, J. L., and Greben, S. E.: The Effect of Glucagon on the Blood Glucose Level and the Clinical State in the Presence of Marked Insulin Hypoglycemia, *J. Clin. Investigation*, 36:74, 1957.

Ob-Gyn Exams January 16

The Part I Examinations of the American Board of Obstetrics and Gynecology, are to be held in various parts of the United States and Canada, on Friday, January 16, 1959, at 2:00 p.m.

Candidates notified of their eligibility to participate in Part I must submit their case abstracts within thirty days of notification of eligibility. No candidate may take the Written Examination unless the case abstracts have been received in the office of the Secretary.

Current Bulletins outlining present requirements may be obtained by writing to the Secretary's office: Robert L. Faulkner, M.D., American Board of Obstetrics and Gynecology, 2105 Adelbert Road, Cleveland 6, Ohio.

The Diabetic Personality

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THE SUPPOSITION that a vague complex of psychic aberrations is peculiar to patients with diabetes mellitus is held by many physicians of greater or lesser experience in this field. There are occasions when the experienced diabetician can predict with uncanny accuracy the impending metabolic mutiny and may still be powerless to prevent its occurrence. Is this because of the existence of predictable abnormalities in the behavior of diabetic patients? Or is it because the physician has some intuitive understanding of the subtler aspects of human behavior, particularly in disease states?

There are extremists who seem to believe that diabetes mellitus is basically a psychosomatic disorder and that the appearance of the disease may be part of a diffuse response to noxious psychic stimuli. Other cycloptic extremists seem to feel that there is no psychic component either as a precipitant or a resultant of the disease. This is to be expected in a disease of unknown etiology such as diabetes mellitus.

Among the chronic and incurable diseases diabetes mellitus is unique in many ways. Very frequently the first few years of the disease produces no appreciable symptomatology. Therefore, when the metabolic deficiency is discovered on routine investigation, the incentives of relief of discomfort and attainment of normal physical activity are lost as representing the rewards of good control. The diabetic is faced with interminable diet restriction which virtually eliminates many highly gratifying foods such as ice cream, candy and rich desserts. The obese non-diabetic can always console himself with the thought that "some day I can throw this diet list away"—but to the diabetic, even the lean and lanky one, the diet quotation constitutes a "life sentence." There is no other disease which requires the daily self-administration of hypodermic medication and

holds the same threat of disaster if this ritual is not observed. The threat of disaster is further enhanced by the institution of daily urine testing in which the patient confronts himself with the evidence of any defection from strict control. In addition, the success or failure of diabetic control is largely dependent upon the active participation of the patient in treatment and his use of discerning judgment in unusual situations not specifically covered by his physician's instructions. Obviously, this places far more personal responsibility for the maintenance of disease control on the patient than is true of most other diseases. Variable patient reactions to these unique problems may help to account for the great difficulty in maintaining good control of diabetics in various studies reporting consistent normoglycemia in only 13.5%¹ to 22.4%² of their patients. Conversely, one might expect some degree of uniformity of patient reactions to such a formidable array of uncompromising conditions as those noted above. The latter may be a basic factor in producing the repetitive characteristics observed so often in the "uncooperative diabetic."

Speculation regarding the rather erratic and irrational behavior of some diabetics has led to many interesting studies relative to the common emotional patterns of the afflicted. Casual review of a considerable portion of the literature on this subject indicated that there has been a monotonous lack of success in all attempts to construct a psychological pigeon-hole into which the diabetic personality might be fitted. A systematic study of juvenile diabetic patients by Starr³ showed clearly that the segment of his group who defied all attempts at regulation were emotionally disturbed patients, but he did not show that emotional instability tended to precipitate diabetes. The finding that control of

diabetes is more difficult, or even impossible, in emotionally labile patients is equally true in functional gastrointestinal disorders, peptic ulcer, many forms of dermatitis, obesity, hypertension and others, and certainly cannot be considered a diabetic characteristic. Fairly extensive studies assessing the personality traits of diabetic persons and measuring their intelligence by Kubany *et al.*⁴ indicate that diabetic individuals are no more predisposed to abnormal behavior than are individuals with normal glucose metabolism and that the average diabetic I. Q. falls in the middle of the normal range. No relationship was found between the age of onset of diabetes and abnormal behavior in any of the personality variables. Experimental evidence presented by Hinkle *et al.*⁵ shows that stressful life situations may lead to important metabolic changes and changes in behavior. To make an assumption that the reverse of this sequence of events might occur and to postulate the process as an etiologic factor in diabetes is merely conjecture in view of present knowledge of the inter-relationship of psychic and somatic functions. It seems reasonable that any diseased organism, regardless of the nature of its incapacity, might respond to stress in an abnormal fashion and that the inadequacies resulting from the disease process would be exaggerated in evaluations of its total response. Gendel *et al.*⁶ studied young male (new) diabetic soldiers in the United States Army under variable conditions of stress and was unable to show any direct casual relationship between stress and the development of diabetes. There is a mass of evidence in existence to support the idea that the vicissitudes of life have a direct effect on the

course of the disease but no sound evidence to verify the supposition that psychic aberrations can precipitate the disease.

Conclusions are inappropriate in a paper dealing with a problem of this nature, for no conclusions can be drawn from the conflicting evidence presented by various authors. However, an opinion might be acceptable. There is probably no validity in the idea that diabetic people possess a psychic structure peculiar to their ilk. If they react in hostile and devious ways to the tyranny of metabolic manipulation, it is not because they are diabetic—it is because they are people.

BIBLIOGRAPHY

1. Wilson, J. L.; Root, H. F.; Marble, A.: "Prevention of Degenerative Vascular Lesions in Young Patients by Control of Diabetes" *American Journal of Medical Sc.*, Vol. 221, pp. 479-489, 1951.
2. Stearns, S.: "Some Emotional Aspects of the Treatment of Diabetes Mellitus and the Role of the Physician" *New England Journal of Medicine*, Vol. 249, pp. 471-476, 1953.
3. Starr, P. H.: "Psychosomatic Considerations of Diabetes in Childhood," *Journal of Nervous and Mental Diseases*, Vol. 121, pp. 493-503, 1955.
4. Kubany, A. J.; Danowski, T. S.; Moser, C.: "Personality and Intelligence of Diabetics," *Journal of Diabetes*, Vol. 5, pp. 462-466, 1956.
5. Hinkle, L. E.; Wolf, S.: "Importance of Life Stress in the Course of Management of Diabetes Mellitus," *Journal of the American Medical Association*, Vol. 148, pp. 513-520, 1952.
6. Gendel, B. R.; Benjamin, J. E.: "Psychogenic Factors in the Etiology of Diabetes," *New England Journal of Medicine*, Vol. 234, pp. 556-560, 1946.

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THE FUTURE OF DIABETES

Introduction

Diabetes continues to maintain an unchallenged position in the study of clinical conditions chiefly because it represents all aspects of medicine. The number of diabetic patients increases each year, not because it is as such on the increase, but rather because the thousands of undiscovered cases are now being discovered. The outlook for these future diabetic individuals is far brighter than for our present cases.

True diabetes is characterized by absence or deficiency of normal Beta cells of the Islands of Langerhans and the physiologic problems resulting from this dysfunction opens the door for studies which we hope will bring about a more thorough understanding and perhaps better treatment in the future. The disturbance of carbohydrate, fat and protein metabolism as presented

by the diabetic person is the result of some hormone disturbance, whether it is a deficient supply or an abnormal demand.

Research into the various phases of the cause, treatment and cure of diabetes is being maintained constantly with the hope that future diabetic patients may enjoy a longer life, be spared the complications and perhaps be returned to the same levels as the normal insulin producing individual. The various problems facing the clinician and numerous questions arising as the result of treating diabetes will be lightened as the research workers continue their efforts in the studies of the action of insulin.

The Future Diabetic Patient

Such questions as "What causes diabetes?," "Why did I get it?," "Is there a cure?," "Will

oral treatment ever be effective?," and many others have an excellent chance of being answered in the future. In the meantime better management has shown marked results. The life expectancy of a diabetic individual has increased in succeeding years and at the same time the death rate has decreased. The duration of the diabetic life has risen to about 20 years since the turn of the century and at the same time the average age at death has advanced to 68 years. The remarkable trend in the status is the result of earlier diagnosis, increased knowledge of the disease and better control. The out-look for the number of undiagnosed diabetic persons is brighter than it is for our present two million known cases. Many of the unknown cases will be discovered before they are handicapped and they will be better informed about their disease, from its very start, because of greater public information. The future will also see the establishment of more diabetic camps, greater numbers of teaching and nursery homes, and special provisions for the old. Research will continue in greater force as the general population will learn that the diabetic person is part of the test pattern and if their premature aging is postponed, the whole world will profit. Meanwhile the future depends on the alleviation of the present causes of disability and death in diabetic patients.

Causes of Death

Diabetic Coma

In the period of 1900 to 1915 diabetic coma was responsible for 60 to 62% of deaths. After it was determined that over feeding of fat was the cause, the correction of this dietary phase brought a sudden reduction to about 40% and at present the percentage has dropped to less than 2%. Comas are far less frequent and even acidosis does not reach the serious stage as often because of earlier recognition, better treatment and better training. Not all, but a greater majority of comas are represented by the underprivileged, ignorant, uncooperative and carelessly treated cases. In the future prevention is the word.

Arteriosclerosis

The incidence of death due to arteriosclerosis in its various manifestations has increased rather markedly in the past 40 years. Statistics show that the arteriosclerotic changes in the heart, kidneys and blood vessels generally in diabetes

are similar to those seen in non-diabetic individuals, but that it appears at a much earlier age. This is particularly true in the young diabetic patient with long standing diabetes. Is the future thereby hopeless? No. This is especially demonstrated in the case of gangrene. The mortality rate has dropped from 8.5% to a little over 2.9% in the last decade. It is also true that our arteriosclerotic changes are noted more frequently because of the increased span of life and because of the better control of acidoses and coma. Granted that the vascular changes still present a serious problem, the present management will surely express itself in fewer complications in the future.

Pneumonia

Pneumonia, as in a good many infections so readily seen complicating diabetes, does not represent a hopeless case. Here again better control and the use of the antibiotics has reduced the mortality as it has in the non-diabetic patients.

Tuberculosis

Twenty-five years ago tuberculosis with diabetes was certainly considered a fatal condition. Now, however, death from tuberculosis is a rarity. The great conquest of tuberculosis as in pneumonia has greatly reduced these causes of death which prevailed half a century ago.

Pregnancy

The mortality and morbidity risk of pregnancy in the diabetic woman parallels degree of vascular disease and consequent duration of diabetes. With pregnancy, so far as the diabetes is concerned, the maternal death rate has been greatly reduced. Here again it is due to earlier diagnosis and better management. The incidence of abortions, however, in diabetic mothers is three times as frequent as in the normal and stillbirths are from three to six times as common. Up to the present time this phase of diabetes with pregnancy has not been too encouraging. Likewise the fetal deaths have not been substantially reduced. Approximately 20% of diabetic pregnancies show fetal mortality. This high figure is the result of the unpredictable congenital defects in the new born. Chief among these are clubfoot, syncaclylea, hydrocephalus, anencephalia, meningocele, lesions of the eyes, pyloric stenoses, hemangioma, defects of the liver, kid-

neys and heart and atelectases. What part unbalance of the sex hormones of pregnancy has to do in the outcome of the fetus is still a debatable question. This fact is very definite; all babies of diabetic mothers should be treated as prematures, regardless of size.

Prevention of Diabetes

It can be truthfully stated that the chances for a diabetic mother producing a diabetic child are very slight. This does not mean that diabetes may not develop later in life but that the new born will not be diabetic from the start. Some care in persons with a diabetic background may be part of the answer in the prevention of diabetes in the future. It is definitely known that obesity is a prominent feature as an etiological factor in precipitating diabetes in families. Avoiding over-nutrition must be emphasized. Relatives of the diabetic patients should be urged to keep their weight within normal limits and regular examination of the urine is indeed a

worth-while procedure. When diabetic heredity exists further transmission of the disease can be blocked if a non-diabetic person or a person from a non-diabetic family is chosen as a partner in marriage.

Conclusion

The future of diabetes is brighter now than ever in the past. Research may bring about fewer complications, oral management and even eventual cure, but our present knowledge, when applied, makes the future more hopeful. Early diagnosis, better management, control of disabling conditions and efforts in the prevention of diabetes are all important steps toward the goal we are all striving for, namely, make the two million known diabetic patients and the one and one-half million undiscovered cases a valued part of everyday living because they are quite like their non-diabetic neighbor.

I. W. Wilkens, M.D.
Indianapolis

YOU OWE IT TO YOUR LEGISLATIVE CANDIDATES

This editorial has been inspired from reading the reports of the field secretaries who have been spending the summer months calling on all the candidates for the State Legislature. Many of these legislators have opened up with suggestions, others with criticisms. We pass them on for what use you may make of them.

You have often heard it said that Medicine is in politics up to its neck—and if you have followed the bills introduced in both the State Legislature and the Congress you cannot help but realize that your very life as a free practitioner is involved in the political scene. Sometimes unfavorable laws are passed with malice aforethought; more often they are passed because they are not thoroughly understood. It is the duty of your Commission on Legislation and your ISMA staff to see that legislators understand legislation pro and con affecting the medical profession and the health of the people.

Your Commission and staff can do little about changing a legislator's mind if he has been sent to Indianapolis with the blessing and financial assistance of our opposition. Dallas Sells, president of the newly merged AFL-CIO recently stated, "The problems of the next legislature will be decided at the November election." How true that is!

In spite of the fact that you are a mighty busy physician, you and your associates must visit with your legislative candidates (both federal and state) before election and learn whether or not they are on your side in today's big issues. Would you want to be accused of helping elect a representative who was pledged to ruin your professional future, or degrade the health of your patients? I could be wrong but I am firm in my belief that the majority of the men and women and the families who look to you for their health protection are on your side when

they enter the voting booths if they are made aware of the real issues at stake. You owe it to those with whom you are associated and you owe it also to your loyal candidates to overcome the smoke screen. Opposition is always well organized in every one of Indiana's 92 counties. They will be doing their level best to sell their philosophy at any cost. They are known for using misleading and confusing statements.

It is surprising the number of candidates who tell us the physicians of their community "apparently don't even know they are a candidate for the Legislature or Congress," but the chiropractors and other groups have certainly been paying attention to them. And so again we head for our most strenuous battle against cultism without the apparent support of the practicing physician or an understanding of the reason we have been fighting this cult since 1927. We have only one reason and it is simply, "the medical profession along with the Legislature has a moral responsibility to protect the health of the citizens of Indiana. We believe that any individual who is licensed to practice any branch of healing and holds himself forth as qualified to treat disease must have an educational background to enable him to recognize the disease he is treating and to know his limitations as to ability to treat such conditions. We, therefore, object to the establishing separate boards for the

licensure of different cults who later hold themselves before the public as qualified to treat any and all diseases. We believe, for the protection of the public, all such persons must be able to meet rigid educational requirements, and must be examined in the basic sciences as well as in theory, and that in the interest of protection of the public this is best done by having all such persons licensed by the same board. States who have permitted the establishment of separate boards have seen attempts made to practice beyond their qualifications, appeals for the rights to prescribe and administer drugs and the whole gamut of medical practice, by those not schooled in the use of such drugs and practice. Your candidates *don't know* that the state police and the Governor's office have cleared the medical board of any irregularities in the handling of chiropractic licensure—all *they know* are the charges which were hurled in the original newspaper articles.

What happens on this one issue, and many others, is up to you—Please don't stand idly by and let your opposition get away with it! Know your candidates and boost them with all your might. Let's prove our one goal is to protect the health of the citizens of our state.

James A. Waggener
Executive Secretary, ISMA

AMA Alerts Against Food Fads; Vast Educational Program Planned

Teaming up with the U.S. Food and Drug Administration and the National Better Business Bureau, the American Medical Association has announced plans for a concerted campaign against "food faddism."

The AMA program, aimed at educating the public on sound nutrition, will be conducted via television, motion pictures, public meetings, newspapers and magazines. Four educational aids to be used in the campaign were shown for the first time at the AMA PR Institute. One of them, a 20-foot exhibit, is designed for display at state and county fairs under auspices of local medical societies.

Commenting on the campaign, Dr. Charles S. Davidson, Boston, chairman of the AMA Council on Foods and Nutrition, said:

"Some Americans not only waste their money on food fads, but in many cases actually endanger their health. Federal agents have uncovered peddlers who claim their nutritional products will cure almost any disease. The greatest danger comes when sick people abandon accepted treatment to experiment with food fads or when they attempt to treat serious symptoms with nutritional products of unknown reliability instead of going to their family doctors for a checkup."

The President's Page

THIS IS the last President's Page that I am required to write. I wish to take this opportunity to publicly thank the commissions, the committees, the officers, and all of the employees of this association for their dedicated work and for the cooperation which I have received from them during the past year. It has been a pleasure to work with them and at the same time to have felt complete confidence in their ability to carry out the functions of the association.

I believe that we have made great progress in advancing the interests of the Indiana State Medical Association and of every individual member thereof. We have a lusty, well-knit organization with common objectives, increasing membership and a stable financial position. This has come about not by the efforts expended during only the past year, but by a continuation of the policies established through the past generations of Medicine. It is my fervent wish that we retain the same wise policies, reshaping them only to conform to changing times.

I see widening vistas and the opportunity for unlimited horizons in the future of medicine. Our Society is irrevocably a part of that brilliant future.

W. C. Jopling M.D.

Medical Panorama—

A. W. Cavins, M. D.

Terre Haute

In *California Medicine* for August, 1958, appears an article by legal counsel of the California Medical Association, Mr. Howard Hassard, regarding delegation of duties in the practice of medicine. Since this is an ever recurring problem in the physician's daily conduct of his affairs, it is felt that a few quotes from the California article might bear repeating in Indiana:

THE MODERN PRACTICE of medicine necessitates the use by physicians of many aids, including technicians in various specialties. A physician must rely not only on the nursing profession but also on laboratory technicians, x-ray technicians, physical therapists and others. None of these assistants are licensed to practice medicine and surgery, although some—clinical laboratory technicians and physical therapists for example—are licensed for limited purposes within their own functional areas.

A license, whether to practice medicine, law, dentistry or other profession or occupation, confers a personal privilege that is not transferable.

* * *

While a literal application of the Medical Practice Act would prohibit the delegation of any medical function to a non-physician assistant, it is quite obvious that reason forbids any such literal interpretation. Bear in mind that any penetration of tissue is the practice of medicine; that any therapeutic treatment is the practice of medicine; and that any diagnostic procedure is the practice of medicine.

That the courts will follow a rule of reason is evidenced by the *Chalmers Francis* case, in which a nurse anesthetist was held not to be unlawfully engaged in the practice of medicine when acting under the supervision of the operating surgeon.

Another example is *Sherman vs. Hartman*, 137 Cal. App. (2d) 589, where the court held that a physician who had started

a transfusion could lawfully leave the patient in charge of a registered nurse. The court said: "Defendant (the doctor), finding that the transfusion was working properly in accordance with good medical practice, left the patient in the hands of a registered nurse. . . . He had the right to assume that, being a registered nurse . . . she had the requisite training and knowledge to perform the simple act of watching the transfusion and seeing that if the needle slipped . . . the dripping of blood was stopped and a doctor called. . . ." (Actually, the nurse went to lunch and sub-delegated the task to an orderly! He failed to act promptly when the needle slipped.)

However, application of a rule of reason does not mean that wholesale, unnecessary or publicly undesirable delegations of duties by a license physician will be condoned.

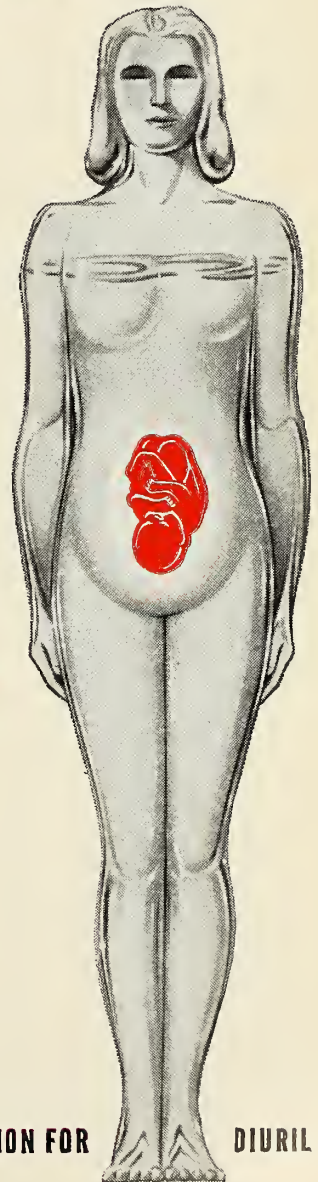
When faced with the necessity of deciding whether an act is or is not unlawful, the courts are very likely to be guided by established custom, particularly the practices followed in teaching institutions, accredited hospitals and the like. A physician who delegates to an office assistant or other unlicensed person functions that his colleagues do not delegate or do not consider safe to delegate, is running the risk of legal charges of several types, including disciplinary action by the Board of Medical Examiners.

While the cases cited are from California courts, nevertheless, the general principles involved could apply anywhere. It does no harm to ponder occasionally on these matters since there are some who ponder on them continually, but not always with benign motives. This is a risk involved in civilization itself, and the physician must be prepared for it.

Of course, an entire editorial could be written about the conduct of the nurse in the transfusion case. Perhaps there was some other overriding duty to perform such as a votive libation to *Caffeineus*, god of the coffee-break. Who knows?

pregnancy

....caused an excellent
diuresis, with
reduction of edema,
weight, blood pressure,
and albuminuria....”



ANY INDICATION FOR DIURESIS IS AN INDICATION FOR

DIURIL

Strategy Is Everybody's Business†

FRANK ROCKWELL BARNETT*

IT IS ALWAYS a genuine pleasure for a research professor to be unchained—temporarily—from his shelf in the ivory tower and afforded the chance to inflict his *theories* on a whole roomful of practical-minded men of affairs. I hope to prove, however, that one of the *most practical*, down-to-earth assignments for the American doctor today is to become a serious student of public affairs—including politics, economic philosophy, foreign policy, national defense strategy and the educational theory that molds your children—and through them—the will and character of this nation in the time of trouble that lies before us. For the next two decades may decide the fate of man for the next 500 years, or forever.

Doctors are often very stern when they prescribe for patients who refuse to take warning signs seriously. May I, as a layman, turn the tables and be somewhat stern with this distinguished body? The “patient” in this case is the body politic: a free society which encourages individual initiative in business, law, medicine and engineering. The diagnosis for that civilization is cancer in the intestines and paralysis of the will. The prognosis is an untimely and for a patient too soft to endure surgery, too undisciplined to take medicine, too purposeless to survive. It will involve intellectual therapy and moral hygiene; or, in old-fashioned terms, homework and willpower.

I hope to demonstrate that it is important for doctors to think about political muscle tone, ideological x-rays and preventive education. I hope also to indicate that—unless at least one

man out of every three in this room commits himself to an active role in public affairs—then it is unlikely that your profession will survive its competition. By “competition,” I do not mean the friendly race between Blue Cross and other insurance programs. There is a new kind of “competition” abroad in the world today. This form of COMPETITION, spelled in “all-caps,” is designed to destroy—utterly and for all time—the moral, legal and political framework of the civilization which undergirds our voluntary society. If Genghis Kahn & Co. win this competitive struggle, there will be no second chance for freedom.

The American Voluntary Society faces two mighty competitors—World Communism and International Socialism. Some students would argue that Communism and Socialism are twin engines in the same juggernaut. But perhaps there are useful distinctions. The threat of Communism is largely external, military, scientific, political and economic. It is an *immediate* threat. Its weapons are violence, subversion, propaganda and blackmail. The danger of Socialism is largely internal and long-range. Its weapons are education, persuasion and the ballot-box.

Many Socialists are firmly opposed to the force and terror of Communism. Socialists—unlike hard core, fanatical Communists—are sometimes open to counter persuasion from men sufficiently articulate to debate issues with them. Socialists have been voted out of power in England and Australia—but when Communists have been threatened by the will of the people, they have, as in Hungary, sent in armored divisions to crush the opposition to lifeless pulp.

Although I do not in any way agree with Socialist economic theory, it is only fair to admit that many Socialists—as human beings—are honorable, decent and even idealistic people who want to achieve good things for humanity. They are not professional revolutionaries or conspira-

* Director of Research, The Richardson Foundation, Inc.

† Remarks made at the annual meeting of the Conference of Presidents and Other Officers of State Medical Associations, San Francisco, California—June 22, 1958.

(The opinions herein expressed do not necessarily represent those of the Richardson Foundation, Inc.)



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References:

1. Blanchard, K., and Ford, R. A.: Clin. Med. 3:961, 1956.
2. Cass, L. J., and Frederik, W. S.: 2:844, 1951.
3. Hayes, R. W., and Jacobs, L. S.: Dis. Chest 30:441, 1956.
4. Schwartz, E., Levin, L., Leibowitz, H., and McGinn, J. P.: Am. Pract. & Digest Treat. 7:585, 1956.

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tors like the Communists. Indeed, some Socialists are so idealistic they cannot comprehend how ruthless and cynical Communists can be. When Communists come to power, socialist intellectuals are often the first to be purged. In Czechoslovakia, for example, a Socialist leader named Masaryk tried to walk a "middle course" between Communism and Western Democracy. He ended up, still in the middle-of-the-road all right—but from nine stories up where someone had pushed him out of the window.

Although they use different means, both Communism and Socialism confront America with a mortal challenge—and we are in danger of being caught between hammer and anvil. The external threat is ubiquitous and terribly real; yet free men hesitate to oppose the Communist enemy on all fronts for fear we may gradually surrender our own civil liberties, economic freedoms and political liberties to Big Government here at home.

Is there any way out of the dilemma? One remedy is to apply the American genius for voluntary action to the realm of public affairs. But this requires that the managers and professional leaders of our society must make Public Affairs their avocation—their full-time hobby. They dare not hold aloof from political life and from hard intellectual effort. They will have to do their "homework" in philosophy and history. And they must not wait for another Pearl Harbor or giant depression to move them to prudent action.

Pearl Harbor proves a point—because Pearl Harbor was an event that permanently changed the lives, fortunes and future of every man in this room. Beyond that, Pearl Harbor radically revised American axioms about world geography and power politics. In a handful of minutes, Japanese dive-bombers not only sank our Pacific Fleet; they also torpedoed unreal assumptions about the technical capacity of "foreigners" and the use of trade or good will as effective means of deterring aggression.

We had thought that East was East and West was West. We learned the hard way that 20th Century America is cheek by jowl with the Orient, that the Burma Road intersects with Main Street, that Tokyo and Berlin—and now Moscow and Peiping—are closer to Chicago

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than Philadelphia was to Boston at the time of the American revolution.

These lessons were derived from the bombing of Dec. 7, 1941. But on Dec. 6, 1941, America was already at war, even though we didn't know it; for while it takes two to keep the peace, it takes only one to make a war. So, as America slept, the carriers of Imperial Japan were converging on Hawaii. The bombs had been loaded, the pilots briefed, the mission assigned, the die cast for our people by war lords on the far side of the earth. We learned that war starts—not at the moment of the surprise attack—but when the enemy completes *his* final plans and commits *his* resources to conflict.

Again we are at war—a new kind of war with unorthodox rules and camouflaged weapons. Our failure to recognize that fact does not affect the designs of the Kremlin. Again, it is an enemy—not ourselves—who has decided to involve the United States in conflict. Again, our own good intentions are beside the point. And, again, there is danger our country may drowse through the afternoon of its December 6, through a night of no return, into another kind of Pearl Harbor—where the hour and the place, and the cost and the sacrifice are all determined by factors outside our control.

Only this time, the odds are much heavier against America than on that other December 6, 16 years ago. What if, in 1941, the power of Japan had already swallowed two-fifths of the earth? What if Japanese science had in some respects surpassed our own? What if Tokyo had dominated a billion people whose labor could be coerced to the cause of conquest? What if her fifth columns had penetrated every country in the world, including the United States? What if Japan had had vast natural resources, abundant water power, access to oil, no need to import steel or coal? And what if Japanese submarines and bombers, armed with atomic weapons, had been based as close as Alaska, Mexico, Canada, Catalina, Nantucket, Key West and Bermuda? The equivalent of this nightmare supposition has come to pass since 1945, with the Soviet Conquest of space and the invention of guided missiles—with the manpower of China and the resources of Eastern Europe feeding the Communist war machine—and with India, the wealth of Indonesia and the oil-rich Middle East only

three assassinations and a few street fights removed from the grasp of the Kremlin.

In short, an Asiatic conqueror stands on our frontier. Owing to science, the Atlantic Ocean is no wider than the Rio Grande. Owing to technology, the Pacific is no broader than Lake Michigan; and the wastelands of the North can be bridged in a few hours' flight. We Americans are face to face with the descendants of Genghis Khan.

Indeed, television brings Mr. Khrushchev into millions of American living rooms to lecture on the glories and inevitable triumphs of World Socialism. When a Soviet leader denounces Wall Street monopolies, his message is transmitted free of charge on the front pages of American newspapers and contributes to the general climate of opinion in this country.

"Conquest by Communication"

Khrushchev & Co. are no longer a rude barbarian horde. They are disciplined in science and well-armed with engineering. They are schooled in economics and political theory. They speak many languages. They have learned to use education, literature, art, trade and even religion as weapons of subversion. Above all, they are superbly trained in the conduct of symbol-warfare—in *conquest by communication* and *warfare by words*.

Symbol-Warfare Defense

That is why we must talk about management's responsibility for Public Affairs and National Security. In the past, wars were chiefly shooting matches, and businessmen naturally left Defense problems in the hands of America's soldiers. Today, the front is everywhere. Certain intangibles can literally "wash out" the material foundations of defense. If the world climate of opinion is mobilized against us by propaganda, we will lose markets, air bases and access to strategic raw materials. If, here at home, we lose the will to sacrifice or cynically disregard our spiritual traditions, our physical wealth will not safeguard American Civilization. Today, National Defense begins at the level of domestic political morality, the quality of citizenship training for our youth, and the reputation of American business growth both here and abroad.

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Problem of National Survival

Ancient Carthage, with its luxury standard of living, refused to make minimum sacrifices to support Hannibal and did not survive. Cato's relentless chant—"Carthage must be destroyed"—did not awaken the indolent Africans from their preoccupation with business-as-usual. They couldn't believe that Cato, like Khrushchev, meant what he threatened. Similarly, Rome itself, entertained with bread-and-circuses and arrogant in its splendor, did not *survive* the onslaught of the Vandals and Visigoths. The technical skill that built her roads and aqueducts, the "know-how" of her administrator, the glory of her law—none of these assets saved an effete and over-civilized Rome.

Nor did Rome's Gross National Product protect her. The Visigoths had no GNP whatsoever—only weapons and will power. These dismal comments on Carthage and Rome could be repeated for other proud civilizations. Many times in the past, nations with high standards of

living have been pushed to the grave by nations with low standards of dying.

History teaches us that when a people put indulgence before discipline, worship welfare and discourage risk-taking, they are likely soon to be forced into bankruptcy by a more vital Competition. Especially if they no longer believe in themselves. For nearly 25 years this country has been confused by a Cult of Doubt. Too many Americans suffer an odd guilt complex about their own way of life. Meanwhile the missionaries and conquistadors of the Communist Church Militant advance Marxism as the one true faith—and they are willing to die for their belief. That is why the battles of the Cold War are fought on our side of the Iron Curtain and at the Kremlin's initiative. That is why trying to contain Communism with a Maginot line of dollars and diplomacy is bound to fail. We forget that no *status quo* power has ever checked the thrust of a dynamic barbarian—for even if the "Defense" is 90% successful on every occasion, a civilization can be driven to its doom 10 yards at a time.

Soviet's Startling Technical Gains

In 1945, America enjoyed absolute air-atomic supremacy. In less than a decade, Russia has broken our monopoly in nuclear weapons, beaten us into space, produced jet aircraft and tested guided missiles. A system once contemptuously called the "ox-cart economy" has built the world's second largest navy, graduates more than twice as many engineers as America, and, by ruthlessly disregarding the claims of its consumers, is out-producing us in heavy machine tools, the basic equipment of war.

The Real Threat

But the greatest threat to our civilization may not stem from Soviet guided missiles or engineering of atomic weapons. We have brilliant scientists, able generals and inventive industrialists who doubtless can safeguard National Security on the technological front. It is in the realm of "Fourth Dimensional Warfare"—or psycho-social combat—that we are hopelessly outclassed. We know a lot about the tricks and techniques of mass persuasion—but we have not yet applied that knowledge to the main challenge of our time—how to beat Communism without fighting a hot war.

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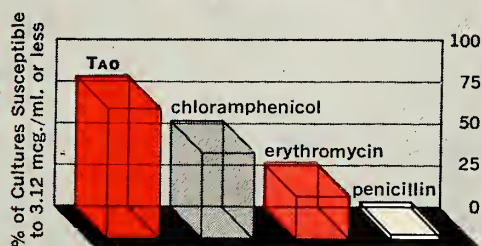
effective ...

CLINICAL RESULTS	adults	children	all Staph infections
Cured	172 (80%)	148 (89%)	71 (88%)
Improved	28 (13%)	8 (5%)	7 (9%)
Failure	17 (7%)	11 (6%)	3 (3%)

Types of infecting organisms: The majority of identified etiologic microorganisms were Staph. aureus and Staph. albus. Tao has its greatest usefulness against organisms such as: staphylococci (including strains resistant to other antibiotics), streptococci (beta-hemolytic strains, alpha-hemolytic strains and enterococci), pneumococci, gonococci, Hemophilus influenzae.

even
against
resistant
staph^{1,2}...

Per cent of "antibiotic-resistant" epidemic staphylococci cultures susceptible to Tao, erythromycin, penicillin and chloramphenicol.¹



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REACTIONS:

(a) adults
Total—9.2%
(20 out of 217)
Skin rash—1.4%
(3 out of 217)
Gastrointestinal—
7.8% (17 out of 217)

(b) children
Total—0.6%
(1 out of 167)
Skin rash—none
Gastrointestinal—
0.6% (1 out of 167)

There was complete freedom from adverse reactions in 94.5% of all patients. Side effects in the other 5.5% were usually mild and seldom required discontinuance of therapy.

plus ...

stability in gastric acid • rapid, high and sustained blood levels • high urinary concentrations • outstanding palatability in a liquid preparation

Dosage and Administration: Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg. q.i.d.; to 500 mg. q.i.d. in more severe infections. For children 8 months to 8 years of age, a daily dose of approximately 30 mg./Kg. body weight in divided doses has been found effective. Since Tao is therapeutically stable in gastric acid, it may be administered at any time, without regard to meals.

Supplied: Tao Capsules—250 mg. and 125 mg.; bottles of 60. Tao for Oral Suspension—1.5 Gm.; 125 mg. per teaspoonful (5 cc.) when reconstituted; unusually palatable cherry flavor; 2 oz. bottle.

References: 1. English, A. R., and Fink, F. C.: Antibiotics & Chemother. (Aug.) 1958. 2. English, A. R., and McBride, T. J.: Antibiotics & Chemother. (Aug.) 1958. 3. Wennersten, J. R.: Antibiotic Med. & Clin. Therapy (Aug.) 1958. 4. Celmer, W. D., et al.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 476.

suaders" to change consumer taste in salad dressing. We use high-powered public relations to boost the box-office appeal of a rock-and-roll cowboy. The Soviets exploit Pavlov, propaganda and group dynamics to overthrow empires and condition the masses to become addicts of Socialism. They use psychology to win the world.

Propaganda has always been a tool of the Conqueror. In the age of radio, television and mass literacy, however, political warfare has become a *primary* weapon. The Communists, like the Nazis before them, use the strategy of terror to frighten the West into inaction, to promote class warfare and thus divide and conquer, to encourage neutrals to ride the Soviet wave of the future. The danger of the Russian *sputnik* is not just that it means Moscow can probably put a missile on New York or, in the near future, aim atomic guns at Pittsburgh and Detroit from a platform in outer space. *Sputnik* is a symbol of Successful Socialism. All over the world, intellectuals and politicians—already half in love with Marx—are saying: "If Socialism can do such wonderful things in science, why not give it another chance with business? If Communism

is efficient in the laboratory, let's try it in our factories. If Marxism can plan a *sputnik* and build so many splendid schools of engineering, we must have Social planning and Social engineering for every part of our society. Capitalism is obsolete."

Despite the record of American enterprise, millions of people—including some in this country—will believe that propaganda. Why? Because very few Americans can *articulate* what it is we really stand for. We perform, but performance is not enough in an age of mass media. The Communists capture the slogans, manipulate the symbols, pervert the communications. The *facts* are on our side; but facts don't necessarily move men to action. More often, men are motivated by theories, by hopes and hatreds, by envy, fear or inspiration. The Communists have done their homework in the human subconscious. From superstitions and buried emotions and bed-rock beliefs, they have mixed the weapons of fourth dimensional warfare.

They have put this knowledge to practical use. With blackmail and infiltration, they captured Czechoslovakia without firing a shot. That

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- * 1. Welsh, A. L., and Ede, M.: J.A.M.A. 166:158, 1958.
2. Bleiberg, J.: J.M. Soc. New Jersey 53:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. 3:839, 1956.
4. Bleiberg, J.: Am. Practitioner 8:1404, 1957.
5. Clyman, S. G.: Postgrad. Med. 21:309, 1957.

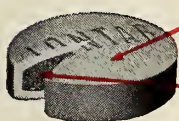
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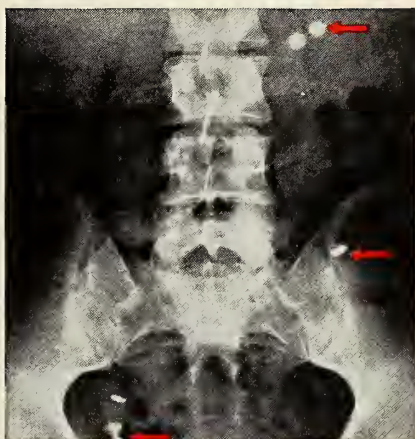
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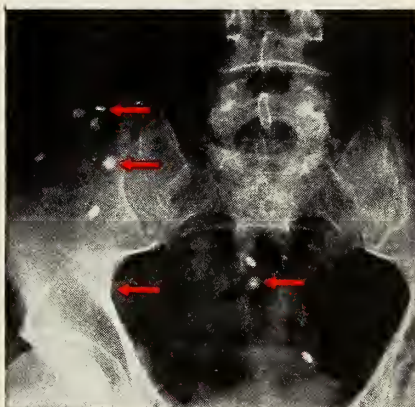
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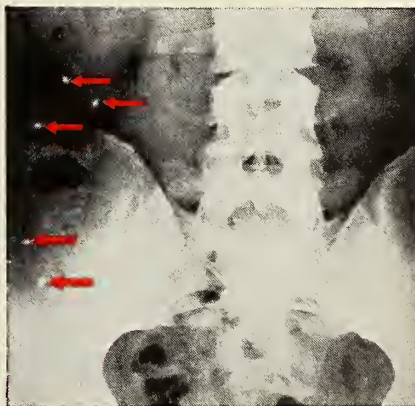
2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



4 hours Lontabs are in the ileum and cecum as core has steadily eroded.



8 hours Lontabs are still visible as substance of core continues to be released.



meant they got the Skoda Works intact. For 30 years Moscow trained many oriental Communists in its academies of political warfare. The alumni are today the rules of Red China, the overlords of North Korea, the leaders of the Communists thrust into Southeast Asia. No Russian soldiers died to score these victories. In recent months, Communism has won elections in India, Indonesia and South America. It has penetrated Syria and Egypt. It is growing like a weed in the fertile fields of Africa. It controls powerful party machines in France and Italy. Communists political strategy, in short, is not an ivory tower experiment. It pays Moscow huge dividends in real estate, military bases, raw materials, manpower—and continuous trouble for the United States.

These things don't happen by accident. Communism is not just an idea; it is a power-technique. Behind the Iron Curtain, there are more than 100 schools and colleges of propaganda and subversion. Many Russians get a first-class education in math, physics and foreign languages. But other Russians—and selected recruits from Asia, Africa and Latin America—receive professional training in Conflict Management and

psychological tactics. We have the Harvard School of Business; they have the Lenin Institute of Political Warfare—for politics is the chief business of Communism.

It is imperative, of course, for this nation to win the contest of science, electronics and military hardware. Otherwise, the Soviets will blackmail us into surrender. But we cannot guarantee our security by simply catching up or staying ahead in science. After all, we were ahead of them for 35 years when, in spite of our technological superiority, they scored victories by irregular methods. We must create a shield of science to ward off a hot war; but we must also learn to make stronger moves on the ideological, political and economic squares of the Cold War Chessboard.

To do that, we must raise the standards and improve the quality of education in economics and philosophy, American History, political science and foreign languages—as well as in science and engineering. And we must not be afraid of competition in the classroom, for young America in the next two decades is going to face the most ruthless competition the world has ever known.

American Business cannot afford to be a mere spectator at this match for the future of mankind. The “managers” of Soviet Society are all committed to agitation and politics. They are conflict minded. You can't do business with Moscow, because Communists are not businessmen or statesmen. They are professional revolutionaries. Their foreign aid personnel are comandos; their artists are propagandists; their diplomats are spies; their economy is based on the cost accounting of the battle field, where every resource is squandered in order to defeat the enemy. Since Communists have a combat mentality, you can't reason with them. If we don't want to fight them—or surrender—we must learn to beat them in the precincts of the Middle East, in the lobbies of the United Nations, in our own classrooms and pulpits, and before the court of world opinion. Our own managers dare not be aloof to this challenge.

The Communist Party, through the apparatus of *total* government, can mobilize the total resources of the Sino-Soviet Empire. Our limited government, by definition, cannot and should not compete with Moscow across the board. If it did, Washington would have to regulate busi-



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ness, control the press, police our schools and regiment our voluntary agencies. This means that, unless private institutions take over many areas of non-military defense, the ubiquitous thrust of Communist Conflict Management will be unchecked at crucial points.

Why should business be asked to serve? Primarily, because our *economic* system is the crux of the whole struggle—and because, in a sense, this is the Business Society. Each year, a very high percentage of our college graduates are recruited by Business. Although there are extremely able men in other walks of life, our greatest reservoirs of inventive talent, drive, organizational vitality and brainpower lie in the world of industry, commerce and finance. Yet with certain notable exceptions, Business Leadership has not taken full responsibility for safeguarding the moral, intellectual and political framework which ensures its opportunities to make the economic system “pay off” for all America.

Businessmen Cannot Stand Aloof

This Republic was founded, of course, by bankers and lawyers, businessmen and a general. The frontier was “civilized” by business leaders who took an active part in the *citizenship function*. Today, however, many business leaders regard “politics” as beneath their dignity. Unfortunately, American civilization can be crippled—and even destroyed—by concepts which lead first to changes in the “climate of opinion” and, ultimately, to the *hard facts* of power politics.

If the “Business Society” is destroyed outright—or simply “withered” by politics and propaganda—business leadership has only itself to blame. After all, every great corporation has more than enough “surplus” to allow some of its best brains to stop thinking about production and sales and start thinking about National Defense, Citizenship Education, Foreign Policy and Economic Philosophy. One way for business to attack these complex problems systematically—and with sophistication—would be to build an

Academy of Industrial Statesmanship. This would be, in effect, the equivalent of the Harvard School of Advanced Management in the area of Public Affairs, National Defense, Citizenship Training, and the “theology” of American-style capitalism. Its purpose would be to produce articulate champions of freedom who could compete with the lobbyists for Marx in the never-ending battle to condition the climate of opinion.

Another place to improve the machinery of Ideological Defense might be with the lever of Corporate Philanthropy. American Business now gives to good causes more than \$500 million a year. Perhaps 5% of that total should be used to pay a cultural life insurance premium on America, in the light of Khrushchev’s boast that our grandchildren will live in a Soviet Socialist America. Recent events suggest at least three more questions about private philanthropy:

1. If the Soviet challenge is not to result in eventual Federal control of our schools, must not business give even more generously to improve the quality of American education?
2. Cannot business get much more for its charitable dollar by applying the same professional standards to giving away money that it does to making it in the first place?
3. Should not industry begin to reappraise its pattern of giving—shifting some investments from the portfolio of community welfare to the portfolio of National Survival, allocating priorities, evaluating results and, in general, managing corporate largesse with the same discrimination and purpose that mark other phases of business operations?

Goals for the Future

Ultimately, it may be desirable—even necessary—for great corporations to appoint Vice-Presidents of Public Affairs to spend full time on these matters. A waste of talent? At the

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beginning of the century, certain firms refused to adopt advertising. They perished. Now, most firms are hospitable to the subtler meanings of Public Relations. But beyond orthodox "public relations" lies the arena of Public Affairs in which the fate of American Civilization may well be decided in the next decade.

The Ultimate Weapon

One word more. The ultimate weapon is neither science nor politics nor psychological warfare. The ultimate weapon is human courage—and faith in certain unalterable moral laws. Unfortunately, some people have forgotten the true meaning of America. We are already half afraid of the honorable word "revolution," although we are the true revolutionaries. It was an American Revolution that gave the world its finest revolutionary ideal—the notion that government is the servant, not the master, of the people. The Communists—who call us "reactionary"—have turned society back to the days of the Pharaohs. The monuments to "Socialist Progress" erected in the USSR—like the pyramids of ancient Egypt—have been built with slave labor.

We Must Not Perish Through Failure to Recruit Our Elite

On the other hand, we Americans have developed the most flexible, continually progressing society known to man. Our so-called "masses" already enjoy luxuries undreamed of in other parts of the world. Our unique type of capitalism—almost as different from European cartel-capitalism as it is from Socialism—produces more welfare and more social justice than Communist Functionaries would even dare to imagine. But beyond that is the fact that we are truly free men. We have plenty AND freedom, together. We must not let this remarkable experiment in human liberty and opportunity perish from want of courage, or lack of sophistication, or failure to meet the problem with the ablest human resources at our disposal. That is why these questions of National Strategy and Public Affairs urgently require the attention of this audience.

It may be argued, of course, that the profession of medicine is a thing unto itself, that doctors have no business to "intervene" in the great affairs of state. The health of a democracy

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Dosage:

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Usual adult dosage is 2 capsules q.i.d.

Panalba KM Granules

For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 20 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.



depends, however, to a large degree on the quality of its participating units. If doctors are to abdicate their responsibilities as citizens, why should not engineers and scientists, college professors and bankers take a similar view? In a sense, we are all professionals; and we are also all responsible for preserving our freedoms. If we are to safeguard a society in which *political* ethics make possible *professional* ethics, we dare not leave the formation of public opinion to demagogues. American doctors who are "too busy" to engage in public affairs—or do their homework—may find, in the years to come, that they may have to spend full time in some dismal underground, as did their colleagues in Nazi Germany or as men do today in Poland, Hungary and Czechoslovakia. Never before in history have the moral implications of the Hippocratic Oath been more urgently required, not alone for medicine, but for the whole free society.

The task may seem enormous; but the stakes are even higher. And let us remember that great events are always determined by minorities. Forty years ago Communism was confined to a

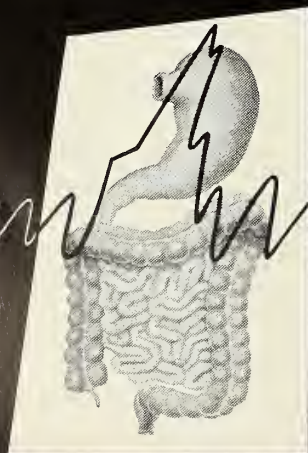
rented room in Zurich, the brains of Lenin and the ambition of a few other outcasts. Less than 100 men made the American Revolution. For a time the whole future of this nation was carried in the will and heart of a lonely man who walked the winter lines at Valley Forge persuading his ragged countrymen not to quit and go home. There is more than enough talent in this one room to change the course of history. But time is impartial. In politics and war, as in business, time is only on that side which knows how to use it.

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Dosage: The recommended adult dose is 1 Gm. (2 tablets) the first day, followed by 0.5 Gm. (1 tablet) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours.

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Tablets: Each tablet contains 0.5 Gm. (7½ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

references:

1. Grieble, H.G., and Jackson, G.G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958
2. Editorial: *New England J. Med.* 258:48-49, 1958.

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Deaths . . .

John W. Graves, M.D., 57, eye, ear, nose and throat specialist of Indianapolis, died September 6 in his home.

A graduate of I.U. Medical School (1927), he had been in general practice 31 years before specializing. Born at Corydon, Dr. Graves lived in Indianapolis the past 13 years.

He was an associate professor at Indiana University School of Medicine for 18 years and had taught at Indiana College of Mortuary Science two years.

Dr. Graves authored several text books, laboratory manuals and journal articles. He also participated in the discovery of many new drugs and medicines.

He was a member of the Indianapolis Medical Society, ISMA, AMA, Masonic Lodge and Scottish Rite as well as a former trustee of Wallace Street Presbyterian Church.

Dr. Graves served in the Army from 1942 until 1946 as a major.

William H. Long, M.D., retired Indianapolis physician, died September 4 in his home after a 10-year illness. He was 76 years old.

A native of Indianapolis, he graduated from Butler University and Indiana University Medical School, Bloomington (1908). He was a senior ISMA member and had just become a member of the 50-Year Club before his death.

He began his medical practice during WWI and was a WWI veteran. In addition to the Indianapolis Medical Society, ISMA and AMA, he was a member of the Central Christian Church, Ancient Landmarks Masonic Lodge, Scottish Rite, Murat Shrine, Robinson-Ragsdale American Legion Post and 40 and 8, all of Indianapolis, and the Clermont Lions Club.

Fred W. Terflinger, M.D., 84, retired physician and former superintendent of Logansport State Hospital, died September 5 in St. Joseph's Hospital, Logansport.

A Michigan native, he attended Medical College of Indiana (1902). He went to Logansport where he worked in the state hospital before becoming superintendent. He headed the hospital 10 years before becoming an Army medical officer in WWI.

After the war, Dr. Terflinger returned to the hospital in his former position, opening up a private practice six months later in Logansport.

He was a member of Cass County Medical Society, a senior member and 50-Year Club member of ISMA, AMA member, charter member and former president of the Rotary Club, and member of Elks Lodge and Orient Masonic Lodge No. 272.

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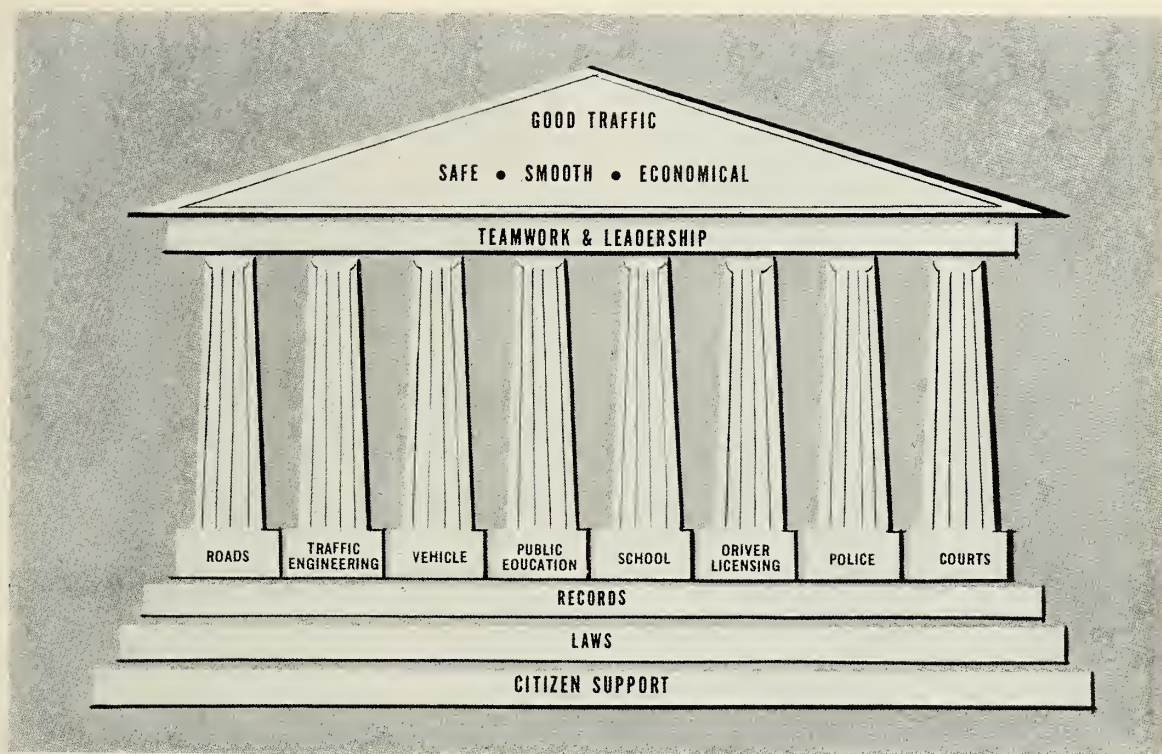
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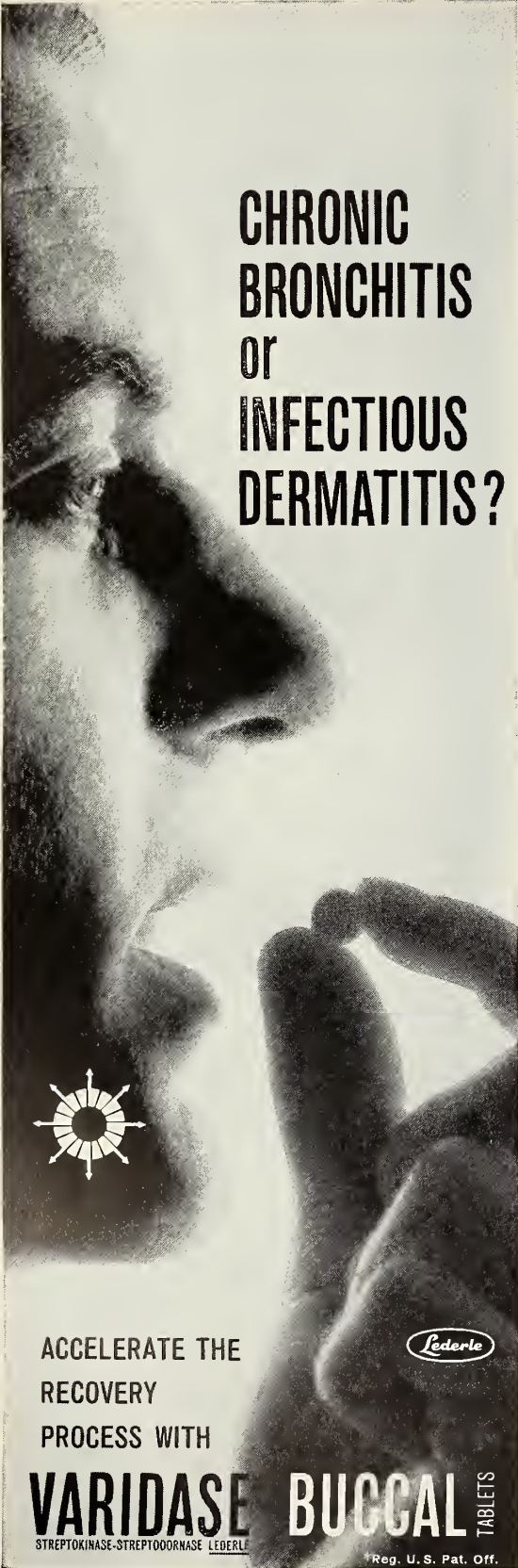
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Traffic is everyone's problem. Today—motor vehicles are so much a part of our very economic existence—so closely tied to our national strength—that our traffic troubles weaken our power to grow and continue to be strong. **Traffic is everyone's problem. But sometimes everyone's problem becomes no one's problem. That is the challenge to you citizen leaders. You—and you alone—can do something . . . can change things . . . can arouse public concern . . . can build public understanding and support.** It is a challenge which leaders are accepting. They recognize that many of the basic needs for sound traffic programs are basic community needs—good government . . . respect for law . . . adequate education . . . improvement of our communities generally. Almost 40,000 people lose their lives on streets and highways annually and a million four hundred thousand are injured. These deaths . . . these injuries—and the enormous economic loss—can be controlled by means already known . . . and tested . . . and in use today. Outstanding progress in controlling traffic problems has already been made in some states and communities. Further progress awaits the leadership of public officials and civic minded individuals or groups. **It is the No. 1 lifesaving challenge in America today.**



CHRONIC BRONCHITIS or INFECTIOUS DERMATITIS?



ACCELERATE THE
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VARIDASE **BUCCAL** TABLETS
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Pearl River, New York

Deaths

continued

Wilbur F. Smith, M.D., 69, former head of the medical staff at Marion County Home for the Aged, Julietta, died September 10 in Whitley County Memorial Hospital, Columbia City. He had entered the hospital when becoming ill on his return from a vacation in Michigan.

Dr. Smith was head of the Julietta staff during the early 1950's. He served at Washington, D.C., during WWII as chief of medical standards for the Civil Aeronautics Commission. He had been chief examiner for CAC of Indiana 32 years and a member of the Air National Guard 12 years after WWI.

He had been a member of the Methodist Hospital staff 37 years. Born at Brookston, he was a graduate of Valparaiso University and I. U. Medical School.

He was a member of the Indianapolis Medical Society, ISMA, AMA, a charter member of the Riviera Club, and member of Scottish Rite, American Legion, Gun Club, Masons and Quiet Birdmen, a pilots' organization.



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NEWS NOTES—from State and Nation

'Gateways to Mind' to Follow 'Hemo the Magnificent' On TV

The Bell System Science Series will present its second television program devoted to the working of part of the human body in "Gateways to the Mind," the story of the human senses, which will be seen over the NBC network Thursday evening, October 23, 8 p.m., EDT. "Hemo the Magnificent," an earlier program in the same series, was devoted to the story of blood and the circulatory system.

Some 14 different senses are discussed in "Gateways to the Mind" in explaining how the senses function as channels through which all knowledge of the external world is passed to the brain. Both scientific documentary film and animation are used in the program. Much of this material will be new to the general public.

Noted Brain Surgeon

Dr. Wilder Penfield, noted Montreal brain surgeon, appears on the program to explain his work in exciting sensations by direct stimulation of the brain. Dr. Hadley Cantril, Princeton University psychologist, discusses some of his experiments in sensory illusions on the telecast.

Dr. George Wald, professor of biology at Harvard, was principal advisor on the production of "Gateways to the Mind," and Dr. Frederick Crescitelli, professor of zoology at UCLA, served as consultant. The program was produced for the Bell System by Warner Brothers and stars Dr. Frank C. Baxter, who has appeared in the four earlier programs of the series. The Scientific Advisory Board, composed of ten leading American scientists, had general supervision over the production.

After its telecast on October 23, "Gateways to the Mind" will be made available on 16 mm. color film by Bell Telephone companies for group showings to interested organizations.

The Indiana Chapter of the American College of Surgeons is planning its 1959 meeting as a joint meeting with the Kentucky Surgical Society. A two-day scientific program is being formulated for May 15 and 16 at the Sheraton French Lick Springs Hotel.

Home for Women Alcoholics, Totairn, Opens in Indianapolis

A treatment facility believed to be unlike any other in the nation in that it is exclusively for women alcoholics is now operating in Indianapolis.

Totairn, Inc., situated at 4920 E. Washington St., a non-profit institution, was chartered Dec. 4, 1957 and opened its doors June 22, 1958. The building was made available by the Indianapolis Foundation and the initial operating funds were provided by the Lilly Endowment. Heading the board of directors is William J. Cronin, president, with whom are associated the following: Mrs. Grace Row, vice president; Miss Marcia Campbell, secretary-treasurer; James E. Lesh, legal counsel and Mrs. Donald W. Brodie, Mrs. Maxine L. Burkert and John H. Greist, M.D.

Advisory Board is composed of the following: J. Dan Benefiel, associate director, Board of Fundamental Education; Harry L. Bindner, vice president, Fidelity Bank & Trust Co.; Myron C. Cole, D.D., Central Christian Church pastor; James W. Denny, M.D.; Jack Killen, executive director, The Indianapolis Foundation; W. C. McLin, administrator, Community Hospital of Indianapolis; Mrs. Meredith Nicholson, Jr., director, Indianapolis Social Hygiene Association; Paul Pitz, vice president, American States Insurance Company, and John G. Williams, vice president and secretary, L. S. Ayres & Co.

Mrs. Gerri Rogers is executive director of the institution.

Modern Facility

Totairn is a modern facility with 12-bed capacity, providing a six-day treatment at moderate cost for women suffering with the disease of alcoholism (who number at least 3,000 in Marion County alone). To correct the withdrawal symptoms incident to cessation of drinking, proper medical and dietary support is provided with round-the-clock nursing, daily attention of a house physician and consultation by a psychiatrist when needed. Modern drugs replace alcoholic beverages so often used to help patients "taper off."

continued on p. 1436



all cold symptoms

New timed-release tablet provides:

- ...the superior decongestant and antihistaminic action of Triaminic*
- ...non-narcotic cough control as effective as with codeine, but without codeine's drawbacks*
- ...an expectorant to augment demulcent fluids*
- ...the specific antipyretic and analgesic effect of well-tolerated APAP*
- ...the prompt and prolonged activity of timed-release medication*

Each TUSSAGESIC Tablet contains:

TRIAMINIC® 50 mg.
(phenylpropanolamine HCl 25 mg.;
pheniramine maleate 12.5 mg.;
pyrilamine maleate 12.5 mg.)

Dormethan (brand of dextro-methorphan HBr) 30 mg.

Terpin hydrate 180 mg.

APAP (N-acetyl-para-aminophenol) . 325 mg.

Tussagesic Tablets provide relief from *all* cold symptoms in minutes, lasting for hours.

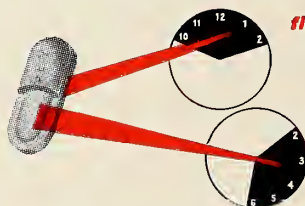
Dosage: One tablet in the morning, mid-afternoon, and in the evening, if needed. The tablet should be swallowed whole to preserve the timed-release action.

To reduce upper respiratory congestion and irritating secretions.

For non-narcotic control of the cough reflex.

To augment demulcent respiratory secretions.

For specific, highly effective antipyresis and analgesia.



first—3 to 4 hours of relief from the outer layer

then—3 to 4 more hours of relief from the inner core

Also available—for those who prefer palatable liquid medication—

Tussagesic suspension

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Tussagesic

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Achromycin^{*}V

ACHROMYCIN V WITH CITRIC ACID LEADER

ASSURES EVERY PATIENT PRECISE

ANTIBIOTIC ACTION UNDER THE VARIED

CONDITIONS OF REALISTIC CLINICAL PRACTICE

produces optimal gastric conditions

Ideally, most antibiotics are given on an empty stomach. Since citric acid helps control unfavorable variances in gastric content, conditions in the stomach are optimal with ACHROMYCIN V tetracycline with citric acid.

prevents interference with absorption

Sequestering of antibiotic molecules by free metallic ions, always present in the intestinal tract, can deprive patients of a full therapeutic dose. The three active carboxyl radicals which protect the action of ACHROMYCIN V trap these free cations and allow uninhibited antibiotic absorption.

provides for peak antibiotic action

At the site of infection where, in essence, all antibiotics are proved, ACHROMYCIN V combats a wide range of pathogens under optimal tissue conditions. Citric acid, a factor of medically established value in the natural acid base regulating mechanism of the G.I. tract, facilitates a more complete, and rapid antibiotic action.

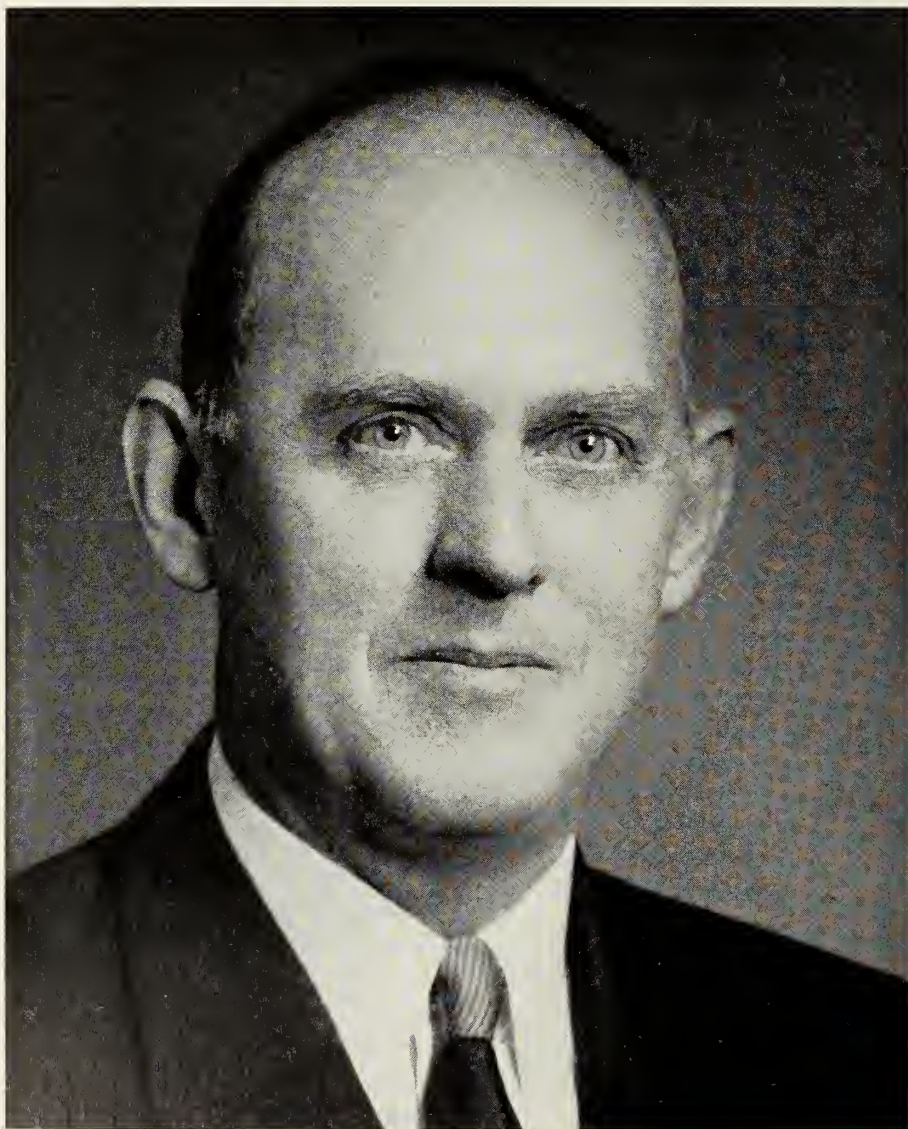
**MORE DOCTORS PRESCRIBE
ACHROMYCIN V THAN ANY OTHER
BROAD-SPECTRUM ANTIBIOTIC**



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PRESIDENT—1958-59

Indiana State Medical Association



KENNETH L. OLSON, M.D.

South Bend

Kenneth L. Olson, M.D.
President
Indiana State Medical Association
1958-59

Doctor Kenneth Olson of South Bend took office as President of the Indiana State Medical Association at appropriate ceremonies during the Annual Convention in Indianapolis on October 15.

Dr. Olson was born in Minneapolis on Dec. 4, 1906. He attended school there and entered the University of Minnesota from which he received the B.S. and B.M. degrees. After an internship in the University of Minnesota Hospital he was awarded the M.D. degree in 1933. After five years of general practice in Gibbon, Minn., he took a teaching fellowship in radiology from 1939 to 1942.

He has practiced his specialty in South Bend since 1942 and presently is associated with five radiologists. He is a member of the staff of Memorial Hospital and Northern Indiana Children's Hospital and is a consultant to Healthwin Tuberculosis Hospital, all in South Bend. He is radiologist for Elkhart General, Plymouth Parkview and Bremen Community Hospitals.

Dr. Olson is a Fellow of the American College of Radiology, and member of the American Roentgen Ray Society, the Radiological Society of North America, as well as the Indiana Roentgen Society, the Chicago Roentgen Society and the Central Society of Nuclear Medicine.

Dr. Olson has always been active in the affairs of organized medicine. He has served as secretary to the St. Joseph County Medical Society for six years and was president of the South Bend Board of Health. He was a member of the ISMA Council from 1949 to 1956, and was its chairman in 1955. He was also a member of the Executive Committee in 1955, 1956 and 1958.

He has served as a member of the State Association committees on Public Relations, Secretaries' Conference, Civil Defense, Physician-Hospital Relations, Medical Care Insurance and the Inter-Professional Health Council. He is at present a member of the Commission on Governmental Medical Services.

Dr. Olson has also been interested in community projects and has been a director of the St. Joseph County Cancer Society, as well as the Community Fund, the United Fund, the Campfire Girls and Y. M. C. A.

He was married on June 23, 1934 to Valborg Tanner. Dr. and Mrs. Olson are the parents of three daughters, aged 20, 18 and 14.

News Notes

continued from p. 1431

Totairn's founders emphasize the fact that the program of Alcoholics Anonymous will be available and will be stressed in order to provide help so often needed when patients rejoin the outside world. A meeting place with coffee bar is provided for regular scheduled or impromptu meetings with women members of A.A. and religious counselling by recognized clergymen is also encouraged, as are visits by the family physician.

In view of the fact that hospitals generally are not equipped to care for this type of patient, Totairn meets a long-felt need in treating the nation's fifth health problem.

AMA Office Reorganizes

Tom Hendricks, executive secretary emeritus of ISMA, recently field secretary of the AMA, has been named to fill a new administrative position, that of assistant to the executive vice president.

This and other innovations are a first step in

the American Medical Association's broad reorganization plans which were approved by the Board of Trustees recently.

The purpose was to streamline AMA's administrative set-up. No changes were made that require changes in the constitution and bylaws. Nor were the relationships between the standing committees and the Board of Trustees or House of Delegates disturbed. Program content also remains the same for the time being.

Six new divisions were established: Business, Law, Communications (professional and public relations), Field Service, Scientific Publications (editorial) and Council Administration. The last division is temporary, pending further study of the scientific and socio-economic activities of the association. Directors of the divisions are, respectively, Russell H. Clark, C. Joseph Stetler, Leo E. Brown, Aubrey Gates, Dr. Austin Smith, and Dr. Ernest B. Howard, assistant executive vice president, who will administer the temporary division in addition to acting as the general manager's deputy on other matters.

Important administrative realignments include: (1) the transfer of *AMA News* and

continued

Both **CENTRAL** and **PERIPHERAL**
control of cough

SYNEPHRICOL® cough syrup
ANTITUSSIVE • DECONGESTANT • ANTIHISTAMINIC

Combines:

Central Antitussive Effect — mild, dependable
Topical Decongestion — prompt, prolonged

plus Antihistaminic and Expectorant Action

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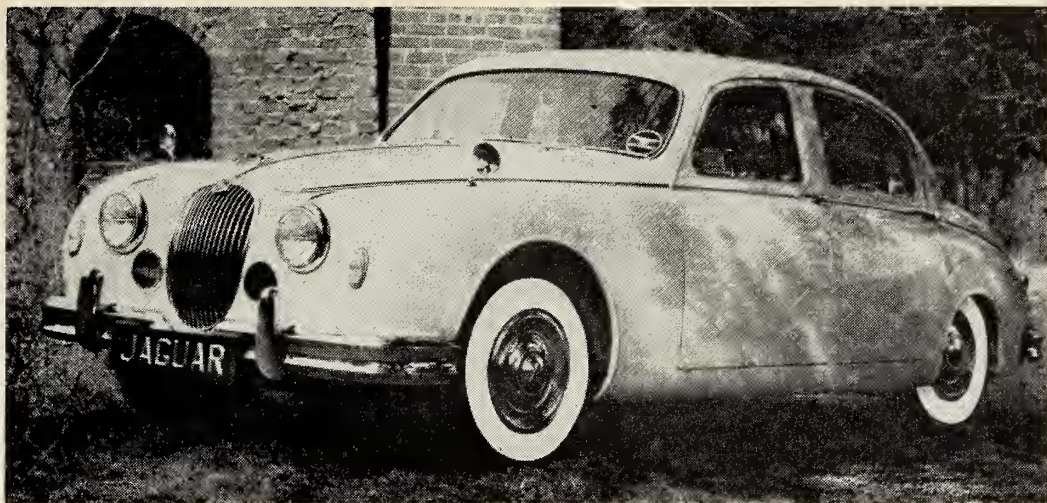
Each teaspoonful (4 cc.) contains:

Neo-Synephrine® hydrochloride	5.0 mg.
Thenfadi® hydrochloride	4.0 mg.
Dihydrocodeinone bitartrate	1.33 mg.
Potassium gualacol sulfonate	70.0 mg.
Ammonium chloride	70.0 mg.
Menthol	1.0 mg.
Chloroform	0.02 cc.
Alcohol	8%

Bottles of 16 fl. oz.

EXEMPT NARCOTIC

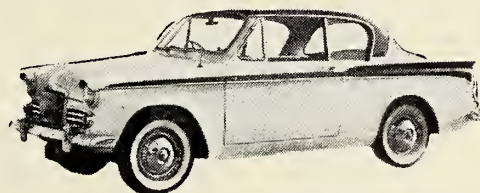
Synephricol, Neo-Synephrine (brand of phenylephrine) and Thenfadi (brand of theophylline), trademarks reg. U.S. Pat. Off.



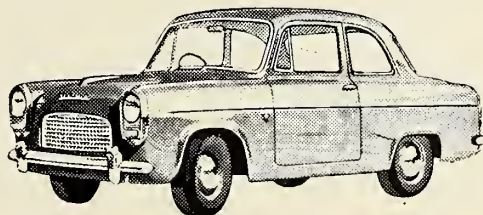
THE JAGUAR 3.4 LITRE SEDAN — Finest Car of its Class in the World

Choose from the Cream of the Foreign Cars

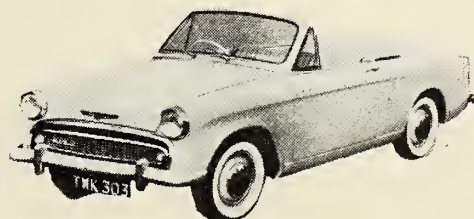
A busy physician can't beat a foreign car for efficiency, economy and driving convenience. Test drive an English Ford or a Hillman . . . the world's outstanding **ECONOMY** cars . . . that get 35 miles to the gallon, park in small spaces, yet seat 5 passengers in comfort. Take a fun-ride in a Jaguar sedan, roadster, coupe or convertible—truly the "thoroughbreds of fine automobiles." Try out a Sunbeam Rapier — a wonderful family car that will take you anywhere swiftly and comfortably. Big trades on any make car, with bank rate financing, easy terms available. Expert servicing and repair on **ALL** makes of cars, American or foreign. Largest stock of foreign car parts in Midwest.



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INDIANAPOLIS

Today's Health editorial functions to Communications Division, and (2) centralization of all advertising, circulation and printing activities in the Business Division.

The over-all legislative program, including the Washington Office, Committee on Legislation and related field activities, will be reviewed by a special committee of trustees and delegates appointed at the August 2 meeting of the Board. Existing organizational pattern for legislative activities will be continued until this special committee reports its recommendations to the Board.

Roentgen Officers Named

Officers of the Indiana Roentgen Society for the coming year are Dr. Wallace D. Buchanan of South Bend, president; Dr. John R. Lionberger Jr. of South Bend, president-elect, and Dr. Chester A. Stayton Jr. of Indianapolis, secretary-treasurer.

Mrs. Jones: "When you wait on my guests at our party, don't you spill anything!"

Maid: "Don't worry, I know how to keep my mouth shut!"



**PROTECTION AGAINST LOSS OF INCOME
FROM ACCIDENT & SICKNESS AS WELL AS
HOSPITAL EXPENSE BENEFITS FOR YOU
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Since 1902

Medical Assistants:

Annual Convention at Chicago; Plans in Hopper for State Meet

The American Association of Medical Assistants will hold their Second Annual Convention in Chicago at the Palmer House, October 31, Nov. 1-2, 1958. Several members of the Indiana State Association of Medical Assistants are planning to attend this meeting.

The House of Delegates will convene Friday for a general business session with Mrs. Mary Kinn, president, presiding. Dr. F. J. L. Blasingame, American Medical Association, will extend a welcome address to the members. An Advisors' Symposium will be held with the following participants: L. J. Starry, M.D., moderator; F. Sternagel, M.D., Robert L. Schaeffer, M.D., Frederick H. Falls, M.D., and Murray C. Eddy, M.D. In the afternoon members will tour the A.M.A. Building and attend a program at the A.M.A. headquarters. In the evening there will be a social hour and dinner with Lucille Swearingen, president-elect, presiding.

On Saturday the House of Delegates will convene for election of new officers. Three workshops will be conducted—Technical, Medical and Business. Members attending may choose the workshop in which they are interested. Rooms will be staffed with one doctor and medical assistant, and they will be fully equipped with the latest office machines, laboratory equipment and office furniture.

A general session will be held in the afternoon. Harold Scherer, Monroe Clinic, Monroe, Mich., will speak on the subject "Go and Do Likewise," and I. D. Harvey, Abbott Laboratories, Chicago, will discuss "Is the Welcome Mat Out?" In the evening there will be a social hour, banquet and installation of officers with Mrs. Mary Kinn, president, presiding.

Sunday morning will feature a brunch, farewell to Chicago and an invitation to Philadelphia for October, 1959.

Official delegates from Indiana to the 1958 Convention are Miss Jeanne Woods, president, Indianapolis; Miss Evelyn Sommers, president-elect, Logansport, and Miss J. Marie Theobald, secretary, Indianapolis. Alternate delegates are Mrs. Bettye J. Fisher, Evansville, and Mrs. Georgia McCracken, Shelbyville.

continued

News Notes

continued

On National Ballot

Indiana has two members on the national ballot: Mrs. Bettye J. Fisher, Evansville, for vice-president, and Miss J. Marie Theobald, Indianapolis, for recording secretary.

Fort Wayne members are busy with plans for the ISAMA Third State Convention to be held at the VanOrman Hotel April 25-26, 1959. Mrs. Jean Blance, Fort Wayne, is general chairman of the Convention Committee.

We are happy to announce a new Medical Assistants Chapter at Muncie and the ISAMA membership extends best wishes to them. Also, a new group is in the process of organizing at Elkhart.

Socialized Medicine Floridian Issue

The Florida Medical Committee for Better Government, composed of physicians throughout the state, has endorsed Senator Spessard Holland for re-election to the United States

Senate. He is opposed in the Democratic primary by former Senator Claude Pepper. Victory in the Democratic primary in Florida is tantamount to election.

The committee believes that choosing between these candidates presents an opportunity for a public expression on the issue of socialized medicine. Senator Holland has stated that he is opposed to all forms of government medicine and that he is opposed to the Forand Bill while Mr. Pepper in past years was an open advocate of national compulsory health insurance. The committee has requested the active support of the medical profession in this campaign. A close race is expected by experienced observers.

Dr. Gunnar Gundersen's inaugural address, "Physicians to the World," appeared in the August 1 issue of *Vital Speeches of the Day*, a magazine devoted to "the best thought of the best minds on current national questions." Dr. Gundersen, the AMA's 112th president, delivered the address June 24 in San Francisco.

continued



The purity, the
wholesomeness,
the quality of
Coca-Cola as
refreshment has helped
make Coke the
best-loved sparkling
drink in all the world.



SIGN OF GOOD TASTE

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'DIURIL'

(CHLOROTHIAZIDE)

FORD, R. V., Rochelle, J.B.III, Handley, C. A., Moyer, J. H. and Spurr, C. L.:
J.A.M.A. **166**:129, Jan. 11, 1958.

"... in premenstrual edema, convenience of therapy points to the selection of chlorothiazide, since it is both potent and free from adverse electrolyte actions." In the vast majority of patients, 'DIURIL' relieves or prevents the fluid "build-up" of the premenstrual syndrome. The onset of relief often occurs within two hours following convenient, oral, once-a-day dosage. 'DIURIL' is well tolerated, does not interfere with hormonal balance and is continuously effective—even on continued daily administration.

DOSAGE: one 500 mg. tablet 'DIURIL' daily—beginning the first morning of symptoms and continuing until after onset of menses. For optimal therapy, dosage schedule should be adjusted to meet the needs of the individual patient.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide);
bottles of 100 and 1,000.

DIURIL is a trade-mark of Merck & Co., Inc.

MERCK SHARP & DOHME Division of MERCK & CO., Inc., Philadelphia 1, Pa.



tension

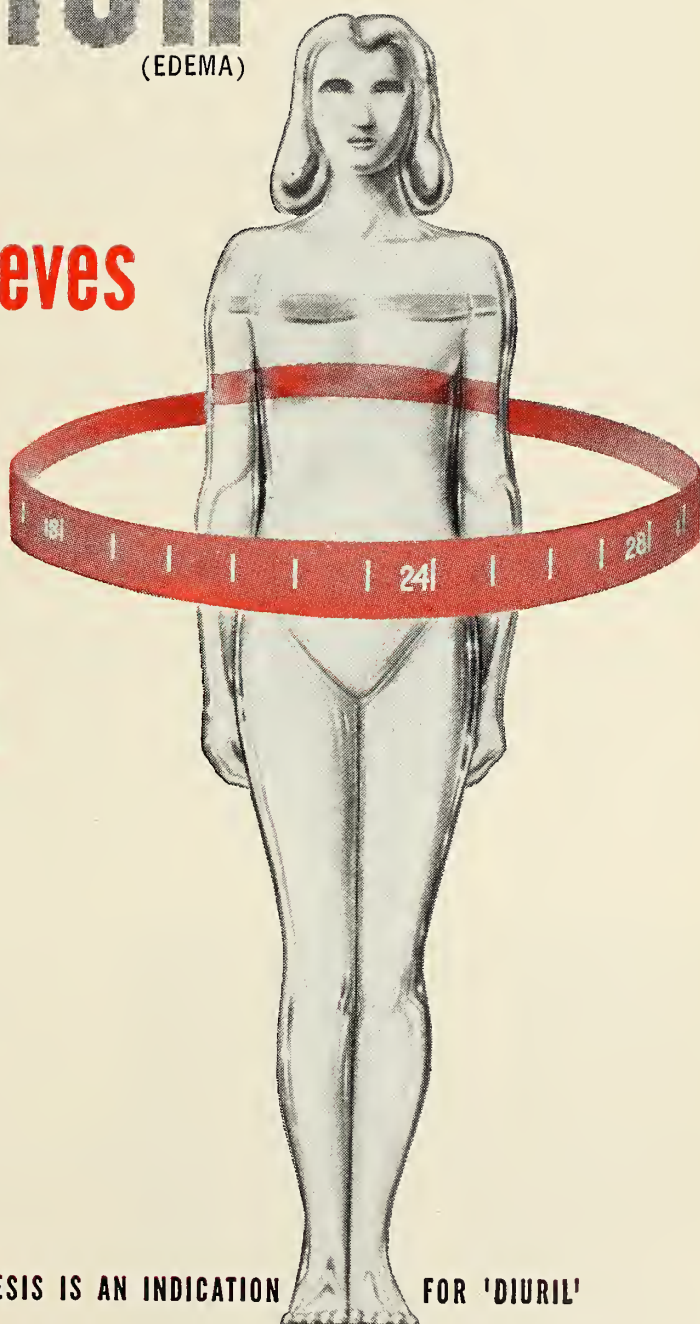
(EDEMA)

quickly relieves

Distress

Distention

Discomfort



ANY INDICATION FOR DIURESIS IS AN INDICATION FOR 'DIURIL'

News Notes

continued

Public Medical News Hungry

A monumental nationwide study, sponsored by the National Association of Science Writers and supported by a grant from the Rockefeller Foundation, strongly indicates that the American public has a big appetite for science news, especially medical.

But the surprising conclusion is that because of space limitations all "mass media are transmitting only a microscopic part of the mountainous supply of science information potentially available to them."

The study is entitled: "The Public Impact of Science in the Mass Media." It was conducted by the Survey Research Center, Institute for Social Research, University of Michigan.

Preface of the 250-page study, just released, said that "the scientific journals of the world pour forth research papers at the rate of 20,000 a week. The science writer, as the middle man in the flow of communications, must select, condense and translate from this fantastic deluge of information those items he is to transmit to the lay audiences of the mass media. In economic terms, it is not supply but demand that is the problem in the transaction."

Nine Objectives

Much of the study, which deals with nine specific objectives, was concerned with medical news and the reading public.

The study revealed, for example:

—Medical reading is more prevalent among women than men.

—Medical reading increases with age, but there is a sudden drop in the group 65 and over.

—The west leads in the percentage who read all medicine, and the south and northeast trail.

—The science consumer (the reader or TV viewer) retains a lot of what he reads and hears.

—Medical stories center around the major diseases.

—Information that can be applied in everyday life is largely of the medical type.

—Almost one third of the newspaper audience want more science news, and almost one half want more medical news.

—The science consumer prefers to receive science and general news via the written media.

—Based on newspaper readers only, 41 per cent reported that they read all medicine and health news, 35 per cent said they read some, 13 per cent said they glanced at it, and only 10 per cent said they skipped over it.

Report on Hill-Burton

Results of a two-year study of the Hill-Burton Hospital Survey and Construction Program was made available in booklet form Aug. 1 from the Committee on Medical and Related Facilities of the A.M.A. Council on Medical Service.

In addition to reviewing the legislative background of the act and a voluminous amount of other data, reports on field surveys made in the following states are included: Arkansas, California, Connecticut, Georgia, Illinois, Iowa, Kentucky, Maryland, Michigan, Mississippi, Montana, New Jersey, Oregon and Washington.

A limited number of copies will be available to individual physicians and medical societies.

continued



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A hospital for the treatment of
neuro-psychiatric disorders.

Custodial cases are accepted in
limited numbers.

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Manager

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"BARTER & TRADE"
WAS THE
BASIS OF OUR ECONOMY
THE
PHYSICIAN'S SERVICES
WERE
TRADED FOR TANGIBLES

MOST OF HIS INCOME
WAS REALIZED IN
PRODUCE & PIGS

CASH WAS A LUXURY COMMODITY

*With the Physical & Economic growth of the Country,
these Quaint Customs passed from the Scene along with
the Antimacassar & the Decorated china Chamber-pot.*

* * * *

However, cash is still sometimes a luxury commodity. The Blue Shield Plan is today's method of assuring adequate medical care protection. In Indiana *ONE* of every *THREE* persons enjoys its security. Prescribe Blue Shield to your patients with pride; it, alone, is "the doctors' plan."



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October 1958 1443

continued

AMA Auto Safety Head Honored

Dr. Fletcher D. Woodward, chairman of the American Medical Association's committee on medical aspects of automobile crash injuries and deaths, has been awarded the Allstate Safety Crusade certificate of commendation for his outstanding leadership in traffic safety.

A practicing physician in Charlottesville, Va., Dr. Woodward has been head of the AMA committee since it was organized in 1955. He has been publicly crusading for highway safety since 1948, writing and speaking extensively on the need for reducing traffic deaths and injuries.

Dr. Woodward has emphasized the need for strict physical fitness requirements for drivers, seat belts as standard auto equipment, improved law enforcement and stern treatment of drunken and reckless drivers.

The Allstate Safety Crusade certificate of commendation is given by the Allstate Insurance Companies to carefully selected individuals and groups across the country for outstanding accident prevention efforts.

Heart Research Awards Announced

The Life Insurance Medical Research Fund has announced 81 awards totalling \$1,098,680 in support of heart research during the coming year. Fifty-seven of the awards are in the form of grants to research institutions for specified projects in basic heart research. Twenty-four additional awards consist of fellowships, one of which will go to John R. Border, M.D., of Warren, Ind., for study at Harvard Medical School.

Hoosiers Speak in Kentucky

Two Indiana physicians were guests of the Kentucky State Medical Association during their Annual Meeting at Louisville on September 22 to 25. Dr. Kenneth L. Craft addressed a general session on "Allergy in General Practice" and spoke before the Eye, Ear, Nose and Throat Section on "The Relation of Allergy to Ophthalmology and Otolaryngology." Dr. George J. Garceau took part in a panel discussion on "Geriatrics and Surgery," and appeared before the Orthopaedic Section on the topic "Plantar Denervation for Pes Cavus."

continued

For Real Pain ...give real relief:

A.P.C.^{WITH} Demerol[®]
tablets

Each tablet contains:

Aspirin	200 mg. (3 grains)
Phenacetin	150 mg. (2½ grains)
Caffeine	30 mg. (½ grain)
Demerol hydrochloride....	30 mg. (½ grain)

Average Dose:

1 or 2 tablets.

Narcotic blank required.

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Demerol (brand of meperidine),
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new 3-way
build-up for
the under par
child...

Improve appetite and energy

with ample amounts of vitamins—B₁, B₆, B₁₂.

strengthen bodies with needed protein

Through the action of I-Lysine, cereal and other low-grade protein foods are up-graded to maximum growth potential.

discourage nutritional anemia

with iron in the well-tolerated form of ferric pyrophosphate...plus sorbitol for enhanced absorption of both iron and B₁₂.

new

I NCREMIN^{*}

Lysine-Vitamins

WITH IRON SYRUP

delicious
cherry flavor—
no unpleasant
aftertaste

Average dosage is 1 teaspoonful daily. Available in bottles of 4 and 16 fl. oz.

Each teaspoonful (5 cc.) contains:

1-Lysine HCl	300 mg.
Vitamin B ₁₂ Crystalline	25 mcgm.
Thiamine HCl (B ₁)	10 mg.
Pyridoxine HCl (B ₆)	5 mg.
Ferric Pyrophosphate (Soluble)	250 mg.
Iron (as Ferric Pyrophosphate)	30 mg.
Sorbitol	3.5 Gm.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

*Reg. U. S. Pat. Off.



News Notes

continued

Union-Public Policy Study Made

Physicians who are interested in the legal and economic aspects of organized labor in today's society are invited to read the new book: "Labor Unions and Public Policy."

The book presents four studies by the American Enterprise Association.

The authors are: Dr. Edward H. Chamberlin, chairman of the Harvard Department of Economics; Dr. Philip D. Bradley, for many years a member of the department of economics at Harvard and now a visiting professor at the University of Virginia; Gerard D. Reilly, Washington attorney and current chairman of the labor law section of the American Bar Association, and Roscoe Pound, former dean and professor emeritus of the Harvard Law School.

Studies analyze the legal, economic, and sociologic aspects of the power position of organized labor.

It may be obtained from the American Enterprise Association, which was organized in 1943 by a group of industrial leaders, members of

Congress and representatives of the academic world. The association's address is: 1012 14th Street, NW., Washington 5, D. C.

Distaff Fellowship Offered

The Women's Medical Association of the City of New York is offering the Mary Putnam Jacobi Fellowship to a graduate woman physician. The fellowship will start October 1, 1959, and will amount to \$2000 for full-time medical research, clinical investigation or postgraduate study. Information may be obtained from the secretary, Ada Chree Reid, M.D., 118 Riverside Drive, New York 24.

Allergy Forum Scheduled in Detroit

The Mid-West Forum on Allergy will hold its annual meeting Dec. 6-7, 1958, at the Sheraton-Cadillac Hotel, Detroit. This meeting of the Forum is sponsored by the Michigan Allergy Society.

For further information write to John M. Sheldon, M.D., general chairman, c/o University Hospital, Ann Arbor, Mich.

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Hoosier Makes Hiroshima Study

Dr. Arthur L. Drew, associate professor of Neurology, Indiana University Medical Center, and family have gone to Japan where Dr. Drew and four other scientists will conduct a year's study, sponsored by the National Research Council. They will be concerned with the general physical health of children born since Hiroshima of parents who were exposed to the A-bomb and with children of first-cousin marriages between parents who were or were not exposed to the A-bomb radiation. Dr. Drew will head the neurological, psychiatric and psychological section of the studies.

Physicians Invited to ISNA Talk

Physicians and hospital administrators have been invited to attend a feature talk at the Annual Meeting of the Indiana State Nurses Association to be held November 6, 1 p.m., in the Riley Room, Claypool Hotel, Indianapolis.

Featured speaker will be Ralph Adams, M.D., of Wolfeboro, N. H. Dr. Adams, who has written extensively for medical journals, will speak on "Prevention of Infection in Hospitals."

Radio 'Teen Talks' Available

A new series of three radio programs featuring interviews with teenagers will soon be available from the AMA's Bureau of Health Education. These 15-minute "Youth Speaks Up" programs offer pertinent comments by youth on boy-girl and parent-child relationships, school activities and world affairs. The youthful participants were chosen to represent leaders in school, athletes, slow learners, fast learners and "problem cases." Local medical societies may secure these platters as supplements to the "Magazine of the Air" monthly series or as separate programs for airing on local radio stations.

—*AMA News Notes*

Dr. Glenn Irwin and Dr. George Lukemeyer attended sessions of the Endocrine Society and the American Goiter Association during the AMA convention in San Francisco.

Dr. B. L. Martz, an Indianapolis research physician, is the new president of the Indiana Heart Foundation.



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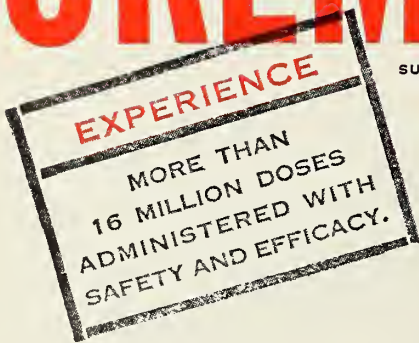
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Language Disorder Course Given

"Evaluating and Managing Disorders of Language in Children," a 2-day course, has been announced by I. U. School of Medicine, Division of Postgraduate Medical Education, Department of Otorhinolaryngology. The course will be presented Nov. 5 and 6, 1958, by Carl W. Fuller, Assistant Professor of Audiology and assistant director, Audiology and Speech Clinic.

Three lectures and a demonstration will be given each day. First demonstration will be hearing test procedures with pre-school children; the second, audiological evaluation of the brain-injured child.

Fee will be \$20. Write Student Union Building, 1300 West Michigan, Indianapolis.

Dr. Walter L. Portteus, past president of ISMA and Indiana Blue Shield secretary, has been named a member of the economic security committee of the United States Chamber of Commerce. Dr. Portteus also is a member of the U. S. Public Health Service liaison committee to the medical profession.

Van Meter Prize Announced

The American Goiter Association again is offering the Van Meter Prize Award of \$300 and two honorable mentions for best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the association's annual meeting in Chicago April 30 and May 1-2, 1959.

Competing essays may cover either clinical or research investigations, should not exceed 3,000 words in length and must be presented in English. Duplicate typewritten copies, double spaced, should be sent to the secretary, Dr. John C. McClintock, 149½ Washington ave., Albany 10, N. Y., not later than Jan. 15, 1959. The manuscript reviewing committee is composed of men well qualified to judge merits of competing essays.

The newly created Johnson County Health Board includes Doctors George Brown (four years), William D. Province (three), Helen Barnes (two), Walter Portteus (two), and J. O. Van Antwerp (one).

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Legal Survey Planned

Early this fall the Law Department of the American Medical Association plans to survey the legal profession in the United States on subjects of mutual interest to physicians and attorneys. Approximately 10,000 attorneys will be asked to respond to questions on interprofessional relations, medical professional liability and expert medical testimony.

Need for such a study is evidenced by the fact that as high as 80% of all cases tried today require medical testimony, and that seven out of 10 personal injury cases are decided on medical rather than legal considerations. It is incumbent upon the medical profession to be aware of the problems of attorneys and the role of medicine in the judicial system. It is hoped that this information can be used to promote good working relations between physicians and attorneys.

A South Whitley physician for the past four years, Dr. Albert M. Ridlon, has accepted a 5-year residency with the VA Hospital in North Little Rock, Ark.

Psychiatric Society Formed

The newly formed Northern Indiana Psychiatric Society has been accepted as a District Branch by the American Psychiatric Association.

Initial officers of the society are president, Dr. Grant E. Metcalfe, South Bend; president-elect, Dr. Harry Brandman, Gary; vice president, Dr. David P. Morton, Westville; secretary, Dr. Charles Eades, South Bend; treasurer, Dr. John U. Keating, Elkhart, and council member, Dr. Theodore A. Hill, South Bend.

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by corki

You a Do-er? At a recent meeting of the Indiana State Industrial Editors Association, guest speaker Robert J. Poorman, an advertising and marketing executive of Muncie, said he divided folks into four basic categories.

The first are the "do-ers," the creative people who get out and "do" something. The second are the "boo-ers." They give the do-ers heck for not doing things "right," but never get out and do anything themselves. Third on Mr. Poorman's list are the "viewers." This group just sits back and watches it all. Last, "and the vast majority, unfortunately," Mr. Poorman stated, "are the kerbluers. They just don't give a damn about anything!"

Which are you?

More About Do-ers. In the same vein, Jim Waggener points out in an article else-

where in this issue, the vital need for citizens to take an interest in legislative matters, his trend, of course, pointing toward medical issues and the doctor's duty to follow them and let his voice be heard. "Do-ers" are sure needed in the field of citizenship!

No More Green Cheese! Watching the headlines about U. S. attempts to shoot a rocket at the moon makes me wonder what parents will tell youngsters now that they can no longer get away with that "moon made of green cheese" gimmick. The youngsters know more about what the moon is made of than their elders. And isn't that a sad state of affairs? Anyone for a basic course in science?

Medics vs. the Law. Gary's *Post Tribune* reported that members of Lake County Medical Society had the sheriff's office deliver a subpoena to Lake County lawyers!

Seems it was time for another charity baseball game between the legal eagles and mutilated medics . . . and the medics accused the laws of "chickening out" when they learned that last year's injury-riddled medical team was filled in and laying for the lawyers this year. The docs took a 4-0 beating from the court room experts last year.

Don't know how the game came out, but you can bet it was a real howl . . . and that charity won out above all.

Off for Africa. Dr. William Guthrie of Jennings County has left his position on the Muscatatuck State School Staff to go to Africa as a missionary, the North Vernon *Plain Dealer* reported. He was to have left for New York August 21. Dr. Guthrie was given a series of farewell parties and picnics that were "adequate if not overwhelming testimony as to the high regards that those who knew him feel for this fine Christian gentleman."

The good doctor will be in French Cameroun, West Africa, where he will be engaged as physician and surgeon for the Mission of the Church of the Lutheran Brethren.

For the Boss. Like to stick in a word of con-

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grats to the *Journal's* editor, Dr. Frank Ramsey. Unbeknowst to any of us 'til we received the program, Editor Ramsey was to be presented with a Fellowship in the American Medical Writers' Association at AMWA 15th Annual Meeting Plus Workshop held last month in Chicago. The Fellowship is for "recognition of high qualifications, personal and professional, and of established standing as a medical writer, journalist or publisher." Dr. Ramsey also is chairman of the AMWA advisory committee and member (ex-officio) of the Professional Advisory Council.

Also on the same Fellowship list was Emery Andrew Rovenstine, B.A., M.D., D.Sc., an I.U. Medical School graduate who now is chief anesthetist at Bellevue. Another Hoosier, W. D. Snively, M.D., vice president and medical director of Mead Johnson & Company, Evansville, was on the program, speaking on "Medical Writing in the Pharmaceutical Industry."

Doctor in the News. Dr. Goethe Link was given quite a write-up in the *Indianapolis Sunday Star* mag section, issue of August 24. Titled "Man of Many Careers," it told that "Dr.

Goethe Link has not been content to rest on his laurels as one of America's outstanding surgeons. During his 79 years he has won distinction as author, aeronaut, educator, philanthropist, astronomer, naturalist and jewel expert." Story went to explain how one can could do so much.

Good Twist to Words! Another article elsewhere in this issue of the *Journal* is "Strategy is Everybody's Business," by Frank Rockwell Barnett, former political science professor at Wabash College. A little long, perhaps, for the busy doctor, but well worth reading. Interesting and provocative, the twist of words and command of English used by Mr. Barnett make it a pleasure to be lectured at!

And a Hoop for You! Watching all the mothers and grandmothers toting hula hoops around Nap Town. Keep wondering when one of 'em will get carried away and "hoop" it up on the Circle.

Understand the slipped disc business has really picked up with the hoop fad!

I'll take a yo-yo!

Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., DIRECTOR

Monthly Report—August 1958

Disease	Aug. 1958	July 1958	June 1958	Aug. 1957	Aug. 1956
Animal Bites	653	881	831	394	461
Chickenpox	22	94	165	10	29
Conjunctivitis	38	68	65	7	8
Diphtheria	1	0	2	0	0
Dysentery, Other, Unspecified	15	33	11	38	65
Impetigo	159	114	37	36	54
Infectious Hepatitis	12	22	10	19	11
Infectious Mononucleosis	14	17	20	8	4
Influenza	248	122	100	99	61
Measles (Rubeola-Rubella)	81	570	1667	49	77
Meningitis, Meningococcal	3	7	1	4	3
Meningitis, Other	27	10	8	21	11
Mumps	70	240	323	47	32
Pertussis (Whooping Cough)	109	130	139	46	16
Pneumonia	62	130	111	50	55
Poliomyelitis	35	13	0	47	168
Streptococcal Infections	179	204	275	98	84
Tinea Capitis	11	4	8	11	8
Vincent's Infection	1	3	1	3	15

News from the County Societies

Ninety-eight members of **Fort Wayne (Allen) County Medical Society** heard Benjamin Burrows, M.D., assistant professor of Medicine, U. of Chicago, speak at their September 2 meeting. The meeting was held at the Irene Byron Hospital, Fort Wayne.

Dr. Burrows' talk was on "Pulmonary Manifestations of Systemic Disease."

The October meeting was scheduled for the 7th at the Shrine Club.

Dr. J. Marion Kirtley of Crawfordsville was guest speaker at the September 2 meeting of **Boone County Medical Society**. Thirteen members heard him discuss "Civil Defense."

Next meeting was scheduled for October 7.

They recommended the welfare fees be 75% of usual charges and \$2.50 for all parenteral medications. They also moved that a letter supporting the Keough Bill (HR 10) be sent to Indiana senators on behalf of the Clark County Medical Society.

Fayette-Franklin County Medical Society met at the Mounds Restaurant, Brookville, September 9, and saw two films on ano rectal diagnosis and vaginal hysterectomy.

At the meeting attended by 12 members, a new type of TB testing device was authorized to be purchased for possible school use.

Next meeting was set for October 10 at Connersville Country Club.

Clark County Medical Society had 21 members present for a discussion of fees for welfare recipients at their August 19 meeting held at the New Albany Country Club.

The home of Dr. L. R. Stephens in Covington was the meeting place for **Fountain-Warren County Medical Society** September 4. Eleven

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County Societies

continued

members and 13 guests heard Dr. Harold Keashner of Danville, Ill., speak on "Unusual Cases of Current Interest."

Next meeting was scheduled for October 2, Attica Hotel, Attica.

Mr. Converse of Blue Cross-Blue Shield discussed the problems confronting insurance to seven members of **Noble County Medical Society** September 19. The meeting was held at the Kendalville Country Club.

Culver Hospital was the meeting place for **Montgomery County Medical Society** September 18 where a round table discussion was held on athletic injuries. Coaches from Crawfordsville High School and Wabash College joined the 27 members present in the discussion.

Next meeting is October 16, Culver Hospital, dinner 7 p.m., meeting at 8.

Putnam County Medical Society met September 12 at the DePauw Union Building to

hear Dr. Robert Vandivier discuss circulatory disorders. Fourteen members were present.

Next meeting was set for October 10, DePauw Union Building.

Tippecanoe County Medical Society met September 9 at The Trails where 54 members discussed the hospital expansion program, practical nurses school and instructions for delegates.

Next meeting will be at The Trails, October 28, 6:15 p.m.

Jerome H. Wait, M.D., discussed "Diaphragmatic Hernia" before 14 members of **Whitley County Medical Society** September 9 at the Whitley County Memorial Hospital. Delegates were directed in voting for or against proposed resolutions for the ISMA House of Delegates.

Next meeting was to be October 13, same place.

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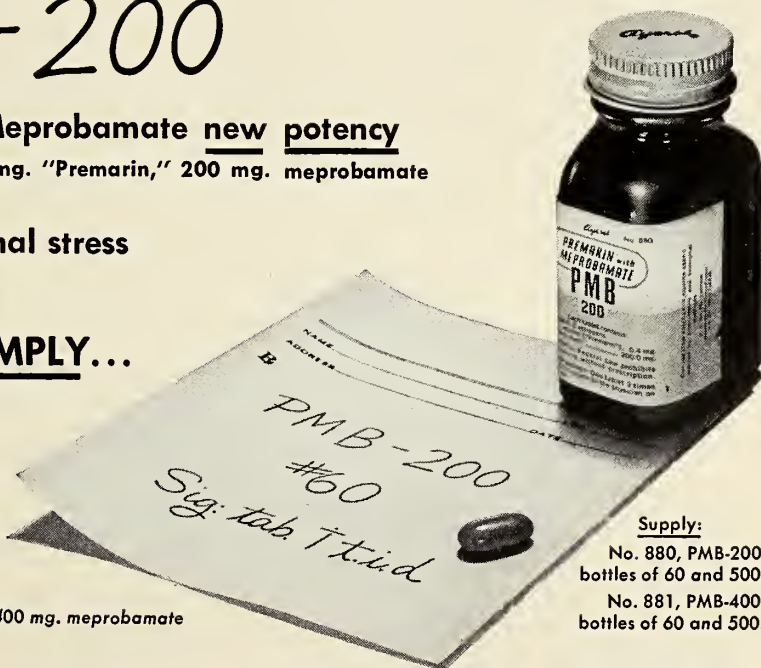
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REFERENCES: 1. Carlozzi, M.: Ant. Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W., and Staffa, A. W.: Ant. Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and Leukemia. Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: Ant. Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

September 3, 1958

Roll call showed the following present: E. H. Clauser, M.D., chairman; Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D.

Frank B. Ramsey, M.D., editor of THE JOURNAL; Robert Hollowell, attorney, and James A. Waggener, executive secretary.

Membership Report

Number of members September 3, 1958	4,151*
Number of members September 3, 1957	4,092
Gain over last year	59
Number of members December 31, 1957	4,149

* Includes 68 in military service (gratis)
152—\$10 members (residents and interns)
392—senior members
52—members, dues remitted by Council
1—honorary member

Number who have paid AMA dues:

September, 1958	4,009**
September, 1957	3,944
Gain	65

**Includes 660 exempt members (gratis)

394 prior to 1/1/58
266 this year

By consent the secretary of the Association was instructed to send a copy of the September JOURNAL and a letter to all interns and residents who are not members of the Indiana State Medical Association, inviting them to join through their local county medical society.

Headquarters Office

The secretary reported on the activities of the field staff and contact with legislative candidates.

The secretary informed the committee about inviting the county medical societies to use the field men for talks before local service clubs, and a copy of the prepared speech was reviewed and approved by those who read it.

The secretary announced that the services of Mr. Worick terminated as of the first of September.

Legislative Matters

Dr. Wood reported on legislative matters.

1958 Annual Convention, Murat Temple, Indianapolis, October 12, 13, 14, 15, 1958

Annual report of the Executive Committee to the House of Delegates was approved, subject to the approval of the chairman, on motion of Drs. Topping and Owsley.

On motion of Drs. Topping and Wood, the secretary was instructed to arrange for holding the final meeting of the House of Delegates in the basement dining room at the Murat Temple, rather than in

the Egyptian Room, as previously voted, inasmuch as exhibits will close at 4:00 p. m., Wednesday, October 15, 1958, and the moving of exhibitors' crates stored in the Egyptian Room would disrupt the delegates' meeting.

Organization Matters

Fifth AMA delegate. On motion of Drs. Topping and Wood the House of Delegates is to be asked to elect a fifth delegate and alternate for a two-year term to begin January 1, 1959, pending allocation of the additional delegate on December 31.

Science Fair. Letter from Purdue Aeronautics Corporation regarding transportation costs for taking Science Fair winners to Hartford, Connecticut, in May, 1959, was read, as was a letter from Mr. R. W. Schulz, state director of regional science fairs, in which he requested that information be made available as to whether or not the Indiana State Medical Association would participate in the 1959 Fair. Upon motion of Dr. Owsley, it was taken by consent that the secretary should notify Mr. Schulz that the Indiana State Medical Association would participate.

Student A. M. A. Report on the national meeting of the Student American Medical Association from E. Henry Lamkin, Jr., of Indianapolis, president of the Indiana Chapter of the Student A. M. A., was read. It was noted that \$100.00 of the \$500.00 allotted by the State Medical Association to defray the traveling expenses of the members of the Indiana Chapter to the Chicago meeting was not spent, and on motion of Drs. Wood and Owsley, the secretary was instructed to ask that this balance be returned to the Association.

Memorial to Albert Stump. Letter regarding a memorial to Albert Stump was read and, by consent, Dr. Wood is to discuss this recommendation with the dean of the Indiana University School of Medicine.

The secretary reported in full his recent conference with Nelson Grills, attorney for the Indiana Osteopathic Association, and a report from Dr. H. F. Carpentier, president of the Gibson County Medical Society, regarding the osteopathic situation in Gibson county. By consent the secretary was instructed to write a letter to the Indiana Osteopathic Association for Dr. Topping's signature.

Clark County resolution. Resolution from the Clark County Medical Society was read for the information of the committee.

A letter from the Madison County Medical Society relative to a survey on the number of counties accepting Blue Shield fees as full payment was read for the information of the committee.

Request of the Indiana Social Security office for use of the mailing list to distribute booklets explaining the regulations on evaluation of disability under the old-age, survivors and disability insurance program was approved on motion of Drs. Owsley and Topping.

New Business

On motion of Drs. Wood and Owsley, the Executive Committee is to recommend to the Council that they adopt a resolution which in effect would mandate all county societies to file copies of their Constitution and Bylaws with the state headquarters office not later than January 1, 1960, upon penalty of losing their representation in the House of Delegates.

Upon motion of Drs. Wood and Owsley, the president's address was approved as read by the chairman of the Executive Committee.

Upon motion of Drs. Owsley and Topping, the executive secretary was instructed to write a letter to each component county medical society urging the societies that have intern and resident programs in their counties to use every means possible, including payment by the county societies of state dues for these interns and residents, to make them full-fledged members of the Indiana State Medical Association during the time they are serving as residents and interns in Indiana hospitals.

The Journal

Upon motion of Drs. Wood and Topping the advertisement submitted by Medical Management for publication in THE JOURNAL was turned down.

Financial statement of THE JOURNAL for the first seven months of the year was reviewed and approved by consent.

Medical Defense

Upon motion of Drs. Wood and Owsley the Executive Committee is to recommend to the Council that the Council retain Mr. Robert Hollowell as senior counsel for the Association and that a contract covering Mr. Hollowell's employment be established. The recommendation was also made to Mr. Hollowell that he keep in mind some younger man who might follow him as attorney for the Association.

Upon motion of Drs. Owsley and Wood, Mr. Hollowell was requested to review the terminology in the Constitution and Bylaws concerning the Medical Defense plan of the Indiana State Medical Association and to bring in recommendations for changes in this wording.

Future Meetings

Upon motion of Drs. Owsley and Topping, the executive secretary was authorized to attend the meeting of the Indiana State Bar Association in Fort Wayne, September 17 to 20, 1958.

Upon motion of Drs. Olson and Owsley, the president and executive secretary were authorized to attend the meeting of the Kentucky State Medical Association in Louisville on September 24, 1958, and the Michigan State Medical Association meeting in Detroit on October 2, 1958.

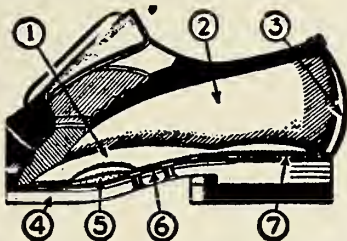
By consent it was agreed that the Indiana State Medical Association would not send an official representative to the Regional Conference on Staphylococcus Infections, U. S. P. H. S., being held in Chicago on October 10, 1958.

On motion of Drs. Wood and Topping the chairman of the Subcommittee on Industrial Health was authorized to represent the Association at a meeting of the A. M. A. Council on Industrial Health in Cincinnati on February 16, 1959.

There being no further business the meeting was adjourned, to meet again upon call of the chairman. If no meeting is felt necessary, the next regular meeting of the Executive Committee will be held at noon, Sunday, October 12, 1958, in Parlor 1, Columbia Club, Indianapolis.

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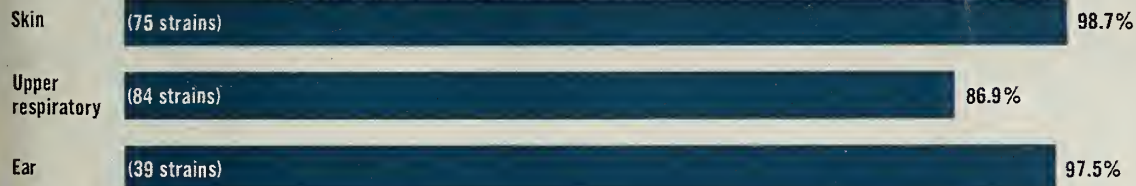
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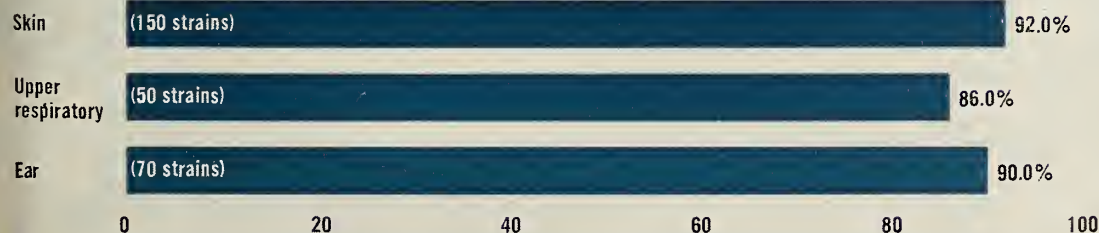
JANUARY-JUNE, 1957



OCTOBER, 1955-MARCH, 1956



JUNE-DECEMBER, 1953



*Adapted from Royer.¹

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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. **32**:705 (Dec. 11) 1957.

(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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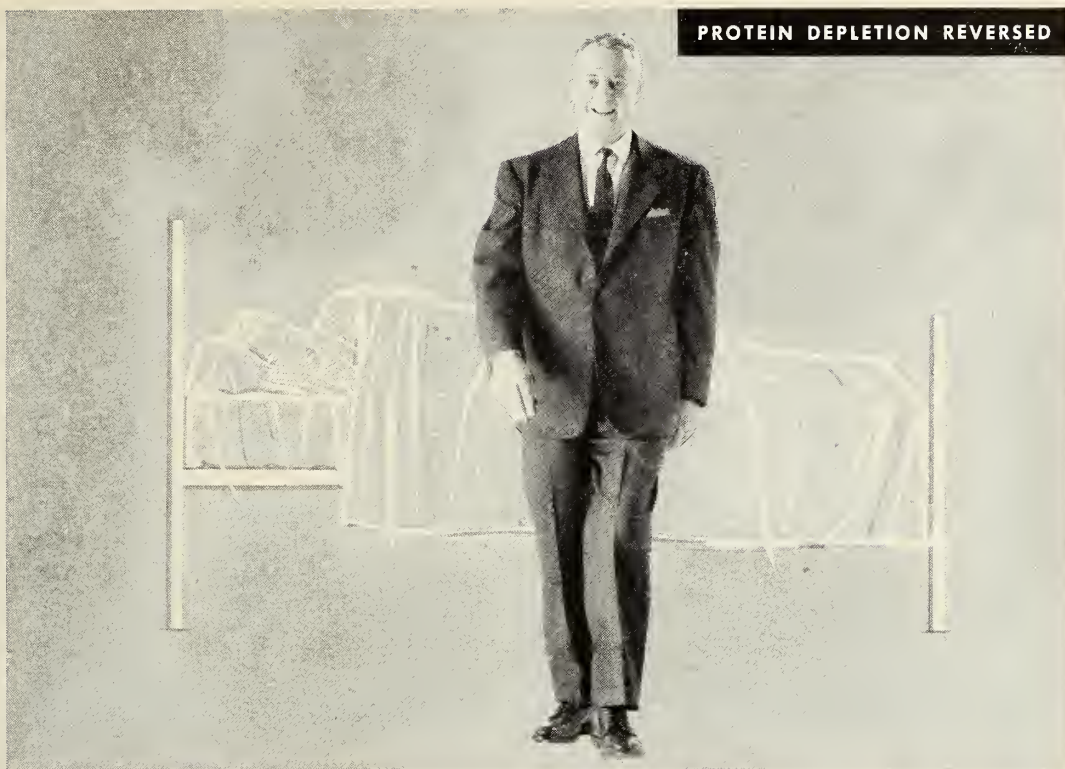
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3.	Robert LaFollette, M.D., New Albany.....	Daniel H. Cannon, M.D., New Albany.....	New Albany, 1959
4.	Robert O. Zink, M.D., Madison.....	Frank W. Hare, M.D., Madison.....	Madison, May 6, 1959
5.	James Richart, M.D., Terre Haute.....	Roy Pearce, M.D., Terre Haute.....	1959
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9.			
10.	Ralph T. Hartsough, M.D., Remington.....	Kenneth Ockerman, M.D., Rensselaer.....	1959
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12.	F. B. Kantzer, M.D., Garrett.....	Max M. Gitlin, M.D., Bluffton.....	Fort Wayne, May 20, 1959
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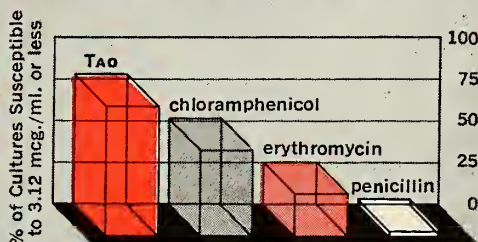
effective ...

CLINICAL RESULTS	adults	children	all Staph infections
Cured	172 (80%)	148 (89%)	71 (88%)
Improved	28 (13%)	8 (5%)	7 (9%)
Failure	17 (7%)	11 (6%)	3 (3%)

Types of infecting organisms: The majority of identified etiologic microorganisms were Staph. aureus and Staph. albus. Tao has its greatest usefulness against organisms such as: staphylococci (including strains resistant to other antibiotics), streptococci (beta-hemolytic strains, alpha-hemolytic strains and enterococci), pneumococci, gonococci, Hemophilus influenzae.

even against resistant staph^{1,2}...

Per cent of "antibiotic-resistant" epidemic staphylococci cultures susceptible to Tao, erythromycin, penicillin and chloramphenicol.¹



well tolerated ...

REACTIONS:

(a) adults

Total—9.2%
(20 out of 217)
Skin rash—1.4%
(3 out of 217)
Gastrointestinal—7.8% (17 out of 217)

(b) children

Total—0.6%
(1 out of 167)
Skin rash—none
Gastrointestinal—0.6% (1 out of 167)

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References: 1. English, A. R., and Fink, F. C.: Antibiotics & Chemother. (Aug.) 1958. 2. English, A. R., and McBride, T. J.: Antibiotics & Chemother. (Aug.) 1958. 3. Wennersten, J. R.: Antibiotic Med. & Clin. Therapy (Aug.) 1958. 4. Celmer, W. D., et al.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 476.

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This summary of what is happening in Washington is prepared by A.M.A.'s capital office and airmailed to THE JOURNAL on the ninth of each month.

THE MONTH IN WASHINGTON

Washington, D. C.—For many years a number of students of government have been searching for some way of checking the growth of the Federal bureaucracy and returning certain functions to the states.

Two particularly vexing problems are involved. Because the Federal government has moved into so many taxation areas, states complain that even if they wanted to regain control over certain programs, they would have no way of paying for them. Also, a foolproof mechanism would have to be devised to insure that the programs didn't break down during the transition and that the states would in fact keep up the activities after U. S. dollars stopped coming.

If the administrative details could be worked out, and if Congress would agree to reverse the trend, a number of U. S. Public Health Service grants programs presumably could be turned over to the states.

President Eisenhower is deeply interested in attempting to turn the tide, and last year the Administration came up with a concrete proposal. It was to make the states completely responsible for the water pollution control operation (\$50 million annually in U. S. grants) and vocational education (\$35 million a year). So the state would have money to finance the work, the U. S. would drop part of its tax on telephone service, inviting the states to levy their own tax.

Congress was cool to the idea. Besides, after giving it more consideration, the then Secretary Folsom of HEW decided it wouldn't work because the low-income states couldn't realize enough from the telephone tax to meet the extra expenses.

But the Administration hasn't given up hope. Supported by the federal-state joint action committee, Secretary Flemming (Folsom's successor) is proposing a new method, one that he

thinks will meet the problem of the low-income states.

He would shift to the states the same two programs—water pollution control and vocational education. At the same time the U. S. would forego 30% of the present tax it imposes on telephone service and permit the states to levy this amount. In addition, to take care of the poor states, the U. S. would allocate among states an amount equal to 10% of the present telephone tax, distributing relatively larger shares to the low per capita income states.

In dollars, as explained by Secretary Flemming, the states would be losing \$85 million in U. S. grants, but they would have an opportunity to collect a total of about \$109 million on telephone service and receive \$36 million in the new grant arrangement.

In announcing that the Administration was going to try again to have this idea adopted, Mr. Flemming emphasized that both programs were of great value and shouldn't be allowed to "drop through the cracks in the floor" during the period of transition. He noted that under his proposal the U. S. could step in and make a state use the money for the specific purpose if it showed an inclination to collect the tax but spend the money somewhere else.

The question now is whether Congress will show any enthusiasm over the plan. At any rate, it will be opposed vigorously by the telephone industry and vocational education interests. The latter are fearful that their programs might suffer under all-state operation.

NOTES:

HEW is giving careful study to the Bayne-Jones report which proposed a doubling of U. S. medical research spending and early construction of 14 to 20 medical schools. Secretary Flemming told a press conference that final estimates



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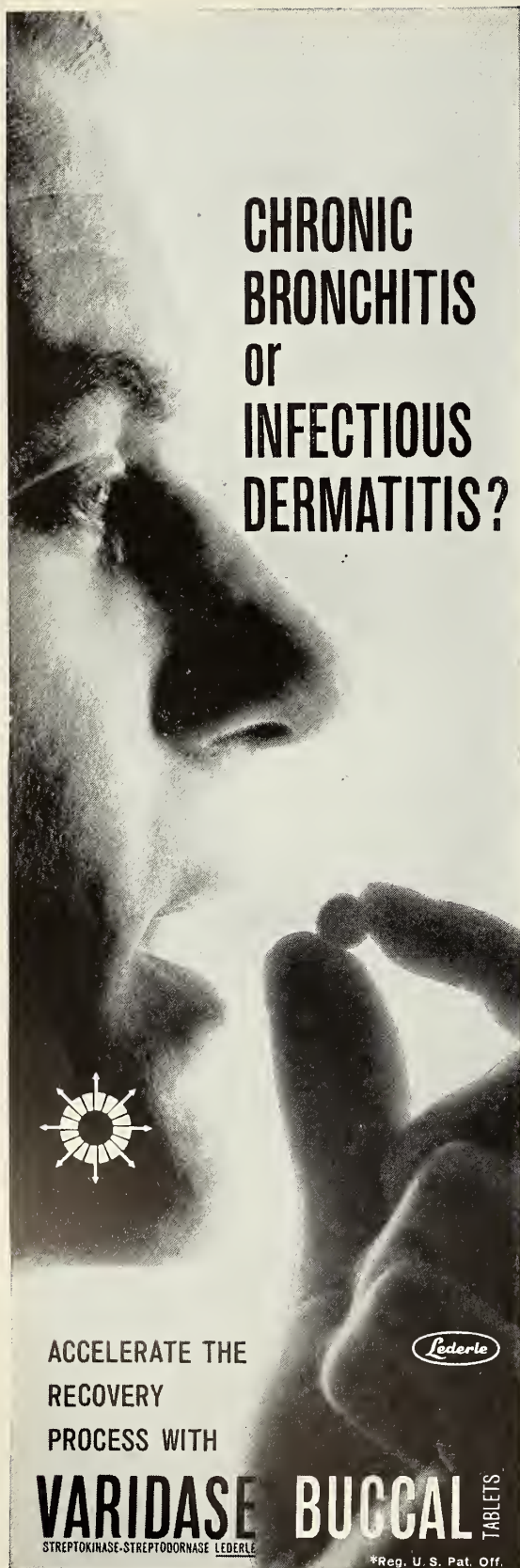
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Month in Washington

Continued

of the cost of carrying out some of the report's proposals are due to be finished in December.

Social Security Administration reports a sharp rise in volume of appeals from applicants denied social security benefits, mostly under the disability section enacted two years ago. The administration's staff of referees has been increased four-fold in two years to handle the work load. Three times as many hearings are held on disability claims as on all others combined.

Social Security Commissioner Charles I. Schottland, back from a month's tour of Russia, reports that nurseries and old people's homes in Russia appear to be "excellently" staffed with one employee for about every three old persons and one for every two and a half children. He points out that a comprehensive social security program is a must in Russia, inasmuch as wages are about the only source of income. When wages halt, the people have only social security to fall back on.

With President Eisenhower's appointment of General Elwood R. Quesada as administrator of the new Federal Aviation Agency, the American Medical Association is renewing its plea for an Office of Civil Aviation Medicine manned by a Civil Air Surgeon.

Mounting protests from medical and other groups have persuaded the Post Office Department to drop its plan to ban the airmail shipment of etiological disease agents. Airlines felt there was a threat of breakage and possible danger to crews and plane passengers. PHS, the AMA and others argued that proper packaging could control this problem.

Did you hear about the Dad who said to his daughter, "I don't really think you ought to wear that bathing suit, my dear."

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The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

President Signs Beamer Plan For Traffic Safety

WASHINGTON—A resolution drafted by Congressman John V. Beamer of Indiana, which would promote traffic safety through the formation of interstate compacts, has been signed by President Eisenhower.

It had passed the House and Senate several weeks ago.

The resolution originated with the Special Subcommittee on Traffic Safety, of which Rep. Kenneth A. Roberts (D., Ala.) is chairman.

"The enactment of Mr. Beamer's resolution allows the states to form a body which will have

authority to legally prepare and promulgate legislation which will be lasting and standard, and yet will keep the action at a state level so that no state will have its sovereignty or rights usurped or jeopardized," Congressman Roberts said.

He pointed out that there is a wide variation in the highway markings, traffic laws and methods of enforcement among the states, causing confusion and contributing to accidents, injuries, and deaths.

"We have had a uniform traffic code since 1924," Congressman Roberts said, "but little has been done about it. This resolution will place that code in the limelight and we hope will be an incentive to the states to take action."

Under the provisions of the interstate compact resolution, a compact could be formed among the various states which would have authority lasting past changes of state administrations.

—Kokomo Tribune
Aug. 20, 1958

Getting Like Us

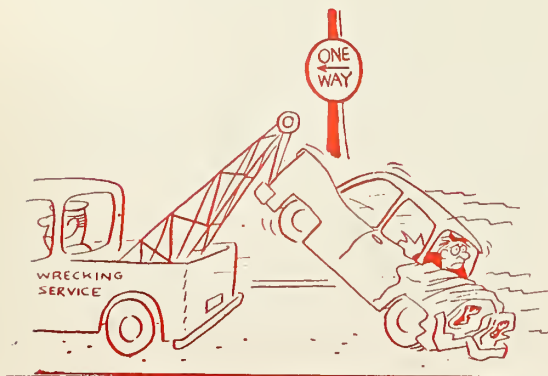
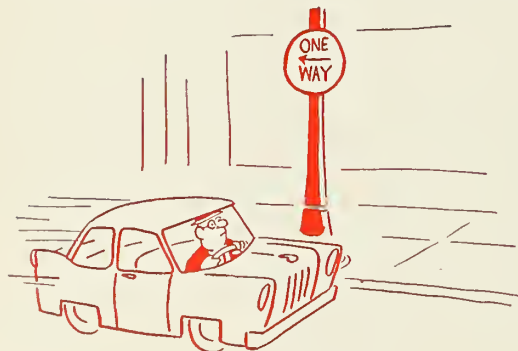
A new insurance program is being offered the minority of Britons who do not care to rely on the national health service. Next year, insurance policies covering calls by family doctors will be available. Hospital insurance, introduced earlier, has been rapidly growing in popularity.

With these developments, British private patients will have access to coverage comparable to Blue Cross, Blue Shield, and other health insurance plans in America. Heretofore, Britons who elected to stay outside the nationalized scheme have financed their medical charges with little assistance or insurance.

The new plan produces a paradox. Citizens of a country with socialized medicine are reducing the financial risks of ill health or accident by importing an insurance practice widespread in the United States.

—Chicago Tribune
Oct. 9, 1958

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Polio Merger With United Fund Would Be Popular

Now that the National Foundation for Infantile Paralysis is shortening its name and turning its emphasis to other diseases, it seems a good time and opportunity for the organization to consider affiliating with the United Fund.

Up to now, the polio foundation has been one of those health and welfare organizations that have maintained separate entities and have not joined the one-fund plan. With more communities interested in reducing the number of drives for public donations, the polio people might attune their organization to public thinking by looking into the United Fund affiliation.

The National Foundation—which is its new name—plans to continue the fight against polio and will go on sponsoring the March of Dimes. Doubtless it would want some assurance of receiving the amount it deems necessary for these activities if it would go into the United Fund in Kokomo or in any other community.

While the foundation's major objective, stopping polio, has been largely achieved thanks to the Salk vaccine, the organization has announced that it will continue its principal interest in the care of persons who have contracted the disease, and in addition will mobilize to fight arthritis and birth defects.

Much probably can be accomplished toward finding an answer to arthritis, through the National Foundation, in view of the fact that the foundation is a going organization, its local chapters established and ready to continue service.

The Arthritis and Rheumatism Foundation declined a proposal to merge with the National

Foundation, but the two groups should make new efforts to effect a consolidation. A multiplicity of organizations working toward the same goals means that more fund solicitations are made to the public.

Health foundations, each with headquarters, staff and individual fund-raising campaigns, have been multiplying. The public would appreciate seeing a trend toward consolidation of effort and efficient management of the contributed funds.

—Kokomo Tribune
July 31, 1958

Motorist's Prayer

(Written by The Rev. David Quill, a
Lutheran Minister in Minneapolis)

"Lord, impress upon me the great responsibility that is mine as I take the wheel of my automobile. As I need Thy guidance in all things, so now especially do I when I have life and death in my hands. Give me always a deep reverence for and a desire to protect human life. When I would be careless, remind me of homes where there is sorrow and loneliness, of the hospitals where broken, suffering bodies lie in anguish because someone forgot.

"Write indelibly upon my conscience that each time I take the wheel of my car, I am a potential murderer; that in a few careless moments I could be face to face with dire tragedy for my own family as well as for others. Give me grace to practice the Christian virtues of patience and thoughtfulness at all times. Help me to show the same courtesy and kindness to other motorists that I want to expect from them. When others exceed the speed limit or otherwise break the law, let me not be tempted to do the same. Forgive my stupidity if ever I think it is permissible to violate traffic laws, so long as I do not get caught.

"Remind me often that I am responsible to Thee as well as to the state to obey the ordinances of the highway; and when I do not, I sin against Thee as well as against my fellow men, even though nobody else may be watching and no accident may result. Lord, grant me control of my car and of myself at all times. Help me to live lawfully and peaceably, to save life and not to destroy it, and so by example to lead others to do the same. Amen."

—Kokomo Tribune

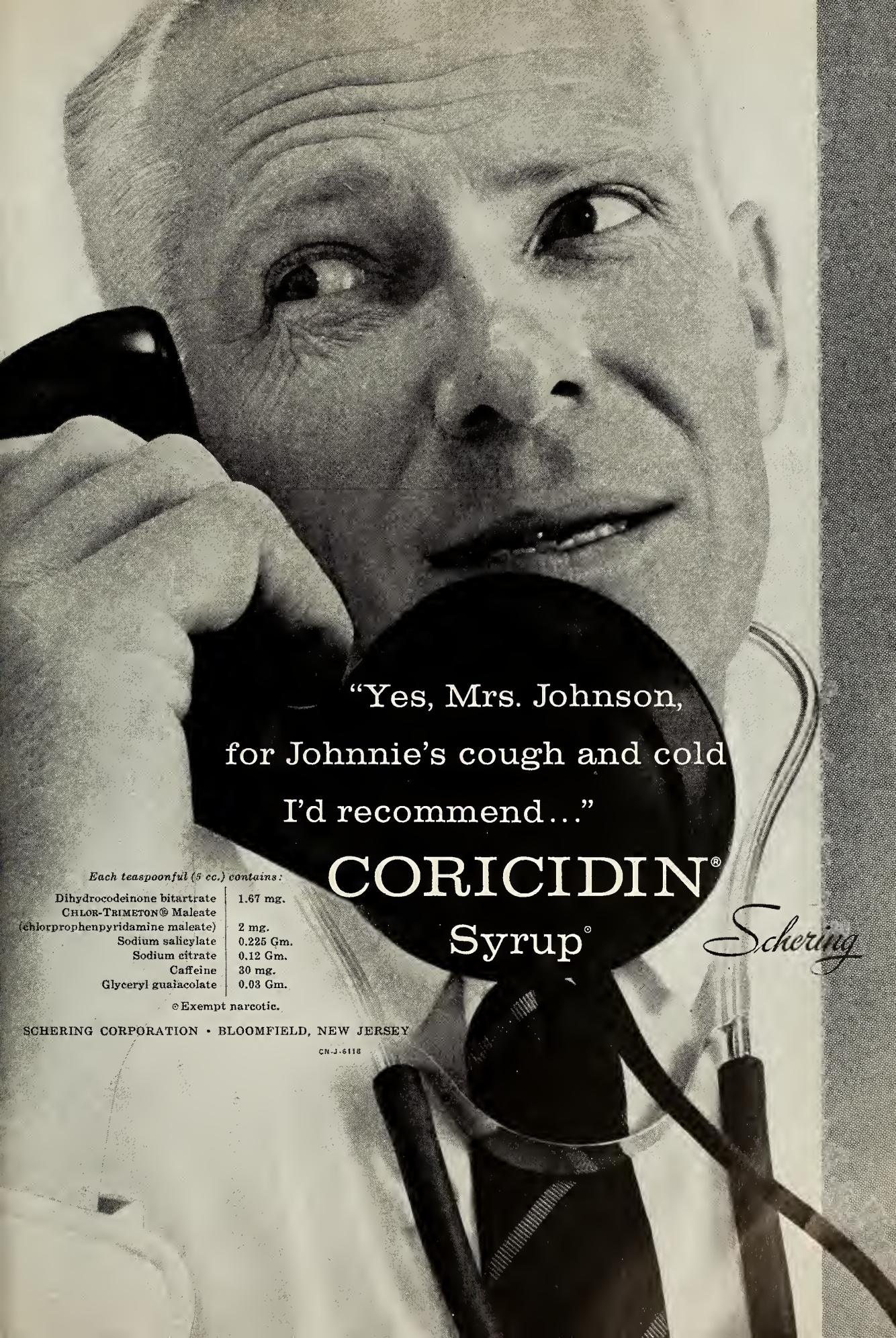
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Winning Essay:

The Advantages of the American Free Enterprise System

D. HERSCHEL MILLS*

Angleton, Texas

THE GREATEST monument I have ever seen to free enterprise is the modern American supermarket. On a single shelf may be found one product under 15 different labels, every one of those labels proclaiming its product to be the best made. Fifteen manufacturers, each trying to convince the public that only he can produce green peas capable of satisfying hunger! This is free enterprise!

Many denounce this system by which man earns according to his desires and capabilities. But they would destroy man's ambition, making him a robot with no incentive for advancement. What a flimsy, weak-willed creature man would be!

The main advantage of socialism, according to its staunchest advocates, is the security it provides. Under socialism, they say, poverty could be destroyed and man could live in peace, assured that no twist of fate could force him down into the gutters of life and prevent his rise. All could be equal, the socialists claim, despite their intelligence, ambition and initiative. The drunk-

en bum could be placed on the same level with the most distinguished statesman. This, they say, is security.

This may really be security. But while security may be one of the most universally pursued goals, it is also one of the most universally deceptive goals. Few would actually want security if they got it. There is something about sweat and toil and tears that appeals to man's soul. To be deprived of the right to advance would tear man away from himself.

Man is a competitive being. All progress, whether intentional or not, has been derived from this competition. When man better himself, he often better humanity. Competition also provides better qualities. The man who must produce a better product than his neighbor will naturally produce a better product than someone who is not subjected to these pressures. The truth of the statement can be proved by comparing an American car and a Russian car. The American car is ahead by at least ten years in all respects. Nowhere, except in a free enterprise system can man progress so far in so short a time as he has progressed in Twentieth Century America.

This brings us to another important point, democracy. To bring us democracy, to bring us freedom, our ancestors lived and worked and fought. The blood of America's sons was shed on Bunker Hill, at Gettysburg, at the Marne River, Iwo Jima, Normandy, and Porkchop Ridge, shed so that the light of democracy might shine on our land forever. Our common heritage of democracy makes us all zealous in protecting that democracy.

And what could be more democratic than free

Continued

* D. Herschel Mills was a senior at Angleton High School when he wrote this essay which won the \$1,000 first prize of the 12th annual essay contest staged by the Association of American Physicians and Surgeons' Freedom Programs in cooperation with state and county medical societies. His plans at that time were to enter Duke University this September for which he plans to use the \$1,000 prize money. "I owe a great deal to the medical profession," Mr. Mills wrote. "When I was born, a Caesarian operation saved my mother's life. As a result, I was named for the doctor who performed the operation, Dr. Herschel Spurlock. Later on, my life was once more endangered by a shortage of calcium in my body combined with an ear infection. Once more the skill of a doctor pulled me through." He intends to be a Methodist minister.

9, April 1956. 179. Friedman, A. P.: The treatment of chronic headache with mepro- Use of tranquilizers in the treatment of headache. Am. Pract. & Digest Treat. 8:94, .M.A. 163:1111, March 30, 1957. 182. Friedman, H. T. and Marmelzat, W. L.: Adverse robamate [Miltown]- a clinical study. Am. J. Psychiat. In press, 1957. 184. Gibbs, Relaxant effects of meprobamate in disabilities resulting from musculoskeletal and 453, July 1956. 186. Gillette, H. E.: The effect of meprobamate on cerebral palay. ers and purpura hemorrhagica (Correspondence). J.A.M.A. 161:96, May 5, 1956. 188. An evaluation of meprobamate in the treatment of alcoholism. Ann. New York Acad. Sc. "Habit-forming" individuals (Queries and Minor Notes). J.A.M.A. 163:515, Feb. 9, e. Ohio M. J. 52:1306, Dec. 1956. 192. Hollister, L. E., Elkins, H., Hiler, E. C. ad. Sc. 67:789, May 9, 1957. 193. Hollister, L. E., Stannard, A. M. and Drake, C. F.: 194. Holoubek, J. E., Thomas, O. G. and Sargent, J.: Toxic reaction to 2-methyl- 95. Karlisch, P.: Adverse reaction to meprobamate (Correspondence). Canad. robamate (Miltown) as a source of oral, nasal and throat. Eye, Ear, Nose & Throat. tranquilizer, meprobamate -- Its use for pain associated with cancer, preliminary obamate (Correspondence). J.A.M.A. 161:644, June 16, 1956. 197. Kugelmass, I. N. & . P. Clin. 165:232, May 1957. 205. Lashner, T. L.: The addition of meprobamate in the treatment of marginal case. Am. New York Acad. Sc. 67:81, May 9, 1957. J. Chronic Dis. 11:2, Feb. 1956. 207. Lemere, F.: Habit-forming properties of . J.A.M.A. 160:1431, April 21, 1956. 208. Lemere, F.: Habit-forming properties of 56. 206. Lemere, F.: Promazine (Sparine) in the treatment of psychiatric disorders. A. Arch. Derm. & Syph. 74:377, March 1957. 208. Levan, M. H., Levan, C. F.: Un- LeVan, P. and Wright, E. T.: Use of tranquilizers in diseases of the skin -- A Clinical evaluation of meprobamate in disturbed and prepsychotic children. Ann. New .: Ineffectiveness of Diamox in the treatment of childhood epilepsy. Pediatrics 17: in treatment. Southwestern Med. 37:428, July 1956. 213. McGee, R. A.: Drug reaction town in the treatment of chronically ill psychiatric patients. Pennsylvania M. J. ychiatric Clin. 56:198, April 1957. 214. Minos, M. G., Boyd, blication, 1957. 217. Osmond, W. A.: Treatment of anxiety states with meprobamate Osinski, W. A.: Treatment of anxiety states with meprobamate. Ann. New York Acad. spondence). J.A.M.A. 163:482, Feb. 9, 1957. 220. Felner, L.: Meprobamate (Correspond- of six ataraxics in neuropsychiatric patients. Read at the American Psychosomatic robamate, tranquilizing drug with muscle relaxant properties in a variety of cases, in 1957, pp. 125-131. 223. Livingston, V. M.: A comparative study of six ataraxics in on, V. M.: A two-year comparative study of ataraxics in neuropsychiatric patients. J. n (meprobamate) with psychotic patients. Am. J. Psychiat. 114:257, Sept. 1957. 226. 7. 227. Pennington, V. M.: Addition to meprobamate mentioned (Correspondence). North- in convulsive and related disorders. J.A.M.A. 161:440, July 16, 1956. 227. Pevey, J. with phenothiazine, meprobamate and tranquilizing agents. J. Pharmacol. & iltown) for the treatment of emotional disorders. Am. Pract. & Digest Treat. 7:1573, tion. North- 9. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 847. 848. 849. 850. 851. 852. 853. 854. 855. 856. 857. 858. 859. 860. 861. 862. 863. 864. 865. 866. 867. 868. 869. 870. 871. 872. 873. 874. 875. 876. 877. 878. 879. 880. 881. 882. 883. 884. 885. 886. 887. 888. 889. 890. 891. 892. 893. 894. 895. 896. 897. 898. 899. 900. 901. 902. 903. 904. 905. 906. 907. 908. 909. 910. 911. 912. 913. 914. 915. 916. 917. 918. 919. 920. 921. 922. 923. 924. 925. 926. 927. 928. 929. 930. 931. 932. 933. 934. 935. 936. 937. 938. 939. 940. 941. 942. 943. 944. 945. 946. 947. 948. 949. 950. 951. 952. 953. 954. 955. 956. 957. 958. 959. 960. 961. 962. 963. 964. 965. 966. 967. 968. 969. 970. 971. 972. 973. 974. 975. 976. 977. 978. 979. 980. 981. 982. 983. 984. 985. 986. 987. 988. 989. 990. 991. 992. 993. 994. 995. 996. 997. 998. 999. 1000.

Winning Essay

Continued

enterprise? What could be freer than for a man to earn his bread by the sweat of his brow? Abraham Lincoln referred to this nation as a nation "of the people, by the people, for the people." But how can a nation be "of the people" and deny the right of private ownership of property? How can a nation be "by the people" if it thwarts individual initiative? How can a nation be "for the people" if it restricts individual opportunity for advancement? Freedom is impossible without a system of free enterprise.

One of the biggest advantages of the free enterprise system is that it permits private ownership of property and business. We all know that a man will take more pride in something he owns than he will in something owned by somebody else. The destruction of an individual's right to own property also destroys his ability to achieve, curbs his initiative and decreases his productivity and usefulness. Free enterprise is necessary for man to perform to the best of his capabilities.

To see in its proper perspective the difference between a country that has a system of free enterprise and one that does not we must compare the United States with the Soviet Union. The U. S. has been one of the most prosperous nations in the world. The Soviet Union has been referred to as the "world's biggest poorhouse." The American free enterprise system has produced better than an average of seven times as much coal per worker as the Soviet Union. Opponents of free enterprise say that socialism, communism, and all the "isms" created to destroy mankind would eliminate poverty and tend to build up the standard of living among the masses. Yet the average Russian worker must labor five and a half times as long as the average American worker to earn his daily bread. Without free enterprise, not poverty but prosperity is eliminated.

Technical ability under any other system besides free enterprise would be practically non-

existent. What would be the use of obtaining an education? What would be the use in gaining technical skills? The unskilled, the uneducated would all earn as much as the most highly trained and highly educated men a nation could produce. The genius could accomplish no more than an idiot! The college professor would be no more than an illiterate bum. Invention would reach a standstill. Scientific advancement would be thwarted. Production would be slowed to a snail's pace. There would be no dreams, only drudgery. How could man progress in such a stagnant atmosphere?

Free enterprise is the world's backbone. Ludwig Erhard, West German minister of economies credited with the success of the German economy, has said, "Where there is a free market, there are sound currencies." The most industrious man is the man with highest goal in sight, a goal that will lead him higher and make him better. The most perfect position for the head is tilted upward looking at the sky and all those who have advanced the human race, regardless of the political system under which they labored, were laboring under an economic system of free enterprise which encouraged individual initiative.

What is free enterprise? It is a steel mill in Pittsburgh, an oil well in Texas, an orange grove in Florida. It is a man wiping the sweat from his brow in the corn field of Iowa, a doctor preparing for surgery. It is a one-room schoolhouse in the mountains of Kentucky. It is a wadded section of the stock market reports from a morning newspaper and, yes, it is the grin on a little boy's face as he tries to sell lemonade, "Only a nickel, mister." That's free enterprise. That's why our forefathers died. And it's what we must live for.

She: "So you were hurt in the war? Where were you wounded?"

He: "Lady, I was hit in the Dardanelles."

She: "How dreadful!"

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Many Courses Offered for Postgraduate Education By I. U. Medical Center for 1958-59 Sessions

FOLLOWING are post graduate courses being offered this year by the Division of Postgraduate Medical Education, I.U. Medical Center. In that the material reached the *Journal* office too late for the October issue, courses beginning before November publication date have been deleted from the original listing.

ANATOMY

ANATOMY FOR ANESTHESIOLOGISTS

Each Monday, 4:00 to 5:00 p.m., September through January and February through May.

Part I: This course consists of lectures and demonstrations on cadavers covering the upper and lower respiratory tracts including their relationship to the vascular system. Although primarily designed for specialists in anesthesiology, generalists interested in anesthesiology are accepted in this course. The course is given by clinicians and anatomists.

Part II: This course consists of lectures and demonstrations on cadavers concerning the anatomic and peripheral nervous system as it applies to anesthesiology. The students have practice on peripheral nervous block. The course is given by both clinicians and anatomists.
FEE: \$25.00 each part (1)

DISSECTION OF FEMALE ABDOMINO-PELVIS

In the fall by arrangement, Monday and Tuesday or Wednesday, 6:00 to 10:00 p.m., for eight weeks.

Students dissect the female abdomino-pelvis. There are conferences and demonstrations applicable to obstetricians. This course is given by both clinicians and anatomists.

FEE: \$125 (1)

DISSECTION OF MALE ABDOMINO-PELVIS

In the fall by arrangement, Monday and Tuesday or Wednesday, 6:00 to 10:00 p.m., for eight weeks.

Students dissect the male abdomino-pelvis. There are conferences and demonstrations applicable to genitourinary and general surgeons. The course is given by clinicians and anatomists.

FEE: \$125 (1)

DISSECTION OF LOWER EXTREMITY FOR ORTHOPEDIC SURGEONS

In the winter by arrangement, Thursdays, 6:00 to 10:00 p.m., for 15 weeks.

Students dissect the lower extremity. There are lectures, conferences and demonstrations applicable to orthopedic surgery of this area. This course is given by both clinicians and anatomists.

FEE: \$75.00 (1)

DISSECTION OF SPINE FOR ORTHOPEDIC SURGEONS

In the spring by arrangement, Thursdays, 6:00 to 10:00 p.m., for 15 weeks.

Students dissect the spine. There are lectures, conferences and demonstrations applicable to orthopedic surgery of this area. The course is given by both clinicians and anatomists.

FEE: \$75.00 (1)

ANESTHESIOLOGY

(see also Anatomy and Radiology)

MEDICAL TRAINEESHIP IN ANESTHESIOLOGY

Starting each Monday by arrangement.

This is a continuous medical traineeship which can be taken as a two, four or eight weeks' course. Experience and training may be obtained in general, obstetrical or pediatric anesthesiology or any combination. It consists of clinical and didactic training in modern anesthesia with experience in the operating room. The student is under the direction and supervision of the full-time staff.

FEE: \$100, \$150 or \$200 (3)

WEEKLY SEMINAR OF GENERAL ANESTHESIOLOGY

Each Friday, 4:00 to 6:00 p.m. and 7:00 to 10:00 p.m., September through May.

This is a weekly seminar designed for specialists and generalists interested in anesthesiology. Papers are presented and a journal club is held with open forum discussions. Cases are presented and full use is made of films and other audio-visual aids.

FEE: \$5.00 (2-3)

ANESTHESIA FOR GENERAL PRACTITIONERS AND PART-TIME SPECIALISTS

Wednesday and Thursday, February 18, 19.

This course is designed for anesthesiologists and all physicians interested in anesthesia. It covers newer concepts and application of drugs in the operating room

Continued



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Postgraduate Courses

Continued

and the postoperative period. The course is given by the Department of Anesthesiology with the cooperation of other related departments.

FEE: \$25.00 (2-3)

CARDIOLOGY

(see also Radiology and Medicine)

GENERAL CARDIOLOGY (INTERMITTENT)

Every Thursday, 9:00 a.m. to 5:00 p.m., throughout the year.

This course consists of case presentation of both inpatients and outpatients, ward walks, lecturers, staff conferences and an electrocardiographic conference. Both routine and specific problems of diagnosis and therapy are covered.

FEE: \$10.00 (3)

HEART SYMPOSIUM (8th ANNUAL)

Wednesday, February 11.

Surgical procedures available for cardiovascular disease, their indications, morbidity, mortality and results will be discussed in the first session. The second session will consist of a discussion concerning acute pulmonary edema due to heart failure, acute myocardial infarction and the hypertensive crisis.

FEE: None (3)

TREATMENT OF HEART DISEASE

Wednesday, April 29.

This course is designed to cover the recent advances in the treatment of the various phases of heart disease. The emphasis will be primarily on medical rather than surgical treatment.

FEE: \$10.00 (2-3)

MEDICINE

(see also Cardiology, Pathology and Radiology)

CLINICAL HEMATOLOGY (INTERMITTENT)

By arrangement on Thursdays, 10:00 a.m. to 12:00 noon, for 12 weeks.

Patients with routine and special disorders of the blood are studied and followed both as inpatients and outpatients.

FEE: \$30.00 (3)

FLUID AND ELECTROLYTE BALANCE

Thursday, December 18

This course is designed for general practitioners and all specialists who are treating patients who may have electrolytes or fluid imbalance. The practical application of the fundamental principles of these conditions will be considered.

FEE: \$10.00 (2-3)

Continued to 1504

Annual Clinical Conference

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Postgraduate Courses

Continued from 1509

PULMONARY EMPHYSEMA

Wednesday, January 7.

The practicing physician today is continually faced with an increasing number of patients and pulmonary emphysema. This course is designed to help the physician better understand the etiology of this syndrome, its physiologic derangement and the clinical picture. The final objective is to outline the most acceptable therapy for this disease.

FEE: \$10.00 (2-3)

DIARRHEAL DISEASE

Wednesday and Thursday, January 21, 22.

Diarrheal diseases will be discussed from the point of view of clinical diagnosis and treatment. A review of diagnostic techniques including endoscopy, radiology and laboratory procedures will be presented. The diagnosis and management of such entities of ulcerative colitis, regional enteritis, malabsorption syndromes, diverticulitis and acute viral enteritis will be discussed. Members of the departments of Medicine, Surgery, Radiology and Pathology will participate.

FEE: \$20.00 (2-3)

TREATMENT OF HYPERTENSION

Thursday, April 30.

This course is designed to present the recent advances in the medical treatment of the various hypertensive states. Some correlation between the causes of hypertension and the treatment will be included.

FEE: \$10.00 (2-3)

NEOPLASMS

(see also Pathology and Radiology)

CANCER SYMPOSIUM (12th ANNUAL)

Tuesday and Wednesday, March 31 and April 1.

The 12th Annual Cancer Symposium is to be held under the joint sponsorship of the Indiana University Medical Center and the Indiana Division of the American Cancer Society. It will cover the recognition and definitive management of neoplasms of the nose, paranasal sinuses, pharynx, larynx, the salivary glands, and regional metastases from these sites.

FEE: None (2-3)

NEUROLOGY

(see Ophthalmology, Pathology and Radiology)

OBSTETRICS AND GYNECOLOGY

(see also Pathology and Medicine)

OBSTETRICS AND GYNECOLOGIC DIAGNOSIS AND THERAPY

Wednesday and Thursday, March 4, 5.

This course will cover the current concepts which are practiced in the diagnosis and treatment of common obstetric and gynecologic conditions.

FEE: \$20.00 (2-3)

OPHTHALMOLOGY

OPHTHALMOLOGY CLINICAL CONFERENCE

Every Wednesday, 4:00 to 6:00 p.m., throughout the year.

This is a clinical conference given by the department chairman for specialists. Case histories and problem cases with the presentation of patients are studied, and clinical application of diagnosis and therapy are covered.

FEE: None.

BASIC AND CLINICAL OPTHALMOLOGY

Monday through Friday, 4:00 to 6:00 p.m., throughout the year.

This is a continuous postgraduate institutional course on the basic ophthalmologic subjects by various departmental members and guest lecturers given throughout the year. It is a course designed for specialists. Included are monthly schedules on glaucoma, histopathology, anatomy, biomicroscopy, motility, optics, refractions and allied subjects.

FEE: None.

NEURO-OPHTHALMOLOGY

Each Tuesday, 4:00 to 6:00 p.m., October through May.

This is a course and clinical conference for specialists covering all the phases of neuro-ophthalmology.

FEE: None.

ORTHOPEDICS

(see also Anatomy, Pathology and Radiology)

BACKACHE

Wednesday, February 25.

This course emphasizes the modern concepts in the diagnosis and proper treatment and management of the common orthopedic causes of backache.

FEE: \$10.00 (2-3)

OTOLARYNGOLOGY

(see also Anatomy and Radiology)

FUNDAMENTALS OF AUDIOLOGY FOR THE OTOLARYNGOLOGIST

Each Wednesday, 2:00 to 4:00 p.m., starting October 22 through June 24.

This course will primarily consist of lecture and discussion including such topics as the following: techniques of pure tone and speech audiometry; recruitment testing; techniques of assessing nonorganic impairment in hearing; audiometry with young children; behavioral diagnosis of hearing impairment in young children and adults; evaluation and selection of hearing aids; and survey of speech and voice problems of interest to the otolaryngologist.

FEE: None.

EVALUATING AND MANAGING DISORDERS OF SPEECH

Wednesday and Thursday, December 3, 4.

This course involves developmental chronology and

Continued to 1506

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Postgraduate Courses

Continued from 1504

attributes of normal speech; identification and classification of speech disorders; philosophies and techniques of evaluating the deviant speaker; planning and managing of rehabilitation (special emphasis on speech problems associated with cleft palate, cerebral palsy, laryngeal pathology, and stuttering); roles and responsibilities of family, teacher, physician, and speech therapist. Lectures, each morning; demonstrations, each afternoon.

FEE: \$20.00 (2)

ANATOMICAL AND CLINICAL OTOLARYNGOLOGY (44th ANNUAL)

Monday, April 6 through 18.

This is primarily an intensive course in anatomy of the head and neck with emphasis on surgical anatomy of this region. Sixteen hours will be devoted to histopathology of otolaryngology. Lectures and demonstrations are designed to review basic principles and to present recent advances in otolaryngology and bronchoesophagology. The course is offered to physicians specializing in ear, nose, and throat (eye) and residents in training in this specialty. The class is limited to 24 members. It is presented by the medical faculty of the University including anatomists, clinicians, and pathologists.

FEE: \$250 (1)

PATHOLOGY

NEUROPATHOLOGY

By arrangement.

This is a conference on autopsy material including gross and microscopic sections. It is designed for neurologists, neurosurgeons, psychiatrists and pathologists and is given in cooperation with these departments.

FEE: Arranged (2)

MICROSCOPIC AND GROSS SURGICAL PATHOLOGY

Each Wednesday, 4:00 to 5:00 p.m., throughout the year.

This course is primarily designed for general surgeons and pathologists but any physician interested in the subject is eligible for registration. Both gross and microscopic aspects of general pathology are covered with special attention to recent cases which are correlated with case histories. It is given in cooperation with the Department of Clinical Pathology and the Department of Surgery.

FEE: None (2)

GROSS AUTOPSY CONFERENCE

Each Thursday, 12:30 to 2:30 p.m., throughout the year.

This is a conference between the departments of Pathology, Medicine, and Radiology, in which recent gross autopsy material is studied. The pathological material is correlated with clinical and roentgenologic features.

FEE: None (2-3)

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CLINICAL PATHOLOGICAL CONFERENCES

Each Friday, 12:00 to 1:00 p.m., throughout the year.

This is a clinical pathological conference given by the departments of Pathology and Medicine. It is, however, attended by members of all departments of the school who engage in open discussion.

FEE: None (2-3)

SURGICAL PATHOLOGY FOR OBSTETRICIANS AND GYNECOLOGISTS

Each Wednesday, 11:00 a.m. to 12:00 noon, throughout the year.

This course is designed for obstetricians, gynecologists and pathologists, but any physician interested in this subject is eligible for enrollment. Gross and microscopic surgical pathology of the diseases of the female abdomino-pelvis are studied. It is given cooperatively with the Department of Clinical Pathology and Department of Obstetrics and Gynecology.

FEE: None (2)

AUTOPSY AND SURGICAL MATERIAL

Each Saturday, 11:00 a.m. to 12:00 noon, throughout the year.

This is a conference between the departments of Pathology and Surgery, primarily designed for general surgeons and pathologists. Any physician, however, interested in the subject is eligible for registration. Microscopic material from recent autopsies and recent surgical material are studied along with clinical histories.

FEE: None (2-3)

PEDIATRICS

(see also Medicine)

PEDIATRICS FOR GENERAL PRACTITIONERS

Wednesday, December 17.

The discussion will be concerned with a failure to thrive during infancy. Both the common and the unusual causes of growth retardation will be considered.

FEE: \$10.00 (2-3)

PSYCHIATRY

PSYCHIATRIC PROBLEMS OF MEDICAL PRACTICE

Wednesday and Thursday, November 19, 20.

This course is designed to consider in a more concentrated fashion the techniques for recognizing and appraising the emotional and mental contributions to physically and surgically ill patients. It will, in addition, review short-term techniques for the effective psychiatrically oriented therapy of such disturbances as they are encountered in the general medical and surgical patients.

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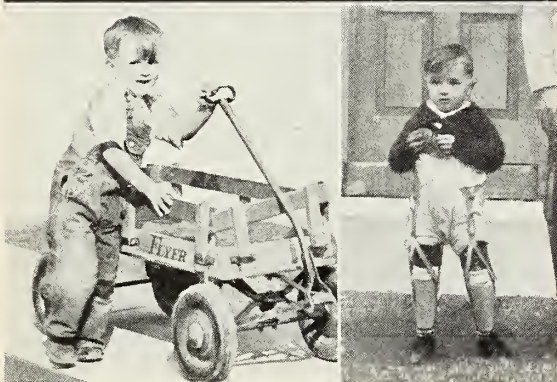


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(see also Anatomy, Pathology, Radiology and Medicine)

COMMON TRAUMATIC INJURIES

Thursday and Friday, May 28, 29.

This course will cover the common trauma injuries, industrial, farm and highway, which are brought to the hospital for care. Fundamentally, the course will deal with emergency treatment, but will dwell somewhat on definitive therapy.

FEE: \$20.00 (2-3)

UROLOGY

(see Anatomy and Pathology)

KEY TO FOOTNOTES

- (1) Complimentary enrollment to IUMC residents.
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- (3) This course has been approved for credit in Category I by the American Academy of General Practice.

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- * 1. Welsh, A. L., and Ede, M.: J.A.M.A. 166:158, 1958.
- * 2. Bleiberg, J.: J.M. Soc. New Jersey 53:37, 1956.
3. Abrams, B. P., and Shaw, C.: Clin. Med. 3:839, 1956.
4. Bleiberg, J.: Am. Practitioner 8:1404, 1957.
5. Clyman, S. G.: Postgrad. Med. 21:309, 1957.

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REFERENCES: 1. Carlozzi, M.: Ant. Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W., and Staffa, A. W.: Ant. Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and Leukemia. Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Ant. Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: Ant. Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

Army Medical Service Establishes Research and Development Command

The Army Medical Service's new Research and Development Command has been activated in Washington, D.C., the Army Surgeon General's Office has announced.

The setting up of the Command by DA General Order 31, Aug. 23, 1958, points up the increasing importance of Army medical research and development in the national defense effort and will enable the program to more efficiently serve the Surgeon General's Office.

Brig. Gen. Joseph H. McNinch, Medical Corps, has been appointed commanding general of the new command and assumed his duties about November 1.

General McNinch has returned to Washington from his post as Surgeon, Headquarters, Armed Forces Far East, U.S. Eighth Army, Japan. En-route to his new post, General McNinch surveyed the Army's research activities in Asia and Europe.

Personnel of the Army Medical Service's Research and Development Division in the Office

of the Army Surgeon General formed the Headquarters of the Research and Development Command.

This headquarters will serve as a focal point for the direction of the Army Medical Service's world-wide research and development program which provides the Army with better preventive medicine measures and more effective and rapid treatment technics.

Research studies with which the new Army Medical Service Research and Development Command will be vitally concerned include continuing investigations of the medical effects of ionizing radiation and the medical prevention and treatment of these effects; the prevention and treatment of communicable diseases of importance to troops in overseas areas; surgical problems in the care of the burned and wounded; medical problems of operations under temperature extremes and other adverse environmental conditions, and the physiological and neuropsychiatric problems of military operations.



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AMA Clinical Meeting to Draw 3,000 Physicians

More than 3,000 physicians are expected to attend the American Medical Association's 12th clinical meeting December 2-5 in Minneapolis.

Designed to help the family physician solve his daily practice problems, the meeting has been planned in cooperation with Minneapolis physicians. General chairman of the meeting is Dr. O. L. Norman Nelson, Minneapolis, president of the Hennepin County Medical Society. Dr. N. L. Gault, Jr., Minneapolis, is the scientific program chairman.

The scientific portion of the program will be held in Minneapolis Auditorium, while the House of Delegates, the AMA policy-making body, will meet at the Leamington Hotel, headquarters for the meeting.

In Minneapolis Auditorium will be 100 scientific exhibits prepared by physicians and the AMA Council on Scientific Assembly. Among them will be exhibits on medical history in Minnesota, including information about Indian medicine and the Mayo Clinic.

There will also be approximately 130 technical exhibits presented by pharmaceutical houses, medical equipment manufacturers, food processors, medical book publishers and other commercial organizations.

Approximately 200 physicians will participate in lecture meetings, symposiums and panel discussions on such subjects as neurology and psychiatry, cardiovascular disease, arthritis, orthopedics and various other medical topics.

Approximately 35 medical motion pictures will be shown in Minneapolis Auditorium. A special feature will be a symposium on proctology Wednesday evening, December 3. Moderated by Dr. Raymond Jackman, Mayo Clinic, it will include three films made by Dr. Jackman; Dr. Malcolm Hill, Los Angeles, and Dr. Lawrence Abel, London, England.

Another special feature of the meeting will be a trans-Atlantic conference between AMA members in Minneapolis and British Medical Association members in Southampton, England. It is scheduled for Friday, December 5. The British association will be holding a clinical session at that time.

Closed circuit colored television again will be shown to doctors attending the meeting. It will be sponsored by Smith, Kline and French Laboratories, Philadelphia pharmaceutical house. Programs originating in the Mayo Memorial Building of the University of Minnesota Hospital will be shown in Minneapolis Auditorium. Among the topics will be cardiac by-pass, neurology, orthopedic problems of the extremities and Caesarian section.

The General Practitioner of the Year will be named Tuesday morning at the opening session of the House of Delegates. Dr. Cecil W. Clark, Cameron, La., was the last recipient of the award, given annually to an outstanding American doctor for his medical and civic contributions to his community.

Entertainment highlights of the meeting will include a jazz concert and a concert by the Apollo Club, the well-known Minneapolis chorus.

An outline of the history of Dixieland jazz and a concert will be given Tuesday evening at the Leamington Hotel by Doc Evans and his Dixieland band of Minneapolis.

The Apollo Club concert, sponsored by Minnesota Blue Shield, will be presented Thursday evening at the Leamington.

The House of Delegates members and their wives will hold a banquet Wednesday evening. The entertainment, centering around the theme, "A Night in Vienna," will be sponsored by the Minnesota State Pharmaceutical Association.

The Woman's Auxiliary to the AMA, which will hold no regular meetings, will sponsor a series of tours for physicians' wives during the meeting.

Arizona Cancer Seminar

The Arizona Division of the American Cancer Society will hold their 7th Annual Cancer Seminar at Paradise Inn, Phoenix, on Jan. 22-24, 1959. Ten well known authorities from all over the United States will discuss such subjects as Hodgkins Disease, Carcinoma of the Cervix, Carcinoma of the Lung, Tumors of the Central Nervous System, Chemotherapeutic Agents and Carcinoma of the Stomach. Members of the ISMA are invited to attend.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — November 1958 — Number 11

The Routine Use of a Spray-on Plastic Dressing in the Care of Surgical Wounds

LEO R. RADIGAN, M.D.

JOE G. JONTZ, M.D.*

Indianapolis

IN SPITE of the many decades since the development of aseptic techniques, the problem of surgical dressings, or isolation of the wound from the environment, has been one of continuing exploration and controversy.

We, and many others, have long been dissatisfied with the routine bulky gauze and adhesive tape dressing. Not only are these often uncomfortable to the patient, but their sheer bulkiness often interferes with adequate physical examination, and particularly with percussion and auscultation. In addition, such dressings frequently become wet from perspiration and then, no longer sterile, may become odorous and uncomfortable. In spite of dressing changes, the skin may be-

come erythematous and tender, and the incidence of small suture abscesses is too common, all of which may be factors in delayed wound healing. Then too, allergic reactions to adhesive tape are common and distressing.

In an effort to circumvent these many difficulties, we studied a number of closed surgical wounds to which no dressing was applied, but in our experience this was not a wholly satisfactory approach since it allowed possible wound contamination.

During and after the last war, great strides were made in the field of plastic chemistry, and in 1952 Choy and Wendt¹ reported on the use of a spray-on plastic dressing** in the local

* From the Department of Surgery, U. S. Veterans Administration Hospital, Indianapolis, Ind.

** "Aeroplast" manufactured by the Aeroplast Corporation, Dayton, Ohio.

treatment of burns. These studies were extended to include the use of the plastic as a surgical dressing and were reported by Choy² in 1954. The satisfactory results in using this spray-on dressing in burns have not been confirmed, but Rigler and Adams³ confirmed the surgical dressing use and have reported on its use in thoracic and other difficult surgical dressing areas.

The above investigators reported that this plastic spray-on dressing was a transplant, moisture permeable but bacterial impermeable film which was tightly adherent to the skin and, at the same time, flexible and having a high tensile strength. In addition, they pointed out that it was a true contour dressing, leaving the wound always visible and making auscultation and percussion a matter of routine, impossible with the usual gauze dressing.

In the light of these reported characteristics of this plastic dressing, we decided to institute its routine use as a surgical dressing in all closed surgical wounds and have found it to be eminently satisfactory to date.

The application is completely simple, if properly used, and has proved to be economical. Following surgical closure of a wound, a sterile gauze sponge is compressed against the suture line to control any capillary hemorrhage. While this is being done, the surgical drapes are removed and the surrounding skin is dried. After a few moments the compression is discontinued and the gauze discarded. The suture line is then sprayed with a thin film of sterile plastic.

Ordinarily this film will flake off within four or five days. We have allowed patients to take shower baths any time after the day of operation, and in some cases the plastic may be washed off. Rarely is there any need to reapply another dressing. Occasionally the film will still be present at the time the skin sutures are removed, at which time it can be easily peeled away. The plastic film is sprayed onto the suture line only and thus covers a minimum of skin surface. The wound remains sterile and is easily visible.

More recently, we have learned that this plastic is also completely satisfactory for the care of drained wounds and fistulae. Essentially the same procedure as described above is used when drains are present, the only precaution, of course, being not to obstruct the drain site with plastic. In addition, after the plastic film has become dry, gauze may be applied to absorb drainage.

There are several specific operations in which we have found this method of wound care unique. After the creation of a colostomy, the efflux during the early period is likely to be liquid, and thus the possibility of contamination and wound infection is a real danger. The application of this plastic film to the wound eliminates this hazard.

An ileostomy can produce the same wound difficulties as a colostomy, plus the additional problem of skin maceration. It is most important to prevent the ileal contents from prolonged contact with the skin about the ileostomy stoma. A great help in this regard is the immediate use of a disposable plastic bag which is held to the skin by an adhesive facing. Our experience has demonstrated that the bag facing will adhere better if the skin is first sprayed with a film of plastic. Usually by the time the patient receives a permanent cementable rubber prosthesis, the character of the ileal contents has changed to a semi-solid stool and little further trouble occurs. An occasional patient, however, will continue to have difficulty keeping the rubber facing cemented to the skin. In these cases, spraying the skin with plastic prior to applying the cement will allow for better adherence.

Auto-digestion of the skin in patients with biliary or duodenal drainage is a constant problem. An excellent example of the protection afforded such a patient by this plastic dressing is shown in Figure 1. The patient developed a suppurative pancreatitis which dissected superiorly, causing mediastinitis, pericarditis and bilateral pleural effusions. The abscess was drained from the retroperitoneal space through a left flank incision. For two weeks this patient drained pancreatic juice from this wound. A thin film of plastic was sprayed onto the surrounding skin every other day. The skin remained absolutely normal. Duodenal fistulous drainage has been handled similarly with gratifying results.

To date, we have had no instances of allergic reaction, delayed wound healing or other undesirable complications from the use of plastic film dressings for surgical wounds.

Summary

The routine use of a new plastic surgical dressing in closed surgical wounds has been found to be simple to use, effective and economical.

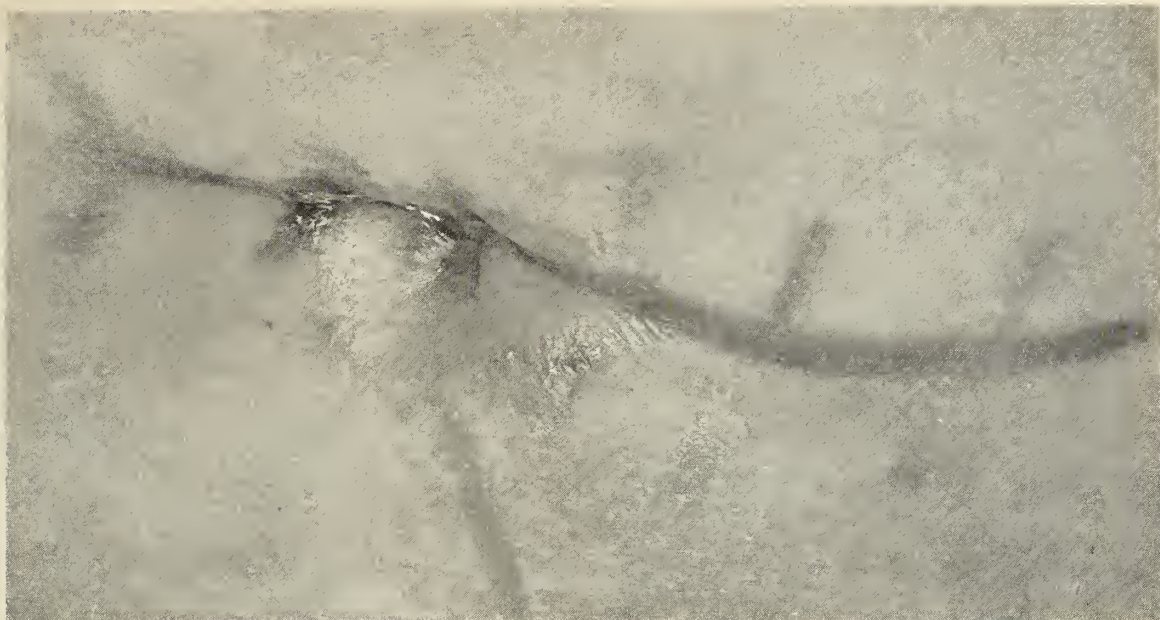


Figure 1. Illustration demonstrates the normal appearing skin about the site of a pancreatic fistula. This region was protected by plastic spray dressing applied every other day.

This plastic film has the added advantage of being tightly skin adherent, a truly contour dressing which leaves the wound always in full view, allows physical examination without redressing and adds to the comfort of the patient.

This plastic film also has a most important use in protecting the skin in the case of draining wounds, ileostomies and colostomies.

REFERENCES

1. Choy, D. S. J. and Wendt, W. E.: A New Local Treatment of Burns, U. S. Armed Forces M. J. 3: 1241-1255, (Sept.) 1952.
2. Choy, D. S. J.: Clinical Trials of a New Plastic Dressing for Burns and Surgical Wounds, Arch. Surg. 68:33, 1954.
3. Rigler, S. P. and Adams, W. E.: Experience With a New Sprayable Plastic as a Dressing for Operative Wounds, Surgery 792-797, (Oct.) 1954.

Kiwanis Diagnostic Outpatient Center Dedicated at Riley Hospital

Dedicatory ceremonies for the Kiwanis Diagnostic and Outpatient Center were held October 5 at the James Whitcomb Riley Hospital for Children at the Indiana University Medical Center campus in Indianapolis.

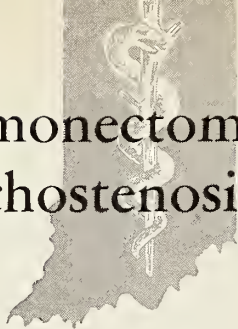
Expanded and well-equipped facilities have been developed to provide prompt and comprehensive diagnostic services for infants and children. In most instances all necessary laboratory examinations and ancillary specialty consultations will be provided during the initial visit.

Diagnostic teams will be available to see various medical and surgical problems on specific days. Thus, children with cardiac disease will be seen on Mondays, patients with seizures on

Tuesdays, children with behavior problems on Fridays, etc. Referrals will be seen within one or two weeks. Immediate consultation will be available when requested by the referring physician.

In the case of pediatric referrals, a letter summary will be dictated on the day of the clinic visit. This will be mailed to the referring physician, usually the next day. Dr. Morris Green is director of the clinic.

Referral of patients may be made by letter, addressed to the Admissions Officer, Indiana University Medical Center, 1100 West Michigan Street, Indianapolis, or by telephone, ME1rose 5-8411, and requesting the Admissions Officer.



Pneumonectomy for Tuberculosis Bronchostenosis

THOMAS C. MOORE, M.D.*

Muncie

PULMONARY resection, in recent years, has come to play an increasingly prominent role in the management of pulmonary tuberculosis. The discovery of a number of antimicrobial agents which have been proven to be effective against the tubercle bacillus and refinements in surgical and anesthetic techniques for pulmonary resection have been largely responsible for this change. Many commonly employed techniques of the past have become obsolete and others are now employed only on occasion.

The combination of rest and chemotherapy and the combination of chemotherapy and pulmonary resection have become the two major avenues of attack against pulmonary tuberculosis at the present time. The principal antimicrobial agents employed include streptomycin, para-aminosalicylic acid (P.A.S.), isonicotinic acid derivatives (isoniazid and isonicotinic acid hydrazide) and viomycin. These agents may be used alone or in combination. Their use has greatly minimized the risk of resection for active pulmonary tuberculosis.

Some of the currently accepted indications for pulmonary resection for tuberculosis are as follows: (1) thoracoplasty failure with failure to convert the sputum; (2) extensive destruction of one lung; (3) lower lobe disease; (4) closed, active lesions (tuberculomas); (5) large cavities; (6) small cavities which do not heal completely with antimicrobial therapy; (7) tuberculous bronchiectasis; (8) bronchostenosis; and (9) indeterminate lesions where carcinoma of the lung cannot be excluded.

Bronchial stenosis is by no means an uncommon finding in pulmonary tuberculosis. Bjork,

in 1958, reported that, of 151 pneumonectomies for tuberculosis, 37 (25%) were performed for stenosis of the main bronchus. It also was of interest that the stenosis of the main bronchus occurred on the left side in 31 of the 37 cases.

Tuberculous bronchostenosis is a complication of tuberculous bronchitis. The involved bronchus generally is draining an area of parenchymal focus. The stenosis may occur by means of one of several mechanisms. It may be produced by the accumulation of numerous small proliferative lesions or it may result from extensive caseous changes occurring within tubercles which are largely intramucosal. It may also result from tuberculous chondritis with necrosis of cartilage, collapse and ultimate fibrous replacement and even calcification.

The consequences of bronchostenosis may be varied. Persistent, or expanding, cavities or a tuberculoma may develop. Extensive fibrous scarring of the lung may occur. Tension cavities, atelectasis, bronchiectasis and abscess may also be produced.

The purpose of this paper is to describe an interesting and illustrative case in which symptomatic bronchostenosis with atelectasis, bronchiectasis and giant, tension air cysts occurred 30 years after an acute and active episode of pulmonary tuberculosis. The intervening years had been completely asymptomatic. These late sequelae of an episode of active tuberculosis involved the entire left lung and the patient was managed successfully by left pneumonectomy.

Case Report

The patient, a 56-year-old white male, was admitted to the hospital on Sept. 8, 1957 as a transfer from the hospital of a neighboring city because of cough, hemoptysis and left chest pain of eight days duration. He had been un-

* Surgical Service, Ball Memorial Hospital, Muncie, Ind. and the Department of Surgery, Indiana University School of Medicine, Indianapolis, Ind. Supported in part by a grant from the James Whitcomb Riley Memorial Association.

der close medical observation and supervision for six months prior to his admission to the hospital. In March of 1957, he had suffered from spontaneous pneumothorax with massive collapse of his left lung. A similar episode of left spontaneous pneumothorax had occurred approximately six months earlier in 1956. During the two years prior to admission, he had suffered from attacks of left chest pain. Numerous sputum examinations had been negative for acid fast bacilli. Numerous roentgenograms of the chest had been taken during this period of time. Little change in the roentgen appearance of the chest had occurred since May of 1957. The right chest was reported to have been normal in appearance with the significant abnormal findings confined to the left hemithorax where the heart and mediastinum were shifted to the left with elevation of the left diaphragm, considerable scarring and the suggestion of an increase in density in the area of the left hilum.

On admission physical examination, the patient was found to be well developed and nourished and in no apparent distress. He was 5 feet and 11 inches in height and weighed 195 pounds. His blood pressure was 140/80 and his pulse was 80. The right chest was clear to percussion and auscultation. Breath sounds were poor over the left hemithorax and some rales were heard. The findings on examination were otherwise within normal limits. The red blood count on admission to the hospital was 5.7 mil-

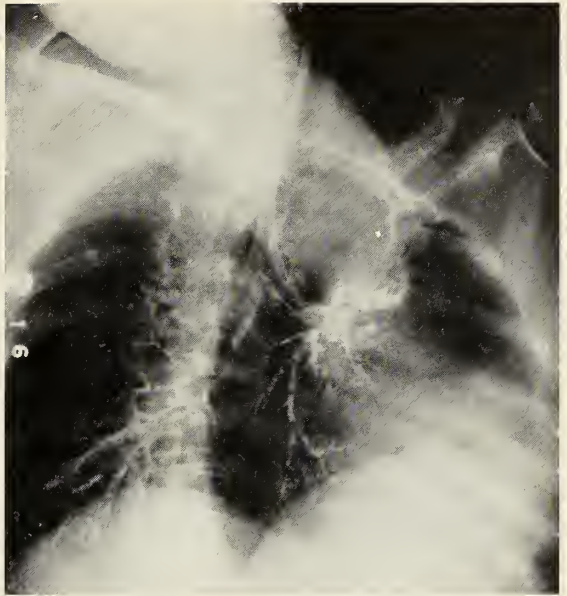


Figure 2. Bronchogram showing left bronchial tree in oblique view. Bronchial obstruction and distortion are shown. A giant air cyst is delineated (arrows).

lion and the hemoglobin 18 gm. The white blood count was 9,200 with a normal differential count. The findings on urine examination were within normal limits. Repeated sputum examinations were negative both for malignant cells and for acid fast bacilli. The tuberculin skin test was 4 plus. An electrocardiogram was taken and found to be normal.

Roentgen study of the chest revealed the presence of large emphysematous blebs on the left with multiple pleural adhesions (Fig. 1). The heart and mediastinum were shifted toward the left. The left hilum appeared to be elevated. The right lung was normal in appearance. On fluoroscopy, the motion of both diaphragms was found to be normal. Bronchoscopy was carried out on September 10. Narrowing of the left main bronchus was observed. There was no evidence of neoplasm. A catheter was left in the tracheo-bronchial tree and the patient was sent to the Department of Radiology for bronchograms. Aqueous Dionosil was utilized to produce the bronchograms. Considerable distortion and obstruction of the bronchi to the segments of the left lung were noted, especially to the left upper lobe. A large air cyst was identified in the upper portion of the left hemithorax (Fig. 2). Bronchial washings obtained from the left main bronchus were negative for malignant cells and for tubercle bacilli.

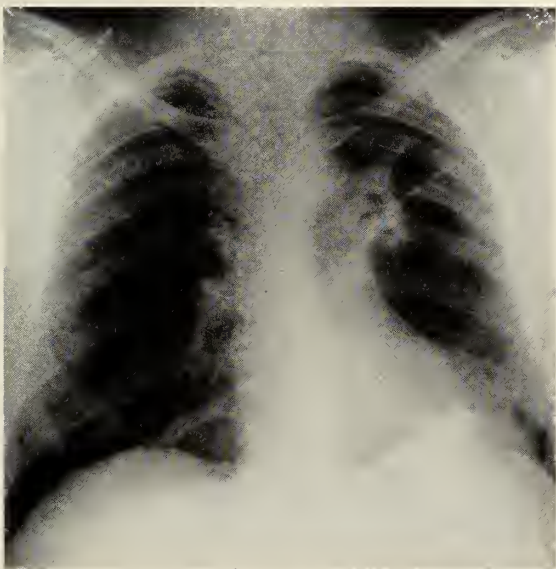


Figure 1. Roentgenogram of chest at the time of the patient's admission to the hospital.

Because of the recent history of left chest pain, cough and hemoptysis with repeated episodes of spontaneous pneumothorax and the demonstration of bronchial obstruction and distortion with giant air cysts, exploratory thoracotomy was deemed advisable. Accordingly, on September 13 the patient was taken to the operating room and the left chest was opened through the bed of the resected sixth rib. With the exception of a small areolated portion of the lingula, the upper lobe was totally collapsed. Multiple huge tension air cysts had replaced the superior segmental area of the lower lobe (Fig. 3). Obstructive emphysema was encountered throughout the remainder of the lower lobe. At no time throughout the operation could the degree of tension over-aeration of the lower lobe be reduced. Numerous adhesions were found and divided. Multiple small, firm nodules were found over both the parietal and visceral pleura. Several of these were removed and examined by frozen section microscopic techniques. No evidence of malignancy was found. Pneumonectomy was decided upon and was carried out in the standard manner with careful dissection and individual ligation of the hilar structures. The left pulmonary artery and the superior and inferior pulmonary veins were ligated and divided. The left main bronchus was divided distal to a Price Thomas bronchus clamp and the bronchial stump was closed with interrupted sutures of 000 silk. A pleural flap was used to cover the stump of the bronchus. The thoracotomy incision was closed in layers and a catheter which was left in the chest during closure was partially aspirated and withdrawn. The patient tolerated the procedure well and was returned to the ward in good condition.

Dissection and microscopic study of the surgical specimen of the left lung revealed evidence of interspersed areas of atelectasis, bronchiectasis, bullous emphysema, giant tension air cysts, pulmonary fibrosis and pulmonary and bronchial calcification. There were no areas of active tuberculosis or malignant neoplasm. A pathological diagnosis of healed tuberculosis with bronchial stenosis and secondary bronchiectasis, atelectasis and tension cysts and emphysema was made.

The postoperative period was uneventful and his recovery was prompt. He was discharged to

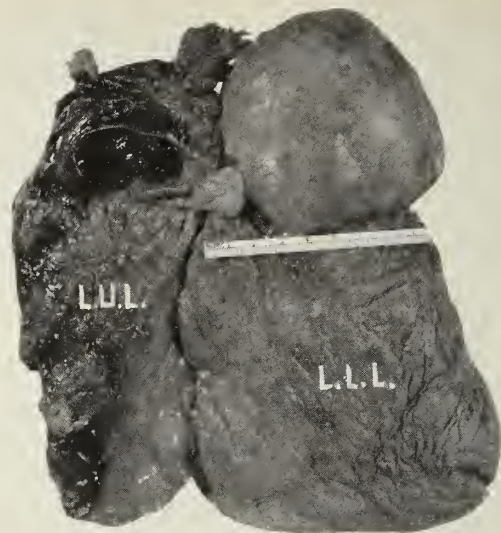


Figure 3. Surgical specimen of left lung showing atelectasis and giant air cysts.

his home in a neighboring city October 2. He has gained strength and has remained free of symptoms during the seven months since his operation. He states that he feels better now than he has at any time in the past five years.

Summary

Recent developments in the surgical and chemotherapeutic treatment of pulmonary tuberculosis are reviewed. The pathological characteristics of endobronchial involvement and the early and late sequelae of bronchostenosis are discussed.

An illustrative case is described in which several of the complications of bronchostenosis were encountered. These sequelae included pulmonary fibrosis and calcification, atelectasis, bronchiectasis, obstructive emphysema and giant tension air cysts. The patient's symptoms of chest pain, cough, hemoptysis and recurrent episodes of spontaneous pneumothorax occurred approximately 30 years after an acute attack of active tuberculosis. The entire left lung was involved. The patient was successfully managed by a left pneumonectomy with relief of symptoms and prompt restoration of good health.

BIBLIOGRAPHY

1. Bjork, V. O.: The Kinked Bronchus Simulating a Bronchial Stenosis, *J. Thoracic Surg.* 35:368, 1958.

Trends in Mental Health That Concern General Practice†

MIKE GORMAN*

Washington, D. C.

DURING the past several decades, there have been innumerable and frequently dull speeches about the need for educating the family physician in psychiatric skills. These speeches were all long on generalities and short on specifics.

Having become somewhat immune to these long-winded orations, I was surprised and delighted when Dr. Elmer Hess, in his Presidential address to the American Medical Association in 1955, proposed a 5-point program for increased participation by all general practitioners in the care of the mentally ill. Among other things, Dr. Hess urged that physicians give one day a week to state or county mental hospitals near their home; that physicians should be retained on a part-time basis as attending staff physicians in mental institutions and that state and county medical societies should establish psychiatric consultation services for their general physician members.

While the proposals of Dr. Hess were being gingerly considered by the American Medical Association, a fresh voice from the Empire of Texas sparked the present intensive effort well symbolized by this meeting here today. On Feb. 21, 1956, I received a letter from Dr. Andrew Tomb in which he pointed out that "no group interested in improving the physical and mental health of our nation can get much done without the support and cooperation of the family doctors." Dr. Tomb suggested that the National

Committee Against Mental Illness arrange a meeting between leaders of the American Academy of General Practice and the American Psychiatric Association, and this was done during the 1956 American Academy of General Practice Scientific Assembly in March in Washington, D. C.

At this and subsequent meetings, some fundamental facts were faced up to. First of all, it was agreed that the personnel shortage in psychiatry had reached critical proportions. I will not go into a recital of the familiar statistics on the shortages of psychiatrists and auxiliary personnel in state mental hospitals, general hospitals, clinics, etc. If they are not known to you by now, then you have been on one of the tranquilizers.

It was also obvious to all concerned that psychiatrists, comprising only 4% of the medical profession, could handle only a small portion of the staggering clinical load produced by mental illness. Recent surveys in Baltimore, New York City and elsewhere have shown that our estimates of the number of people needing psychiatric care are far too low. For example, in the Baltimore survey, which excluded mental hospital patients, alcoholics and children, it was shown that one in every ten persons surveyed had a disabling emotional illness.

During the past few years, there has developed an increased body of scientific literature documenting the enormous role played by emotional stress in the development of physical illnesses. A decade ago most of the studies reported on stress as a basic cause of many types of gastrointestinal ailments. Recently there have

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been impressively documented reports on the role of emotional stress in heart disease, arthritis and tuberculosis.

In the light of the foregoing facts it seems emergent to use the tremendous resources of the family physician. In handling many of the more common manifestations of emotional illness, the key problem is the development of techniques to impart clinical knowledge. In the past, the psychiatric education of the general practitioner was a haphazard proposition. As Dr. Francis Braceland has pointed out, the few psychiatrists who gave courses for the family physician acted as though they were "carrying the light into dark places." On the other hand, most family physicians exhibited an allergic reaction when anything related to psychiatry was mentioned.

The present attempts are designed to overcome these past failures. Care and a great deal of planning is now going into this educational problem. As you know, the American Psychiatric Association now has a full-time psychiatrist in charge of its General Practitioner Education Project. Since he assumed the job in April of last year, he has been making a diligent effort to canvass the many ways in which psychiatric knowledge can be imparted to the family physician in fairly painless dosages. Several manuals are in preparation and work is going forward on sound recordings and films.

The American Academy of General Practice has shown an equal concern with the problem. It has set up a committee to work with the American Psychiatric Association. This committee is appropriately chaired by Dr. Tomb, who really deserves the major credit for this exciting development. At the state level, a number of state Academies have sponsored training institutes and seminars for the family physician. I am not familiar with all of them, but I am deeply impressed with the results of the Indiana, Nebraska and New Jersey seminars.

I think it is healthy that both the American Psychiatric Association and the American Academy of General Practice committees have recognized the need for a period of flexible experimentation in educational techniques. There is just not one approved method of imparting psychiatric knowledge to the family physician; there are various methods suited to individuals and to

differing geographical situations. In remote areas, where psychiatrists are scarce, it may well be that training manuals, sound recordings and films will comprise the major educational tools. In more populous areas it will be possible to set up teaching programs, frequently centered around a medical school. What kind of material to include in these teaching courses and over what period of time they should be presented is another matter for healthy experimentation. Some professional leaders advocate an evening hour once a week; others argue for an intensive four-week course, and others advocate summer training institutes. These are not mutually exclusive propositions—all should be tried and adapted to individual needs.

Present needs also dictate more immediate steps. With the present shortage of psychiatrists in state mental hospitals, state Academies of General Practice should sit down with mental hospital superintendents and work out a plan for the part-time use of the family physician in these institutions. In testimony before a New York State Senate Committee last year, Dr. Richard P. Bellaire, then President of the New York Academy of General Practice, advocated the increasing use of general practitioners in state mental hospitals, particularly to care for the physical needs of the patients. He also advocated the use of general practitioners in the staffing of mental hygiene clinics. A mental health clinic, which frequently treats hundreds of patients on an out-patient basis during the course of a year, is an ideal training ground for the general practitioner.

In follow-up programs for discharged mental hospital patients, the family physician can play a tremendously important role. More than 250,000 patients are discharged each year from our state mental hospitals alone, yet the great majority of them are not followed up in the community. Because they are not treated in the community, we have a high rate of readmission to mental hospitals—about 35%. The American Psychiatric Association recently completed a survey of the way in which discharged mental patients are handled. In most of the states surveyed, there is no procedure at all for the further medical treatment of a discharged mental patient.

However, the survey pointed up a few pilot state programs of great interest. In Florida a

carefully worked out plan between the state hospitals and the 37 county Departments of Health was instituted in which the family physician was sent a summary of each patient's hospitalization. The local Department of Health then works with the family doctor on the follow-up of the case. Here in Indiana, there is a home-town care program under which qualified patients are being furloughed from mental institutions. They are cared for at home at the hands of their own family physicians, but under the general supervision of the state mental institutions. In the State of Washington, the Mental Health Committee of the State Medical Association has drawn up a list of all general practitioners willing to undertake treatment of mental patients discharged to the various communities. The mental hospitals turn over to these physicians all data on treatment received by these patients while institutionalized, and the physicians in turn keep the hospitals informed on treatment procedures performed in the community.

There are many other ways in which the general practitioner can serve in handling the problem of mental illness. In my testimony before Congressional Committees in 1957, I advocated stipends to allow some general practitioners to take the full 3-year residency in psychiatry if they so desired. This stipend program has been most effective in the Veterans Administration. Since this proposal was reported in the September, 1957 issue of *GP*, I will not mention it in any further detail beyond reporting that it was again advocated before the Congress this year.

Time does not permit discussion of some of these training proposals in greater detail. I think the fundamental problem is attitude. If the family doctor will only realize that psychiatry has much to offer him in the successful handling of an estimated 40 to 50% of his present patient load, then that realization will lead to his feeling a sense of responsibility about receiving further training in psychiatric skills. In touring psychiatric facilities in Europe last summer, I was impressed with the close working relationship between the family physician and the psychiatrist. This was particularly true in England—it was very heartening to see a psychiatrist and a family physician making a joint domiciliary visit to a patient. As you well know, this is

a rarity in present-day American medical practice.

Certainly there are difficulties ahead in this kind of enterprise. Many psychiatrists will have to translate some of the Freudian jargon into basic English. On the other hand, many of the family physicians will have to give up their pronounced aversion to further enlightenment of any sort.

The new attitude that we need was eloquently expressed by Dr. David Allman, president of the American Medical Association, at the National Health Council forum last year:

"As a physician, I am concerned about the responsibilities of the medical profession in treating mental patients—and more important, preventing further increases in mental illness in the future. A look at the record tells me that only about 4% of the practicing physicians in this country today are psychiatrists. Great as their contributions are, these men cannot do the job alone. What is the medical answer? It is obvious to me that every doctor, no matter what his specialty, must accept a greater share of responsibility for solving these problems.

". . . Unfortunately, not all physicians have been quick to realize their responsibilities in this area. It has taken a long time for the medical profession to accept the idea that present-day psychiatry belongs to the entire realm of medicine and not to just one specialty."

The next decade, then, should be one of challenging experimentation and increasing cooperation on the part of general medicine and psychiatry. If this effort succeeds, and the present projects under way indicate that it is off to a good start, all of us can partake in the hope of Dr. Charles Goshen, director of the General Practitioner Project of the American Psychiatric Association, that "a third of all first admissions to mental hospitals can be avoided with adequate psychiatric care on the outside, and another third of the present hospital population could be discharged if adequate follow-up care were made available."

On February 26th of this year, Dr. Goshen and I testified before the House Appropriations Committee on behalf of our general practitioner

project. The next 3 pages comprise excerpts from the testimony:

I am happy to inform this Committee that the movement to train the family physician in psychiatric skills is probably the most exciting development in psychiatry today, I told the members of Congress.

The APA now has a full-time psychiatrist in charge of its General Practitioners' Education Project. In addition to preparing a psychiatric handbook for family physicians and working on other educational materials, including sound recordings and films, the APA Project director recently completed a noteworthy survey of follow-up programs for discharged mental patients. Through this survey, he uncovered a number of exceedingly important programs in which the general practitioner is already cooperating with state mental hospitals in the care of discharged patients. In one state a follow-up program has been initiated by a state medical society; in another, the State Academy of General Practice has been the pivotal factor, and, in a third, the local mental health associations have taken the lead. All of this has actually happened within the last year and is impressive evidence of the need for this kind of program. For its part the American Academy of General Practice, the official professional organization of the family physician, has been equally enthusiastic. In the past year, it has approved many state general practitioner programs for official professional credit. In addition, several State Academies have held one- or two-day training institutes at which prominent psychiatrists have come to talk to their membership.

I recently had the privilege of attending a training institute sponsored jointly by the District of Columbia and Maryland Academies of General Practice. Despite a heavy snow storm—unusual for our tropical climate—275 very busy general practitioners gave up a full day of practice to attend this training institute.

May I cite another instance of the tremendous interest of the general practitioner in receiving additional psychiatric training? In September, 1957, *GP*, the official publication of the American Academy of General Practice, reprinted the testimony on the general prac-

itioner which I delivered before this Committee on Feb. 27, 1957.

In response to that reprint, I received more than 400 letters from family physicians in all parts of the country asking me how they could qualify for fellowships to receive advanced psychiatric training. Typical of the communications is one from a doctor in Perkasié, Penna. He writes that he is 32 years old, a married man with four children, and has been in general practice since 1950, except for two years in the Air Force during the Korean war.

"When I graduated from Temple University Medical School in 1948, a future in psychiatry was farthest from my mind," the doctor wrote. "As I became more involved in general practice I found more and more frustration revolving around my inadequacies and ineptness in handling many kinds of psychiatric problems. . . . In brief, then, I have an intense desire to secure more psychiatric training, but frankly, financially cannot unless a fellowship such as you mention could be procured."

Typical of the willingness of a general practitioner to give up a lucrative private practice in order to obtain more training is the following communication from a family physician in Ballinger, Texas:

"When you pass this bill to allow the general practitioner some financial support in taking psychiatric training," the doctor wrote with typical Texas optimism, "please let me know. I would gladly sign up for five years work in a mental hospital just to be able to see my way through a psychiatric residency program. As it is now, with heavy family obligations, I am unable to afford the three to five years training."

In my testimony a year ago before this Committee, I pointed out that the average residency stipend of \$300 a month was not enough to support general practitioners who wanted to go into psychiatry. I predicted there would be an enormous interest in this program on the part of the general practitioner if the stipend was adequate enough. The many communications I have received are eloquent evidence of the fact that the family physician is eagerly awaiting the development of such a

program by the National Institute of Mental Health.

At the present, the NIMH has only two fellowships for general practitioners desiring to complete the formal psychiatric residency. It is my hope that the Congress will give the NIMH an unmistakably clear mandate to award training fellowships to general practitioners. The Institute already has the authority to award training fellowships up to a level of \$12,000 a year. Furthermore, there are a number of universities and medical schools which have expressed the desire to participate in this program.

Mr. Chairman, we are asking only \$1,300,000 for the first year of the general practitioner program. In addition to fellowships, the money would go to pilot projects in methods of training the general practitioner advocated last year by Dr. Francis Braceland before this Committee.

In his appearance before the Congressional Committee, Dr. Goshen summarized the results of a questionnaire which had been completed by more than 400 local medical societies on the current status of psychiatric training for family physicians. The picture wasn't a very pretty one. Fifty-four % of the societies admitted they presented no educational material in psychiatry, and 14% had presented only one psychiatric lecture in three years. Thus, at least two-thirds of the physicians in the areas polled have had no opportunity for a reasonable degree of psychiatric education.

The demand for this kind of education is obviously much greater than the supply. Fifty-five percent of the local medical societies reported that the interest in psychiatry was either equal to, or greater than, the interest shown in other specialty courses. In an effort to get at the resistance of physicians to education in psychiatry, the questionnaires asked the societies to list the objections of their members to this type of program. Of course, the biggest objection was "not enough time." But as Dr. Goshen points out, this is usually a cover-up for "not interested." The second most common objection was "nothing available."

For the edification and entertainment of some of the members of Congress, Dr. Goshen listed some of the frank comments included on the

questionnaires. Here are a few of the more revealing ones:

"Many members resist psychiatry because of their need for psychiatric treatment."

"Many physicians talk about getting more psychiatric training, but few do anything about it."

"Psychiatry, as usually taught by psychiatrists, is not applicable to general practice."

"M.D.'s do not realize how much psychiatry there is in general practice."

"Very few G.P.'s are interested in anything outside their own field, and they feel psychiatry is remote from their practice."

"We were not properly oriented to psychiatry in medical school."

"Two local psychiatrists have such a bad name with the physicians that it stifles interest in psychiatric courses."

"Many M.D.'s admit their ignorance of psychiatry, but do not do anything about it."

"Only American Academy of General Practice members are interested in education."

"Physicians who graduated before 1940 (most of us) show no knowledge of or interest in psychiatry."

"The average M.D. knows so little about psychiatry that he does not realize how little he does know."

However, the picture is not totally dark. Dr. Goshen was able to list for the Congressional Committee 25 examples of post-graduate education from all parts of the country. Among the more interesting he cited were the following:

1. In the State of Washington, the AAGP chapter has set up a formal liaison between the local physicians and the state mental hospitals. In the same state, one county society has been selected as a pilot group to experiment with ways of handling the follow-up care of discharged mental patients.

2. In Nebraska, the excellent Department of Psychiatry of the University of Nebraska, in co-operation with the State AAGP branch, gives annual seminars for general practitioners, and also uses closed circuit TV for presentations to family physicians in Western Nebraska, the Dakotas and parts of Iowa. The State Mental

Hygiene Department of Nebraska is now experimenting with the use of local M.D.'s offices and facilities for use as follow-up clinics for discharged mental patients.

3. In New Jersey, probably the outstanding series of psychiatric courses for the general practitioner have been given over the past two years under the joint sponsorship of the Carrier Clinic, the New Jersey State Medical Society and the New Jersey Academy of General Practice. Out of the 1957 Seminar has come the superb publication "Psychiatry for the General Practitioner."

4. The University of California Medical School has recently sponsored courses for general practitioners in cooperation with the California AAGP. A tri-county medical society near San Francisco employs a full-time psychiatric social worker to assist its members in handling psychiatric problems.

5. The University of Kansas Medical School runs a "Circuit Course" which includes psychiatric, as well as other material, and covers most of Kansas and Eastern Colorado.

6. The University of Minnesota, a pioneer in post-graduate education of the family physician, continues to give its highly respected and well attended "Continuation Courses."

7. In the spring of 1957, the New Hampshire State Hospital initiated a course for general practitioners. It was so successful that the hospital now plans to make this an annual affair.

Summarizing the report, Dr. Goshen had this to say:

"As far as interest in post-graduate psychiatric training is concerned, there is perhaps as much, and sometimes more interest in this subject than in other medical subjects. Where apathy exists, there tends to be a corresponding lack of interest in any kind of post-graduate medical training. Those physicians who are most interested tend to be the ones who are active in the American Academy of General Practice.

"In comparison with other medical subjects, there tend to be fewer opportunities for educational material in psychiatry, although there is a pronounced trend toward the development of new facilities."

Here then is the challenge for the future. The ice has been broken and a few experimental projects have been started. Interest is being heightened, but the whole program is moving too slowly because dynamic leadership and broad financial support is lacking.

To fill this vacuum, the National Institute of Mental Health must play a key role. However, it is only a part of the total picture. State and local medical societies, State Academies of General Practice and State Mental Hospitals have an equally important role to play. We need the combined efforts of all if we are to bring the latest psychiatric knowledge to the mental patient as quickly as possible.

You are to be congratulated here in Indiana for your pioneering work in this great endeavor. It has been a real privilege to share some of my thoughts with you.

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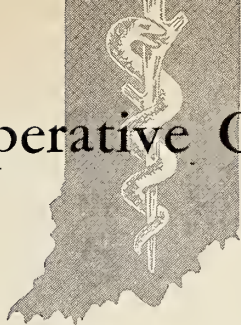
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Postoperative Care*



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POSTOPERATIVE CARE begins in the operating room. The most advantageous time to determine what, if any, special treatment the patient will require during the postoperative recovery period is during the last stages of the operation and immediately after it.

The operating room is the best equipped and best staffed area in the hospital for the resuscitation of a patient in distress. A patient in circulatory shock or one who is suffering from respiratory embarrassment should not be moved from the operating room until adequate treatment has been applied and satisfactory results have been obtained.

Not too many years ago it was the custom to close the incision of a distressed patient in great haste and to rush him in equal haste to his room. There he was left in the care of the floor nurses, who needed, in addition to the personnel and equipment on their own floor, most of the resuscitating aids of the operating room. This custom not only separates the patient from the people and supplies needed in his care, but also imposes on him a journey which adds immeasurably to his shock and circulatory difficulties.

Military experience has emphasized that a severely wounded soldier is safest when moved the least. Even if resuscitative treatment must be administered near the front line, under artillery fire, it is safer to resuscitate the soldier first, rather than to move him while he is in a state of shock. Likewise, a hospital patient who is in shock should be treated where he is, and should not be moved until his circulatory status is nearly normal.

Immediate Postoperative Analysis

After circulatory deficiencies, if any, have been relieved, a patient's condition should be re-

viewed, prior to leaving the operating room, for other abnormalities which may have become apparent during the operating procedure. Several questions necessary to such an analysis are discussed below.

Is the patient in difficulty due to the preoperative administration of tranquilizing drugs? The relation of the tranquilizers to general and spinal anesthesia is a complicated subject—one which merits and is receiving much careful investigation. In general it is now known that some of the ataraxic agents potentiate the agents of general anesthesia, and may deepen anesthesia and also confuse the signs of the stages of general anesthesia. Some of the tranquilizers have a sympathetic blocking effect. Patients who have received full doses of certain ataraxic agents immediately prior to general or spinal anesthesia may not respond to the usual sympathetic stimulating drugs for relief of hypotension. Generally a full dose of atropine (1/75 of a grain) will help to release the sympathetic blocking effect.

Is the patient in difficulty because of the preoperative administration of steroids? One of the routine items determined in the medical history of a surgical patient should be whether the patient has received significant amounts of cortisone or its derivatives. If the patient does not have this information, inquiry should be made among his previous medical advisors.

Patients who have received steroids at some time prior to operation, and who are not receiving steroids at the time operation is contemplated, should be given effective doses before operation and during the recovery period. If hypotensive states develop in spite of preoperative preparation with cortisone, an immediate decision must be made in regard to the level of postoperative dosage of cortisone necessary to protect against the calamities of adrenal failure.

Has preoperative and operative loss of blood

* Presented at 10th Annual Scientific Assembly, Indiana Academy of General Practice, April 16, 1958, Murat Temple, Indianapolis.

in excess of tolerable amounts been replaced? Surgical procedures should not be undertaken unless the red cells and hemoglobin are at a satisfactory level, but occasionally in an emergency it is necessary to operate with less than an ideal situation in this regard. The postoperative check in the operating room, with the advice of the anesthetist, is the best method of determining the amount of blood replacement which will be needed in the postoperative period.

Has the preoperative loss of fluid and electrolytes been replaced? Here again, the advice of the anesthetist is valuable in ascertaining the fluid and electrolyte requirement of the early postoperative period.

Is the patient likely to be in distress due to gastric distention? In some patients a large quantity of gas accumulates in the stomach during anesthesia. Others may be operated upon and despite preoperative precautions may be found to have considerable gastric distention with liquid or gas. In all patients undergoing a laparotomy the state of the stomach may be determined; if it is overly full, or if in operation on other parts of the body, signs of gastric distention are present, a decompression tube may be passed by the anesthetist before the patient leaves the surgery. Such a procedure will contribute a great deal to the patient's comfort and to a smooth convalescence.

A patient who is not breathing properly is in the worst possible type of distress and should not be moved from the operating room until proper control measures have been instituted. A tracheostomy or tracheal aspiration, treatment for spontaneous pneumothorax or medical treatment for depressed respiratory reflexes may all be accomplished with relative ease in suitable surroundings but become items of considerable magnitude when attempted in the patient's room.

Recovery Rooms

Recovery rooms are adjuncts of the operating room, and are the next best place for resuscitation. A recovery room is efficient because the patient is surrounded by specially trained personnel and the maximum amount of technical equipment. All hospitals, regardless of size, whether they have a full-size recovery room or not, should have an area in or near the operating room which may be utilized for recovery and resuscitation of seriously ill surgical patients.

Recovery from Anesthesia

Anesthesia is like an airplane flight. Both have two danger periods, the take-off and the landing. During the recovery period, the patient, unless bandaging or splinting prevents, will do best if his head is lower than his feet, and if he is lying on his side. Elevation of the lower extremities returns venous blood more promptly. This tends to prevent or lessen circulatory shock and is a good preventive for venous congestion, phlebotrombosis and embolism.

The head-down position promotes drainage of fluid from the tracheobronchial tree and lessens the danger of aspiration of regurgitated material. The lateral position also helps to protect the trachea from the entrance of vomitus or pharyngeal fluid.

Suction Drains

Tubular drains to which continuous mild suction may be applied have been described recently for the drainage of deep abdominal lesions or areas of extensive dissection such as occur in radical mastectomies. One of these drains which is made commercially consists of a double tube, one tube serving as an air vent to the depths of the wound to prevent sealage of the drain tube due to suction adherence. A suction drain may be improvised by cutting several extra holes in the tip half of a medium-sized rubber catheter. Continuous suction is applied by use of an aspirating device. The motorless electric machine is the best. The use of such drains greatly improves the initial serous drainage and lessens the time during which the wound produces serum.

Will Antibiotics Prevent Secondary Infection?

The sulfonamides and various antibiotic drugs have been utilized extensively to prevent secondary infections in surgical patients. Sufficient experience has been had with the antibiotics to indicate that the incidence of such infections is not thereby materially altered. To make matters worse, the secondary infection that does develop while the patient is receiving antibiotics prophylactically is usually caused by an organism which is resistant to many or all of the anti-bacterial preparations.

It is a good rule not to administer antibiotic drugs prophylactically unless the operative field

is definitely contaminated, and preferably only if the offending organism may be cultured and the proper antibiotic selected by sensitivity tests.

There is a diagnostic problem which is peculiar to the antibiotic era—that of obtaining knowledge of the presence and location of fluid collections or pus in a patient who is receiving antibiotics in large doses postoperatively. The effect of antibiotic medication is to mask all or most of the customary signs and symptoms. The temperature may be near normal, areas of tenderness may not be demonstrable and blood counts tend to be only slightly abnormal. The patient may present only such general symptoms as loss of appetite and malaise. The knowledge that such a condition may exist is the best aid in its early diagnosis. Careful and repeated physical examination and appropriate roentgenographic studies are necessary.

Blood Transfusion

As important as blood transfusion has become in modern surgery, it is necessary to sound a warning concerning its use. There were approximately 4,000 deaths attributable to transfusion reaction last year in the United States. It is probable that the mortality from transfusion is now in excess of that for acute appendicitis.

This situation should not interfere with the careful use of blood when it is really needed, but it should prompt everyone to be meticulously careful in typing and cross-matching, in the identification of the recipient and in the observation of each patient during the first part of the transfusion.

Blood should not be administered to a patient under anesthetic unless its use is especially important, since the anesthetic state tends to mask the signs of reaction. It is much better, if at all possible, to transfuse the patient sufficiently during the preoperative period and then replace operative losses after the patient is awake.

The recipient should be observed constantly during the first part of a transfusion, since the more serious reactions usually produce symptoms soon after the blood is started.

Vitamins

The administration of vitamins to a postoperative patient is important, especially in cases in

which adequate dietary intake is impossible or for patients undergoing a prolonged convalescence. Vitamin C is known as the wound-healing vitamin. Plasma levels of vitamin C fall very low after major accidental or operative trauma. All patients who have major fractures or who undergo extensive operative procedures should receive large doses of vitamin C, parenterally if necessary. Supplementary doses of vitamin B complex are recommended for those with protracted recovery periods.

Prevention of Abdominal Distention

Gastric and intestinal distention presents one of the major causes of danger and discomfort, not only following laparotomies but at times following other surgical operations. In addition to relieving gastric distention immediately after operation, the early use of indwelling nasogastric tubes will often contribute to the patient's total comfort, since early use will greatly diminish the time during which such devices are needed.

Some patients suffer distention when they are allowed ice chips or ice cold water. The mechanism of this is not known, but it is a well-known fact that water at room temperature or hot fluids such as tea and clear broth are much better sources of fluids immediately after a laparotomy.

Dehiscence of Incision

Wound disruption is one of the most disconcerting complications of abdominal operations. When properly cared for it is usually not fatal, but its dramatic effect upon the patient, his relatives, the surgeon and the hospital routine makes it an event to be avoided whenever possible. It is almost always associated with mechanical factors such as extreme distention, protracted vomiting or uncontrollable coughing. Prevention of these complications will eliminate practically all wound disruptions.

Early Ambulation

Early ambulation of surgical patients has become a widely accepted method of treatment. Except in the presence of severe injury of the extremities, and in the absence of bacterial peritonitis or circulatory shock, the early return of a patient to ambulation tends to improve the

circulation, encourages the expulsion of tracheal secretions and greatly improves the orderly function of the gastrointestinal and urinary tracts. All these dividends help to prevent wound disruption, and when good hemostasis has been accomplished prior to wound closure, ambulation enhances wound healing.

It is probable that early ambulation as it is usually practiced contributes very little to the prevention of deep venous thrombosis. As a rule patients are helped out of bed to sit in a chair

but do not walk enough to produce any beneficial effect on the venous circulation of the legs and lower abdomen. However, the advantages which accrue to the other systems and the heightened morale of the patient when he discovers that he is not disabled completely make an early ambulation program well worth while even with a minimum of walking. Deep phlebothrombosis is best prevented by having the patient move his extremities while lying in bed, and by elevating the legs during the recovery from anesthesia.

Foreign Medical Graduate Test Given Around the World

CHICAGO, Sept. 17—More than one thousand graduates of foreign medical schools took the second American medical qualification examination of the Educational Council for Foreign Medical Graduates Tuesday, September 23. The examination was given in more than 60 examination centers throughout the world.

The Educational Council for Foreign Medical Graduates, with headquarters at 1710 Orrington Avenue, Evanston, Ill., was founded in 1957 to aid graduates of foreign medical schools establish their qualification to assume internships or residencies in United States hospitals.

Sponsoring organizations of the ECFMG are the American Hospital Association, the American Medical Association, the Association of American Medical Colleges and the Federation of State Medical Boards of the United States.

A total of 298 candidates took the first examination, held last March in 17 centers in the United States, and 152 received a passing score, Dr. Dean F. Smiley, ECFMG executive director, said.

The second examination was the first to be given at examining centers abroad as well as in the United States. Thirty centers were established

in Latin America, the Far East, the Middle East and in Europe.

All of the 1,136 candidates taking the 7½-hour examination have had their credentials approved by the ECFMG as having had 18 or more years of formal education, including at least four in a recognized medical school, Dr. Smiley said. He added that the examination tests the candidates' knowledge of English as well as of medicine.

Foreign medical graduates passing the examination who enter the United States on exchange visitor visas may participate in the National Intern Matching Program or may apply directly to a hospital for an internship or residency, Dr. Smiley said.

Foreign medical graduates passing the examination and entering the United States on immigrant visas may be admitted to licensing examinations in at least 14 states, Dr. Smiley said. A number of the medical specialty boards in the United States will accept certification by the ECFMG as satisfying their requirement that candidates for their certifying examinations are graduates of approved schools of medicine, according to Dr. Smiley.

Two American medical qualification examinations will be held in 1959, on February 17 and September 22.

Obstructive Jaundice and Extrahepatic Portal Hypertension With Emphasis on the Hazard of Surgical Exploration

GEORGE M. JOHNSON, M.D.*

Richmond, Indiana

ALTHOUGH minimal jaundice is commonly observed in the course of portal cirrhosis with associated portal hypertension,¹⁸ it has rarely been recorded in proved extrahepatic portal vein obstruction. Welch¹⁹ stated that even in those cases producing the same type of splenic anemia as that described by Banti, there had been no evidence of liver disease. Ratnoff, *et al.*¹⁵ stated that jaundice was not observed in eight cases of extrahepatic portal vein obstruction. In addition Linton¹⁰ reported eight cases of extrahepatic portal vein obstruction in which no jaundice was recorded, nor was there significant impairment of liver function. The purpose of this report is to present two cases of obstructive jaundice in which extrahepatic portal hypertension was encountered and to emphasize the surgical hazard of hemorrhage from the increased venous pressure in the portal system.

Case Reports

Case I—A white male, age 27, was admitted to Reid Memorial Hospital March 8, 1951 on the service of the referring physician for laboratory study. His presenting complaints were those of soreness in the upper abdomen with bloating after meals. The physician had noted that the sclerae showed an icteric tint. For several months prior to admission he had complained of unusual fullness after eating small quantities of food. Approximately five weeks before admission he complained of "sour stomach" and bloating. For four weeks he had been aware of pain in the upper abdomen. There had

been one attack of nausea and vomiting. Past history revealed an alleged attack of typhoid fever in 1944 with some vague gallbladder complications. Little specific information could be gained about the illness, but the patient was seriously ill at the time. He had made a good recovery and was a basketball player of rather exceptional ability. There had been no other known illness. Physical examination revealed icteric sclerae, but no other significant findings. Laboratory examination: hemoglobin 13.5 gm.; packed cell volume 44%; W.B.C. 4800 with a differential count of 63 segs.; 35 lymphs; 1 stab; 1 eosinophil. Urine urobilinogen positive in a dilution of 1:16. Stool examination positive for urobilinogen. Hanger's cephalin-cholesterol flocculation one plus in 48 hours. Thymol turbidity five units. Mazzini test negative. Sedimentation rate (Wintrobe) 11 mm. in 60 minutes. A serum bilirubin test was not performed.

X-ray examinations of the gallbladder with oral priodax revealed an outline of gallstones, although the gallbladder did not definitely visualize, nor did the stones visualize without the administration of priodax.

The patient was discharged from the hospital Feb. 24, 1951, but was re-admitted on March 8, 1951 with intense jaundice. The temperature was 37 degrees C.; pulse 72; respirations 18 and B. P. 120/80. He was a well-developed, tall, lean white male whose skin showed definite icterus. The abdomen was not distended. There was tenderness in the right upper abdomen. The liver and spleen were not palpable. There were no spider angiomas and there were no visible veins upon the surface of the abdomen. A clinical diagnosis of obstructive jaundice was made.

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He was given intramuscular injections of Vitamin K in preparation for surgery.

Operation: The abdomen was entered through a right rectus incision. A systematic palpation of the abdominal contents was performed. No abnormalities were found in the lower abdomen. The spleen was enlarged to about four times normal size. The gallbladder was small, had a thick wall and contained several small cholesterol stones. The cystic vein was quite prominent and the coronary vein of the stomach was greatly dilated to approximately 1 cm. The pyloric veins and veins of the mesentery were also dilated. An attempt to trace the cystic duct into the common duct led into a sacculated venous mass. At no point could the common bile duct be reached because of this venous mass which completely surrounded it. The gallbladder was opened and a probe was passed into the common duct. Because of the patient's progressive jaundice it was felt necessary to determine the patency of the common duct; therefore, the duodenum was opened and a No. 8 catheter was introduced through the ampulla, upward, into the common bile duct. Only a few drops of bile were obtained. The duodenum was closed and the gallbladder was closed around a mushroom catheter to act as a cholecystostomy.

Inspection then revealed a trickle of blood entering the operative field from the left side and the anesthetist reported that the patient was in shock. Examination disclosed a huge blood clot in the region of the spleen. The spleen had contracted to approximately one-third its original size. A diagnosis of ruptured spleen was made and the spleen was delivered from its bed into the incision. The splenic vessels were clamped in three sections and the spleen removed. A small superficial laceration was found on the anterior border of the spleen. This apparently represented the site of attachment of an adhesion. At the close of the operation no further bleeding was observed. The cholecystostomy tube and drains were led from the incision. During surgery the patient had received 1500 ml. of blood.

Post-operatively the patient did not recover from shock, although he was given a total of 3500 ml. of whole blood. He expired in circulatory collapse approximately 18 hours after surgery.

Post-mortem examination: The immediate

cause of death appeared to be intra-abdominal hemorrhage. Approximately 2000 ml. of clotted blood were removed from the left upper quadrant of the abdomen. There was diffuse hemorrhage into the retroperitoneal areas about both kidneys. The ligatures were intact about the pedicle of the spleen. A block dissection of the thoracic and upper abdominal organs was performed in order that the intact specimen could be dissected at leisure in the laboratory. Gross dissection revealed the common bile duct to be 8 mm. in diameter and thick-walled. Transverse sections through the common duct demonstrated the presence of thin-walled, vascular channels completely surrounding it. Sections along the neck of the gallbladder revealed a very similar condition. The portal venous system was moderately dilated throughout and approximately four cm. from the liver the vein narrowed into a solid cord. Gross sections through this cord revealed no discernible lumen. Microscopic sections were consistent with the gross findings. Sections of the liver revealed degenerative changes in the centrally located cells and the presence of bile thrombi plugging the bile caniculi, particularly in the central area. Some liver cells had degenerated and had undergone necrosis. The more peripheral cells of the lobule showed little change. The findings were compatible with those of obstruction of the biliary system rather than those of hepatitis. Sections of the spleen revealed dilated sinusoids with hyperplasia of the endothelial cells lining the sinusoids.

This appeared to be a case of congenital obliteration of the portal vein. The jaundice was obstructive in type but the cause was not determined, even at autopsy. Death was due to hemorrhage from inadvertent rupture of the spleen during surgery and hemorrhage into the abdomen subsequent to splenectomy.

Case II—A white male, age 36, was admitted to Reid Memorial Hospital Jan. 29, 1953 with the complaint of jaundice. The patient was disoriented and the history was supplied by a brother who stated that the illness had begun about one month before admission, and at least 10 days before admission the patient was jaundiced. He had been quite ill three days before admission and had eaten very little. He had vomited several times and had complained of pain in the right upper quadrant of the abdomen

and the corresponding area of the back. No information was available concerning the character of stools or urine. Past history, as supplied by the brother, revealed that the patient had been afflicted with intermittent episodes of jaundice since birth and that in 1942 he was so intensely jaundiced that the sheets of his bed were yellow. Surgery had been performed at another hospital and, according to the brother, the patient had bled profusely. He had been given transfusions and survival was in doubt for a few hours. (A written request for information in regard to this case yielded the following information: "Operation—Cholecystectomy, 11/5/42. No sections made. Diagnosis—numerous adhesions around the gallbladder involving pyloric end of the stomach.") Approximately 1½ years after operation the patient had an episode of jaundice and since that time had had approximately two attacks of jaundice per year; each of about a week duration. It had been noticed at the time of those episodes that the stools were very light in color. Physical examination revealed a well-developed, but thin white male who seemed confused and frightened. His blood pressure was 110/70; pulse 86; temperature 37.2 degrees C.; respirations 20. The skin was a deep yellow and excoriations from scratching were present. There was a right upper quadrant abdominal scar with a hernia in the mid-portion of the old incision. There was a slight right upper quadrant abdominal tenderness. The spleen and the liver were not palpable. There were no visible veins on the surface of the abdomen and no spider angiomas were found.

Laboratory: W.B.C. 12,600; hemoglobin 13 gm.; packed cell volume, 40%; differential white cell count—73 polys.; 14 lymphs.; 5 stabs.; 6 eosins.; 2 monos. The urine was within normal limits. Thymol turbidity—2 units; total serum bilirubin—42 mg.%; cephalin flocculation—one plus in 24 hours, two plus in 48 hours; 24-hour urine urobilinogen was negative; erythrocyte fragility test was within normal limits; Mazzini test—negative.

X-ray examination of the chest was normal. X-ray scout film of the abdomen revealed many small densities in the right upper quadrant of the abdomen to the right of the bodies of lumbar vertebrae one and two. Some of these densities were also seen to the left of the mid-line in the upper abdomen. The clinical diagnosis was that

of obstructive jaundice. Vitamin K was administered pre-operatively.

Operation: The abdomen was opened through the area of previous incision in the right upper quadrant. Upon entering the abdomen a sheet of scar tissue was found attached to the anterior margin of the right lobe of the liver. By sweeping the exploring hand downward and upward to the left it was possible to examine the spleen and the stomach. The spleen was approximately two times normal size and, although the anterior margin was free, there were adhesions to the lateral wall of the abdomen and to the diaphragm. The stomach was normal to palpation but could not be seen. The sheet of scar tissue was dissected from the inferior surface of the liver and the gallbladder was exposed. This structure lay, for the most part, within the liver. There were two parallel and distended veins approximately .7 cm. in diameter extending in the longitudinal axis of the gallbladder and entering the liver. The gallbladder was aspirated and found to contain white bile. As dissection was carried toward the neck of the gallbladder, and while following the line of cleavage, a large venous channel was opened. Hemorrhage was of such intensity that it was necessary to close the incision, leaving three large laparotomy sponges in the abdomen. During surgery and in the immediate post-operative period 2500 ml. of whole blood were given. On the fourth post-operative day the wound was re-opened and the laparotomy sponges were removed without further hemorrhage.

Although the patient developed an intra-abdominal abscess which drained pus and blood clots for a few days, the wound eventually closed and the patient made a good recovery. Within 10 days following surgery his serum bilirubin had dropped from 42 mg.% to 5.90 mg.% and his jaundice then disappeared completely. He was discharged from the hospital on March 15, 1953.

* Biopsy of the liver which was taken at the time of surgery revealed lakes of bile pigment and many bile caniculi that were filled with dense pigment material, producing a pattern characteristic of major bile duct obstruction. There was no evidence of acute hepatitis or of cirrhosis. The patient was followed as an outpatient and on April 8, 1953 his incision opened slightly and drained a large amount of clear

liquid. This was colorless and was non-irritating to the skin. Within two weeks there was no drainage and the wound had healed.

On May 18, 1953 he began to have pain in the upper abdomen and in the back, accompanied by nausea and vomiting. Definite jaundice was present. It was recommended that he be admitted to the hospital for treatment. He did not follow that advice, however, but went fishing instead. He returned on May 25, 1953 at which time he had no jaundice.

This, apparently, represented a case of extrahepatic obstruction of the portal vein which was congenital in origin. There were intermittent episodes of jaundice, characterized by spontaneous recovery. The exact mechanism of bile duct obstruction was not determined because of profuse bleeding encountered at surgery.

Discussion

The etiology of portal hypertension has been reviewed, classified and discussed by various observers.^{6, 10, 16, 19, 20} Mahoney & Hogg¹³ have discussed the etiology of congenital atresia of the portal vein and also the character of collateral circulation in various types of portal vein obstruction. They have pointed out that in the fetus the vitelline vein, the left umbilical vein and the portal vein unite at a point where the ductus venosus originates to shunt placental blood around the liver to the vena cava, and that immediately after birth the umbilical vein collapses and the ductus venosus closes. They feel that the obliterative process which results in the formation of the ligamentum teres and the ligamentum venosum may extend to involve the portal vein, reducing its lumen by fibrotic stricture or, in some instances, by causing complete obliteration of the vein. They point out that there is tremendous collateral circulation in intrahepatic obstruction associated with cirrhosis of the liver; and that there is also extensive development of collaterals associated with the so-called cavernous transformation of the portal vein in which obliteration is complete. In patients having strictures of the vein, however, extensive collateral circulation was not found in the portal area. Case I was demonstrated to have a complete obliteration of the portal vein and a tremendous amount of collateral veins. Case II presented an increased venous vascularity near the portal

area and probably also represented a complete obliteration of the portal vein.

The presenting complaint of the patient reaching surgical consultation with portal hypertension is ordinarily that of hematemesis. This is particularly true of extrahepatic portal occlusion where a normal liver function might be expected and is usually found. Considerable effort has been expended in building surgical bulwarks against such exsanguination.^{1, 2, 4, 6, 7, 8, 9, 10, 11, 12, 13, 16, 20 et al.} It is of interest to note that neither of the two patients herein reported have had gross hematemesis or melena. (An unknown factor is that of how soon esophageal bleeding might have occurred in Case I (surgical death) or at what time bleeding may occur in Case II (surviving case). Baronofski and Wangenstein have proposed that an acid-peptic factor of the stomach is responsible for ulceration and hemorrhage.

Now what is the relationship of jaundice and extrahepatic portal hypertension in the two cases presented? Microscopic sections of the liver in both cases are consistent with obstruction of the bile ducts. Case I was studied thoroughly at surgery and at autopsy. Neither stones, stricture nor ampullary obstruction was found to be responsible for the jaundice. One may speculate in regard to the possibility of occlusion of the common bile duct by extrinsic pressure. Inasmuch as large varicosities completely surrounded the common bile duct in its entire length, it is conceivable that the flow of bile may have been occluded much as a blood pressure cuff is capable of occluding the brachial artery. It is not uncommon to find pressures in the obstructed portal vein which range from 450 to 500 mm. of water whereas a maximum pressure that may be obtained within the biliary tract is that of 300 mm. of water. For the biliary pressure to reach the near-maximum of 300 mm. of water there must be a non-functioning gallbladder, a complete and relatively acute obstruction and absence of sepsis.¹³ The onset of jaundice, then, in Case I might be explained by an increase of pressure within the portal venous system. It is probable that such pressure varies and, indeed, it has been shown experimentally to increase with the ingestion of food. The exploration in Case II was not adequate to reach a conclusion in regard to the mechanism of obstruction of the bile ducts.

A real danger from hemorrhage confronts the

surgeon who encounters distended veins of the portal system in an exploration of the post-hepatic biliary tree. The walls of the venous collateral radicles were originally designed for a much smaller volume and much less pressure than that which has been forced upon them. The radicles are easily ruptured and when this occurs clamps and ligatures are ineffective. When distended veins are encountered in exploration of the jaundice patient the following steps are recommended: (1) A manometric pressure reading should be taken from a radicle of the portal vein before proceeding further with the exploration to confirm the impression that an increased pressure exists. (2) The entire case should be reviewed in the mind of the surgeon to determine the absolute necessity of proceeding with further surgery at the moment. (3) Preparation for massive transfusion should be made immediately, before even minimal dissection is begun. (4) In event it is considered necessary to proceed with the operation, the gall-bladder should be opened early and its contents determined, and the patency of the cystic duct determined. Then, if possible, cholangiography should be performed through the cystic duct. This may reveal a patent common duct and ampulla of Vater, thus obviating further exploration. (5) The duodenum should be opened early and the patency of the ampulla determined from that aspect, if necessary. (6) All tissues must be handled with extreme gentleness, and any palpation about the spleen must be performed with utmost caution.

Summary

1. Two cases of jaundice are reported in which extrahepatic portal hypertension was encountered.

2. In both cases the jaundice was due to obstruction of the bile ducts but the exact mechanism of obstruction was not demonstrated. In one case compression of the common bile duct by encircling venous channels was suspected.

3. The hazard of exploration in the jaundiced patient with coexistent portal hypertension is emphasized and suggestions for such an exploration are proposed.

BIBLIOGRAPHY

1. Blakemore, A. H., Portal Hypertension, *S. Clin. N. Am.*, 1952; 32:359-368, April.
2. Blakemore, A. H., Portacaval Shunting for Portal Hypertension, *Surg., Gynec. & Obst.*, 1952; 94: 443-454, April.
3. Bleich, A. R., and Kipen, C. S., Venous Calcification in Banti's Syndrome, *Radiology*, 1948; 50:657-660, May.
4. Crile, G., Jr., Treatment of Esophageal Varices by Transesophageal Obliteration, *Surg., Gynec. & Obst.*, 1953; 96:573-576.
5. Edwards, E. A., Functional Anatomy of the Portacaval Systemic Communications, *A.M.A. Arch. Int. Med.*, 1951; 88:137-154, Aug.
6. Learmonth, J. R., The Problems of Portal Hypertension, *Ann. Royal Coll. Surg. of England*, 1947; 1:299-307, Dec.
7. Linton, R. R. and Hardy, I. B., Jr., Surgery of Portal Hypertension, *J. Michigan M. Soc.*, 1949; 48:1005-1010, Aug.
8. Linton, R. R., Portacaval Shunts in the Treatment of Portal Hypertension, *New England J. Med.*, 1948; 238:723-727, May 20.
9. Linton, R. R., The Selection of Patients for Portacaval Shunts, *Ann. Surg.*, 1951; 134:433-443, Sept.
10. Linton, R. R., *et al*, Portacaval Shunts in the Treatment of Portal Hypertension, *Surg., Gynec. & Obst.*, 1948; 87:129-144, Aug.
11. Longmire, W. P., Jr., The Surgical Treatment of Portal Hypertension, *California Med.*, 1950; 73: 209-213, Sept.
12. MacPherson, A.I.S., Some Problems Involved in the Treatment of Portal Hypertension, *Edinburgh M. J.*, 1953; 60:13-27.
13. Mahoney, E. B. and Hogg, L., Jr., Congenital Stricture of the Portal Vein, *Arch. Surg.*, 1950; 61: 713-731, Oct.
14. Moberg, G., Calcified Thrombosis in the Portal System Diagnosed by Roentgen Examination (no citation).
15. Ratnoff, O. D., *et al*, The Differentiation Between Extrahepatic and Intrahepatic Obstruction of the Portal Circulation, *Bull. Johns Hopkin's Hosp.*, 1950; 87:305-327, Oct.
16. Rea, C. E., *et al*, Banti's Disease, *Minnesota Med.*, 1950; 33:347-352, April.
17. Godeman, W. A., *Pathologic Physiology*, Philadelphia, 1950, W. B. Saunders Co., P. 308.
18. Thorek, P., Portal Hypertension, *J. Internat. Coll. Surg.*, 1952; 18:714-717, Nov.
19. Welch, C. S., Medical Progress; Portal Hypertension, *New England J. Med.*, 1950; 243:598-610, Oct. 19.
20. Whipple, A. O., The Problem of Portal Hypertension in Relation to Hepatosplenopathies, *Ann. Surg.*, 1945; 449-475, Oct.

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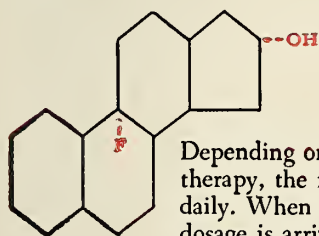
1. Rein, C. R., Fleischmajer, R., and Rosenthal, A. L.: J. A. M. A. 165:1821, (Dec 7) 1957.
2. Shelley, W. B., and Pillsbury, D. M.: Personal Communication.
3. Sherwood, A., and Cooke, R. A.: Personal Communication.
4. Freyberg, R. H., Berntsen, C. A., and Hellman, L.: Paper presented at International Congress on Rheumatic Diseases, Toronto, June 25, 1957.
5. Hartung, E. F.: Personal Communication.
6. Schwartz, E.: Personal Communication.
7. Sherwood, A., and Cooke, R. A.: J. Allergy 28:97, 1957.
8. Hellman, L., Zumoff, B., Kretshmer, N., and Kramer, B.: Paper presented at Nephrosis Conference, Bethesda, Md., Oct. 26, 1957.
9. Ibid.: Personal Communication.
10. Barach, A. L.: Personal Communication.
11. Segal, M. S.: Personal Communication.
12. Cooke, R. A.: Personal Communication.
13. Dubois, E. L.: Personal Communication.

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Constitutional Hyperbilirubinemia (Gilbert's Disease): Case Report and Review

ALTON I. SUTNICK, M.D.*

RICHARD W. DYKE, M.D.**

THE PRESENCE of jaundice is generally considered indicative of disease of serious nature. There are occasional patients with the problem of the differential diagnosis of jaundice with no evidence of hemolysis, biliary obstruction or hepatocellular damage. This report emphasizes the benign character of this syndrome in a patient recently studied.

Case Report

R.G., a 25-year-old white male, was first admitted to the Indianapolis General Hospital on Dec. 1, 1955, having been weak and lethargic for one week, followed by the onset of nausea, vomiting and icterus. His physical findings included a temperature of 101 degrees, icteric sclerae, and right upper quadrant tenderness. He was found to have a total bilirubin of 3.2 mg/100 ml., with a direct reacting fraction of 0.3 mg and 2.9 mg/100 ml. of indirect reacting bilirubin.

He was not extensively investigated at that time, but there was no evidence of hepatocellular disease nor anemia. His white blood cell count remained within normal limits, and, within four days, his bilirubin was down to 1.2 mg., all indirect reacting. After eight days of hospitalization, he was discharged, apparently well.

He was admitted to the same hospital on Oct. 4, 1956, for similar complaints of extreme lethargy, nausea, vomiting, a dull aching epigastric pain and diarrhea. He was very apprehensive, had diffuse abdominal tenderness, no fever

or leukocytosis. Four days after admission he became clinically icteric with a total bilirubin of 2.4 mg./100 ml., 2.2 mg. being indirect. Shortly thereafter, one observer felt he could palpate the liver, but this was the only time hepatomegally was suggested during all the periods of observation. Laboratory tests revealed no hepatocellular damage: a cholecystogram was normal. His icterus again receded rapidly, but he continued to vomit intermittently. Upper gastrointestinal x-ray study was suggestive of a deformity of the duodenum, and on this basis, a decision was made in favor of exploratory laparotomy. The liver appeared grossly normal, and exploration of the common bile duct revealed no stones or strictures. Duodenotomy also revealed no abnormalities. A biopsy was taken from the liver, and a pyloroplasty was done. After an uneventful postoperative course he was discharged, again clinically well. Normal liver was reported after study of the biopsy (Fig. 1).

The most recent admission on August 15, 1957, was ushered in by three days of fatigue and lethargy. On the night before admission, he had cramping right upper quadrant pain which radiated to the right side of his chest, to the right shoulder, and around the right side posteriorly. He vomited several times, and noticed his urine to be normal in color. There was no history of exposure to hepatotoxins or of excessive alcohol intake. Again he had scleral icterus, diffuse abdominal tenderness, especially marked in the right upper quadrant with no fever or leukocytosis. Serum bilirubin was 3.1 mg./100 ml., 0.3 direct and 2.8 indirect. He had no evidence of hemolysis, with normal hemoglobin, reticulocyte count, red cell fragility, and negative Coomb's

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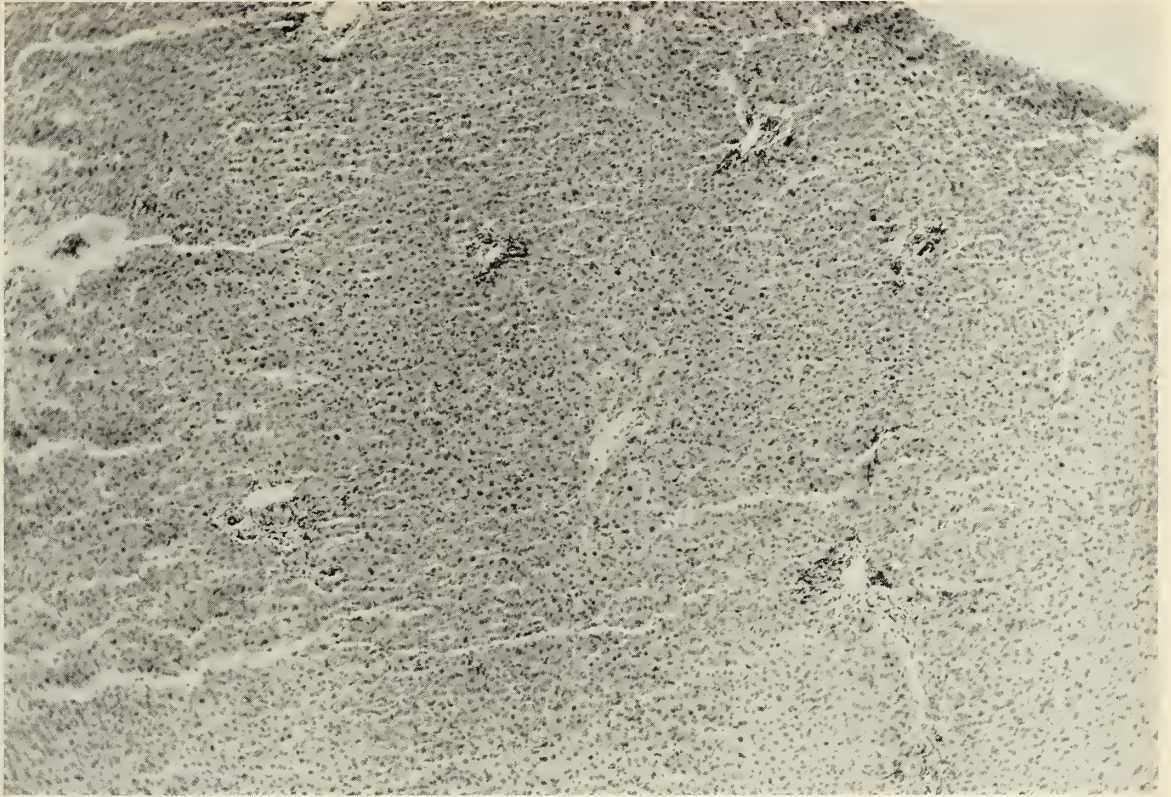


Figure 1. Liver biopsy obtained Oct. 23, 1956, with no evidence of hepatocellular damage.

test. Likewise, no evidence of hepatocellular damage or biliary obstruction was demonstrated. There was remarkably rapid subjective improvement to a feeling of perfect well-being in about 24 hours. Three days after admission his total bilirubin was down to 1.2 mg./100 ml., all in the indirect fraction. He remained afebrile throughout his hospital course, and was discharged Aug. 23, 1957. Table 1 summarizes the laboratory data.

Discussion

The first description of congenital nonhemolytic hyperbilirubinemia was by Gilbert and Lereboullet¹ in 1901. There have been several good subsequent reviews. The patients often appear neurasthenic and hypochondriacal; 80 per cent are males. The age of onset of symptoms is during early youth or early adulthood. The icterus may be chronic or intermittent, and may be exaggerated by nonspecific stresses, such as intercurrent illness, exertion, fatigue, or alcoholism. In some cases a familial incidence can be demonstrated; in others it cannot. The symptoms during acute episodes of jaundice most commonly include lassitude, fatigue, anorexia and nausea. A feeling of fullness in the epigas-

trium and vomiting may occur. Abnormal physical findings are generally limited to scleral icterus, but vague abdominal tenderness may be present. The serum bilirubin is elevated usually not over 5 mg./100 ml., primarily in the indirect fraction. Cholecystography demonstrates good dye concentration, and liver biopsy shows normal hepatic structure. If a bilirubin excretion test is done, it will be found to be the only other evidence of abnormal function.²

There is another group of patients with essential hyperbilirubinemia, in whom coarse brown pigment is demonstrated in the parenchymal cells of the liver. This "lipochrome hepatosis" was reported by Dubin and Johnson,^{3,4} and Sprinz and Nelson,⁵ independently, in 1954. These patients are quite similar in appearance to those with Gilbert's disease, but they appear to have somewhat more disturbed hepatic function. They often demonstrate abnormalities in the excretory function tests of liver function as well as abnormal cephalin flocculation and thymol turbidity tests. They frequently have bilirubinuria. The elevation in serum bilirubin is predominantly in the direct fraction rather than in the indirect. Non-visualization of the gall bladder on chole-

TABLE 1
SUMMARY OF LABORATORY STUDIES

	1955	1956	1957
Hemoglobin (gm/100 ml)	15.7	16.5	15.7
Serum Bilirubin, total (mg/100 ml)	3.2-1.2	2.4-1.2	3.1-1.2
Direct	0.3-0.0	0.1-0.2	0.3-0.0
Indirect	2.9-1.2	0.5-2.2	2.8-1.2
Cephalin flocculation (48 hr)	2+	1+	0
Thymol turbidity (units)	1.5	1.0	3.5
Heterophile antibody	1:7		1:7
BSP dye retention (45 min, 5 mg/kg)	5%		6%
SGO transaminase (units)		19	
Alkaline phosphatase (K-A)		2.0	5.5
Serum amylase (units)		19	
Coomb's test			negative
Reticulocyte count			0.1-0.5%
RBC fragility (saline)			normal
Zinc turbidity (units)			5.0
Total protein, Alb/Glob (gm/100 ml)	7.4, 5.3/2.1		6.9, 4.6/2.3
Urine urobilinogen (24 hr)			1.12 mg
Fecal urobilinogen			normal
Prothrombin per cent			88
Total serum cholesterol (mg/100 ml)			148
Gastric analysis (units, free acid)			34

cystography is the rule, as compared to adequate visualization in patients with Gilbert's disease.

This greater degree of hepatocellular deficiency is reflected in increased symptomatology and greater disability. A patient with Dubin-Johnson syndrome is more likely to present with abdominal pain and an enlarged tender liver than is the patient with primarily indirect reacting hyperbilirubinemia. Both syndromes have occurred

in a familial pattern,⁶ and the prognosis has been uniformly excellent, except for a few cases in infants with Gilbert's disease who have developed kernicterus.⁷

Gilbert's disease has been considered as an inborn error of metabolism involving hepatocellular dysfunction without structural changes. This is primarily manifested by a high cellular threshold for the excretion of bilirubin. The addition of lipochrome hepatosis may indicate the more widespread impairment involving other hepatic functions. Kalk⁸ has suggested that all cases of essential hyperbilirubinemia of the Gilbert type may be acquired, and represent residuals of an attack of hepatitis. He describes the clinical picture of his 161 cases as very mild forms, involving indirect reacting bilirubin. However, some of the patients had the pathologic findings that Dubin and Johnson described. Aside from a deficiency in excretion of bilirubin, a disturbance in heme synthesis may be present, resulting in a temporary accumulation of porphyrin to produce the clinical symptoms.

Schmid⁹ has recently shown that the liver forms direct reacting bilirubin by conjugating bilirubin with glucuronic acid. Dubin⁴ has suggested that Gilbert's disease may be a defect in conjugation, while the Dubin-Johnson syndrome indicates an inability to excrete the properly conjugated bilirubin glucuronide.

Despite the nebulous nature of the metabolic defect present, the practical clinical importance of establishing the diagnosis of constitutional hyperbilirubinemia is quite clear. First, the benign nature of this disease makes it possible to avoid the prognosis often associated with recurrent jaundice of other types. Second, an early correct diagnosis will eliminate the unnecessary surgery often done on these patients. Table 2 compares findings in the two types.

Summary

1. A case of constitutional hyperbilirubinemia of the Gilbert type is presented.
2. The clinical characteristics are reviewed and contrasted with the Dubin-Johnson type.
3. The current opinions of the pathogenesis of these syndromes are presented.
4. The importance of establishing this diagnosis is stressed to avoid serious prognosis and unnecessary operation.

TABLE 2

COMPARISON OF TWO MAJOR TYPES OF CONSTITUTIONAL HYPERBILIRUBINEMIA

	Gilbert's Disease	Dubin-Johnson Syndrome
Age of onset	Youth, early adulthood	Same
Persistence of icterus	Chronic, intermittent	Same
Exaggerated by	Intercurrent illness, alcohol, fatigue	Same
Complaints when icteric	Lassitude, fatigue, anorexia, nausea, vomiting, diarrhea, epigastric fullness	Same, but usually more pronounced
Familial incidence	At times	At times
Physical Examination	Scleral icterus	Scleral icterus, slight hepatomegally, liver tenderness
Serum bilirubin, total	Under 5 mg/100 ml	Under 5 mg/100 ml
Van den Bergh	Indirect reacting	Direct reacting predominates
Urine	Normal	Bilirubinuria often
Liver function tests	Normal (except bilirubin excretion test)	Often abnormal
Cholecystogram	Normal	Non-visualization
Liver biopsy	Normal structure	Coarse brown pigment in parenchymal cells
Evidence of hemolysis	None	None

REFERENCES

1. Gilbert, A. and Lereboullet, P.: La Cholemie Simple Familiale, *Semana med.* 21:241, 1901.
2. Dameshek, W. and Singer, K.: Familial Non-hemolytic Jaundice: Constitutional Hepatic Dysfunction with Indirect Van den Bergh Reaction, *Arch. Int. Med.* 67:259, 1941.
3. Johnson, F. B. and Dubin, I. N.: Excessive Lipo-chrome Pigment in Liver Cells in Constitutional Hyperbilirubinemia, *Am. J. Path.* 29:585, 1953.
4. Dubin, I. N. and Johnson, F. B.: Chronic Idiopathic Jaundice with Unidentified Pigment in Liver Cells: a New Clinico-pathologic Entity with Report of 12 Cases, *Medicine* 33:155, 1954.
5. Sprinz, H. and Nelson, R. S.: Persistent Non-hemolytic Hyperbilirubinemia Associated with Lipo-chrome-like Pigment in Liver Cells: Report of Four Cases, *Ann. Int. Med.* 41:952, 1954.
6. Dubin, I. N.: Chronic Idiopathic Jaundice: A Review of Fifty Cases, *Am. J. Med.* 24:268, 1958.
7. Crigler, J. F. Jr. and Najjar, V. A.: Congenital Familial Nonhemolytic Jaundice with Kernicterus, *Pediatrics* 10:169, 1952.
8. Kalk, H.: Ueber die Posthepatitische Hyperbilirubinämie, *Gastroenterologia* 84:207, 1955.
9. Schmid, R.: Some Aspects of Bile Pigment Metabolism, *Clinical Chem.* 3:394, 1957.

of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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AUTOMOTIVE CRASH INJURY RESEARCH

ONE YEAR AGO Cornell Crash Injury Research reported that automobiles with safety door latches and automobiles with seat belts in use had demonstrated an improvement in passenger injury and fatality rates, when accidents in which such cars were involved were compared with accidents involving cars not so equipped.

All of the credit in so far as the safety door latch is concerned, and a part of the credit as related to seat belts, is due to the elimination of ejection of passengers. Earlier Cornell reports indicated that an ejected occupant was subject to a five-fold greater risk of death than a non-ejectee.

The Cornell investigators have always been conservative in their interpretations, and have re-

frained from expressing any more than tentative opinions until accident reports had been received and analyzed in sufficient numbers to produce statistically significant results.

Analysis of another year's accidents has increased their experience to a level of dependability in the case of seat belts and door latches.

To quote the latest Cornell report:

"Seat Belts: When in use at the time of the accident, were associated with reductions in injury risk up to 60%, for all degrees of injury. This reduction has been statistically tested for significance, and found to be due to factors other than chance."

"Door Latching Mechanisms: An overall improvement, regardless of type of accident,

was found to be associated with the post-1955 latching mechanisms. The incidence of doors opening was reduced up to 27% in cars with improved latches, with the result that the risk of ejection was reduced one-half. The effect of this reduction in ejection has been to reduce the risk of dangerous and fatal injuries up to 30%."

Panel padding and safety steering assemblies have also been studied. The figures for these two innovations have not been accumulated in sufficient volume to warrant final conclusions. However, the preliminary information indicates that panel padding has lowered the injury rate by about 30%, and that the new steering assemblies have, in the few cases observed, reduced severe chest injury by 50%.

Studies are being continued on the safety potential of all these recommended improvements, as well as on the question of the relative safety of laminated and tempered auto window glass.

The limited data available at this stage indicate that there would be little advantage to increased use of tempered glass since broken side windows are found to cause only a small percentage of injuries and these are either slight or moderate.

The Cornell Automotive Crash Injury Research originated with a small project undertaken with the Indiana State Police several years ago. It has now grown until it is associated with the accident reporting agencies of 14 states and one large city. In the future it will accumulate findings which will be dependable and will contribute to safer automobiles and safer driving.

At present their statistics on the injury risk of ejection are the most nearly complete. They estimate that if ejection could be eliminated on a country-wide scale by some mechanical device to prevent door opening entirely, or if seat belts were to be used by 100% of auto passengers, 5,500 lives out of the 40,000 annual toll could be saved each year.

COST OF HOSPITAL CARE

THE INCREASING COST of hospitalization concerned as it is with one of the basic necessities of health and happiness of Americans, is receiving much critical attention today. The medical profession, even though it has little if any direct control, is linked inextricably with the problem in the minds of the public.

People in general realize that hospital admissions are almost always accomplished on the advice of a physician, that the physician determines what laboratory procedures should be employed, that the physician directs treatment, and finally decides on the time of dismissal. What is not generally understood is the large number of factors involved in this process which are not under the control of the physician.

Some of these factors are discussed in the following information released by the American Hospital Association:

Medical advances not only influence the community's total hospital bill but also affect the community's utilization of hospitals, Ray E.

Brown, superintendent, University of Chicago Clinics, said today.

"In the first place, these medical advances now permit doctors to offer treatment to patients whose condition was classified as hopeless and incurable a few years ago. These patients represented no expense to the prepayment plans because there was no treatment for them," Mr. Brown said in the second part of a two-part series on "Forces Affecting the Community's Hospital Bill," published today in HOSPITALS, Journal of the American Hospital Association.

"If one reviews the average hospital's census today it is likely that a goodly per cent of the patients will be undergoing therapy that was unknown just a few years ago. Much of this new therapy is difficult and of long duration," Mr. Brown said.

"The effort on behalf of these patients consumes an increased number of more costly hospital days that represent a net addition to the

pay-out total of the community's prepayment plan," he said.

Increased specialization by physicians has followed the medical progress of recent years, according to Mr. Brown. Doctors have had to restrict their areas of study in order to keep pace with medical developments, he said.

"Specialists are in general the largest users of hospital facilities for the same reason they are specialists. The rate of increase in medical specialists can therefore serve as a sort of index to the rate of increase in the utilization of hospital facilities," Mr. Brown pointed out.

Medical developments in the treatment of patients with tuberculosis and mental illnesses will add to the burden of prepayment plans, Mr. Brown said. Prepayment plans are primarily concerned with the general hospital, while tuberculosis patients and the mentally ill have been treated chiefly in governmental and special hospitals, he said.

"Important medical advances in both these diseases, however, are causing a shift of many tu-

berculous and mentally ill patients into community general hospitals. This consequently shifts the expense of their care to the prepayment plans," Mr. Brown said.

Although shifting mental patients to general hospitals will lower the taxpayers' bill, it will correspondingly increase his prepayment rates, Mr. Brown said.

Mr. Brown pointed out that it is difficult to answer the question of whether some patients with prepayment overuse the hospital. "The essential question in this connection is not concerned with whether those with prepayment coverage used more hospital care. If prepayment is serving any social purpose at all it would be expected that its members would have had better financial access to hospital care," he said.

Medical items not covered by prepayment, such as prescription sales, have increased tremendously during the past ten years, and thus offer some evidence that the public is interested in health care "for its own sake and not as a means of beating the prepayment game," he said.

Guest Editorials:

NUTRITION AND A STATE MEDICAL SOCIETY*

THE ULTIMATE GOAL of all research and clinical investigation in nutrition is the improvement of the health of the people. To this end several progressive state medical societies have established programs which vary in scope and objectives but which have as their fundamental philosophy the "practical application" of our newer knowledge of nutrition.

One of the leading examples of such a progressive viewpoint may be found in the report of the Commission on Nutrition of the Medical Society of Pennsylvania (*Pennsylvania M.J.*

60:1113, 1957). The Commission's report may well be studied by appropriate commissions of other state medical societies, for it represents an admirable example of what can and should be done.

In brief, the Commission has had two objectives: (1) the stimulation of interest in clinical nutrition at state and county levels; and (2) the dissemination of factual information on nutrition to both practicing physicians and the laity.

Among the numerous accomplishments of the Committee are the following:

A number of editorials on various aspects of applied nutrition appeared in the state medical journal.

Three exhibits were presented at the annual sessions of the state medical society. These

* Reprinted from *The American Journal of Clinical Nutrition*, July-Aug. issue, Vol. 6, No. 4, pp. 339-340, copyright 1958 and printed in the U.S.A. Published by The American Journal of Clinical Nutrition, Inc., 11 E. 36th St., New York 16.

dealt with obesity, electrolytes, and salt-free diets.

A Coordinating Committee was established with representatives from city, state, and health medical societies, dental societies, state nurse organizations, etc. This Committee undertook a survey of the extent of nutritional training in hospitals. It was learned, not unexpectedly, that most hospitals offer little or no training in nutrition to interns and residents. The great majority of institutions, however, expressed a desire for a manual on standard therapeutic diets for both reference and teaching purposes. As a result, therefore, the Coordinating Committee prepared a manual of standard therapeutic diets which apparently has met with considerable enthusiasm state and nationwide. Copies of the manual have been distributed free of charge to senior medical students of the six medical schools in Pennsylvania.

As part of an education program, the State Nutrition Commission organized various symposia. These were held at State Medical Society meetings, and in cooperation with the National Vitamin Foundation, and with the Philadelphia County Medical Society.

The Commission has also urged the establishment of nutrition clinics throughout the state and supported a pioneering nutrition clinic now in operation at the Philadelphia General Hospital.

In cooperation with the Dietetic Association, a program will be prepared for the laity.

The Commission cooperated with the Pennsylvania Heart Association in the preparation of a manual on salt-free diets for free distribution.

The Commission also prepared a program of vitamin and other nutritional supplementation for patients under state public assistance. This doubtless will save the taxpayer a considerable amount of money.

The writer has had an opportunity to see a proposal for the establishment of a Division of Nutrition within the Department of Public Health of the City of Philadelphia. Because it is felt that this may be of interest to some of

our readers, the following is a brief summary of this proposal:

The purposes of such a Division of Nutrition within a City Department of Public Health are (1) the promotion of better public health through research and special clinics; (2) the prevention of diseases arising from public ignorance of this field; and (3) direct participation in programs both in prenatal clinics, maternal nutrition studies, and school nutrition projects; and finally (4) rehabilitation of those who are in medical need from the public health standpoint, such as obesity, nutritional anemia, diabetes, etc.

The recommended organization would be located in a large city hospital. The staff would consist of a director, three physicians, two dietitians, a psychiatrist, a laboratory technician, two social workers, and a clerk. A number of laboratory studies would be performed including, in addition to routine determinations, analyses of vitamin C, urinary thiamine, urinary riboflavin, and electrolytes.

The Nutrition Division could plan courses for members of the Department of Public Health, such as public health nurses, dietitians employed by other state and city agencies, general physicians, and school physicians. Furthermore, this division could furnish consultants to other departments within and outside the Department of Health, would engage in the nutrition and education in medical schools and hospitals, help improve dietary practices in various state institutions, and advise various industrial hygiene divisions.

It is clear that a great deal may be offered by city- and state-organized medicine in improving the role of nutrition as a medical science and as an adjunct toward the health of the public.

A special commendation should be made to the Commission on Nutrition, State of Pennsylvania, under the chairmanship of Dr. Michael G. Wohl, whose members include Drs. T. E. Machella, R. E. Olson, H. N. Seiple, J. N. Seitchik, P. L. Shallenberger, Paul C. Shoemaker, J. M. Strang, and C. W. Wirts, Jr.

It is hoped that through these means some of the progress in clinical nutrition can be brought to a more practical application to the health of the people.

S. O. WAIFE, M.D.

WILL DOCTORS WILL?†

By HOWARD H. HILLEMAN, Ph.D.*

A CRITICAL shortage of human cadavers faces the bio-anatomical sciences today. We know that in many areas the present supplies of unclaimed, institutional, and donated bodies are no longer sufficient to meet existing demands for anatomical material.

Since these traditional sources of cadavers do not suffice, one solution to the cadaver crisis would be an adopted standard practice on the part of medical and dental physicians to will their bodies for medical study. The medical professions by themselves could easily provide the 5,000 estimated bodies needed each year and also create a substantial surplus.

The practice of such regular donation would have a salutary influence on the general public, who in this personal matter would learn more by example than by precept. From the 1,500,000 Americans who die each year would come an increasing number of bodies by bequest.

* Professor, Anatomy and Embryology, School of Science, Oregon State College, Corvallis.

† From the Bulletin for Medical Research of the National Society for Medical Research, Vol. 12, No. 2.

It could be made a matter of standard procedure for a graduating dentist or physician to sign papers for the "medical disposal" of his body after death. This signature could be an added standard formal prerequisite for the diploma, even fixed by law in the several states. This standardized custom would be a far step forward psychologically and add further dignity and respect for the human person.

Another practical approach to this problem would be to use, for individual student dissection, other primates such as the Macaca monkey, which are plentiful and inexpensive. We are reminded of the scholarly contributions to human anatomy made by Galen, who used the Barbary ape for much of his work. Erroneous impressions could easily be avoided by comparative references to the fewer human bodies in the same laboratory. Primates other than human could be used especially well for some preliminary surgical anatomy, for teaching anatomical background to nurses, and in public health fields. This scientific and effective approach to the cadaver shortage is perhaps appropriate whether there be a shortage or surplus of the human subject.

STICKING YOUR NECK OUT‡

ACCORDING to C. J. Stetler* (and he ought to know) one out of every four California physicians has been served papers as a defendant in a malpractice action. Mr. Stetler expects this trend to move east. "The vast majority of these claims," says Mr. Stetler, "are not justly founded. In some localities the likelihood of being sued is becoming so great that it constitutes a definite occupational hazard. And the majority of all professional liability claims and suits filed involves physicians who are above the average

of their respective groups in skill, experience and professional standing.

"Approximately 18,500 living physicians in the United States have had a claim or suit brought against them at some time . . ." However, "40 per cent of these claims and suits have been dropped or decided in favor of the physician."

"If the present trend continues," Mr. Stetler warned, "and if a physician must become increasingly apprehensive of legal suits, his own defensive instinct will inevitably, in some measure, overcome his humanitarian and professional motivations. Such a doctor will be inclined to give too much time to protecting himself and less to the care of his patient. He may hesitate to assume responsibility in a case where the prognosis is poor. He will have a tendency to omit the highly successful, but slightly dangerous, medical procedures."

‡ From the Journal of the Medical Society of New Jersey, Vol. 55, No. 7.

* Mr. Stetler is director of the Legal Department of the American Medical Association. These remarks come from a talk delivered by Mr. Stetler before the Medical Council of the Washington Metropolitan Area sponsored March 27, 1958 by the Wm. S. Merrell Company.

Mr. Stetler puts his finger on one of the more important and more subtle untoward effects of malpractice litigation. Suppose, for example, you are 99 per cent sure that this is a benign condition. Still, they might sue you, alleging negligence if you omitted even a single laboratory study or failed to summon a consultant. So, you say, "Why stick my neck out?" Accordingly you order more and more laboratory work, summon a whole corps of consultants, keep the patient longer in the hospital. Nobody is going to say *you* were negligent. This over-cautiousness leads to higher bills for the patient, and this in turn causes more complaints about the high cost of medical care. It also has the effect of forcing physicians to adhere to tried methods of treatment—even if they don't work—rather than use potent newer drugs or procedures which might

backfire. No progress would ever be made in medicine if some doctors and some patients had not agreed to stick their collective necks out.

Physicians are unwilling to testify that brother practitioners have been negligent. This does not seem to have hurt plaintiffs any—judging by the size and frequency of verdicts. The reluctance of doctors to brand their brethren as negligent has been the subject of recent criticism by plaintiffs' attorneys. They allege that this reluctance is a conspiracy to protect the incompetent. The truth is, however, that a rash of malpractice litigation does *not* serve the public interest. For the reasons just indicated, trigger-happy plaintiffs are, in the long run, going to lower standards of public health. A certain amount of boldness, with the full understanding of the patient, is an essential part of successful medical care.

Sister Kenny Foundation Doctoral Scholarships Continue

The Sister Elizabeth Kenny Foundation has announced continuation of its program of post-doctoral scholarships to promote work in the field of neuromuscular diseases. These scholarships are designed for scientists at or near the end of their fellowship training in either basic or clinical fields concerned with the broad problem of the neuromuscular diseases.

Kenny Foundation scholars will be appointed

annually. Each grant will provide a stipend for a five-year period at the rate of \$5,000 to \$7,000 a year, depending upon the scholar's qualifications. Candidates from medical schools in the United States and Canada are eligible.

Inquiries regarding details of the program should be addressed to: Dr. E. J. Huenekens, Medical Director, Sister Elizabeth Kenny Foundation, Inc., 2400 Foshay Tower, Minneapolis 2, Minn.

Investigator

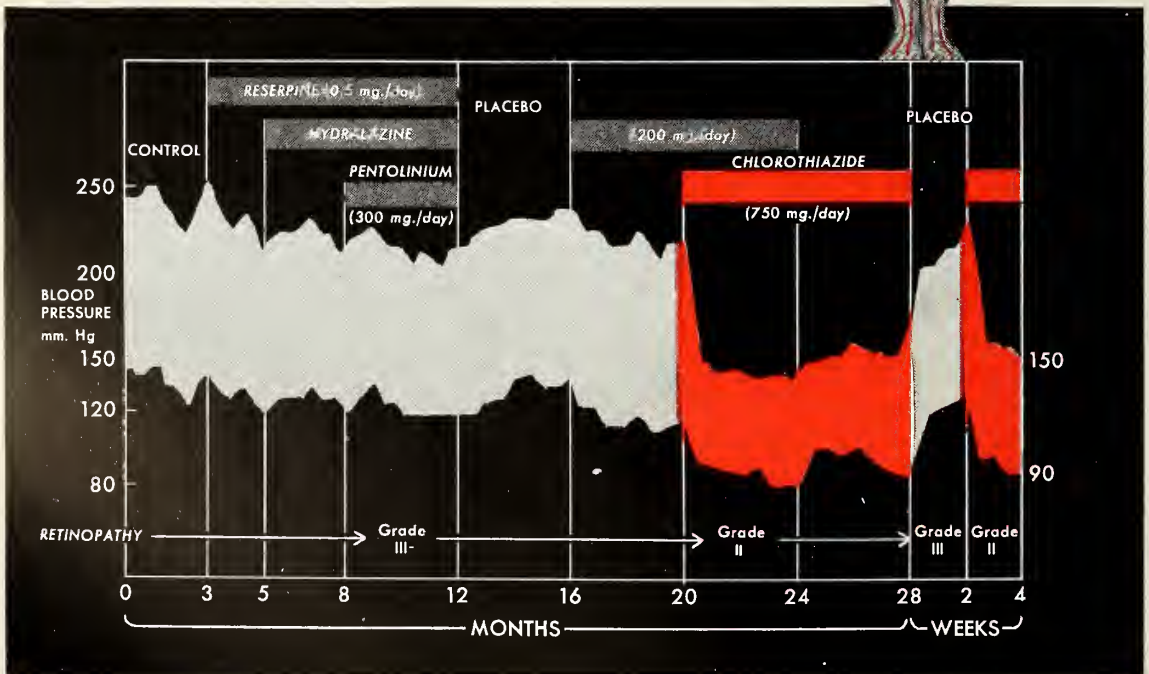
after investigator reports

Wilkins, R. W.: New England J. Med. 257:1026, Nov. 21, 1957.

"Chlorothiazide added to other antihypertensive drugs reduced the blood pressure in 19 of 23 hypertensive patients." "All of 11 hypertension subjects in whom splanchnicectomy had been performed had a striking blood pressure response to oral administration of chlorothiazide." "... it is not hypotensive in normotensive patients with congestive heart failure, in whom it is markedly diuretic; it is hypotensive in both compensated and decompensated hypertensive patients (in the former without congestive heart failure, it is not markedly diuretic, whereas in the latter in congestive heart failure, it is markedly diuretic). ..."

Reis, E. D., Wanko, A., Wilson, I. H. and Parrish, A. E.: J.A.M.A. 166:137, Jan. 11, 1958.

"Chlorothiazide (maintenance dose, 0.5 Gm. twice daily) added to the regimen of 73 ambulatory hypertensive patients who were receiving other antihypertensive drugs as well caused an additional reduction [16%] of blood pressure." "The advantages of chlorothiazide were (1) significant antihypertensive effect in a high percentage of patients, particularly when combined with other agents, (2) absence of significant side effects or toxicity in the dosages used, (3) absence of tolerance (at least thus far), and (4) effectiveness with simple 'rule of thumb' oral dosage schedules."



In "Chlorothiazide: A New Type of Drug for the Treatment of Arterial Hypertension,"

Hollander, W. and Wilkins, R. W.: Boston Med. Quart. 8: 1, September, 1957.

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SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (chlorothiazide); bottles of 100 and 1,000.

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Smooth, more trouble-free management of hypertension with 'DIURIL'

The President's Page

Greetings from Your New President

I AM overwhelmed with a feeling of humility to be deemed so wise as to attempt a message that could be worth one's time reading. Since this page is a tradition, I will do the best I can to keep you informed of the association's activities during the year.

November is the month of the end of a beautiful Indiana autumn and the time for all of us to pause and give thanks and consideration of our blessings. We doctors should first be thankful that we have the cherished position of being physicians to help our fellow man lead a better life by keeping him more healthy. We are grateful that we in America are free men, able to practice our profession the best way we believe and are able to choose our own location and type of practice. We will remain free as long as we continue to be dedicated to our medical practice for the benefit of the health of all the people.

Your association has just completed its second year of a coaches-physicians conference which was exceedingly well received and attended. We hope this meeting will result in fewer physical and mental injuries and more complete and rapid recovery of those injured in athletics. Now that the election is over let us all get busy promoting good health legislation in this next general assembly. The commission appointments have been made and the first general meeting of all the commissions outlining their programs, objectives and duties will be held this month.

Kenneth L. Olson M.D.

The Woman's Auxiliary

REPORTS TO I.S.M.A.

Dear Doctor :

Vacations are over, schools have started, the leaves on the trees have turned into many beautiful colors. It is that time of year when our thoughts turn to preparing for the winter months of holidays and activity in Auxiliary work.

Our chairmen have sent out material and outlines for the various projects listed on the year's program. They have been busy attending county meetings, and also the State Medical Convention. It is here that many new ideas are exchanged for the furthering of the subscriptions for *Today's Health*, how to make money for A.M.E.F., how to gain more members for the Future Nurses Clubs and discuss new legislative material. It is our fervent hope that the Auxiliary members will far surpass last year's efforts in the many projects on the agenda.

Holiday time brings to mind that Thanksgiving is just around the corner. We have so many things to be thankful for: freedom of press, speech, religion and many more that we take for granted. We are thankful that we are free to work on safety for the home, highway, rural communities, industry and have drivers training courses in the schools.

We may visit Auxiliaries in the neighboring states with no visas or permits to be shown at the state line. This is a freedom and privilege that most foreign countries have trouble understanding. We have so much to be thankful for that we should work diligently to see that they are not taken from us.

May I close with the Collect of the Woman's Medical Auxiliary

We ask Thee, O God of Heaven and Earth, to keep us, the helpmates of those whose life work is the ministry of healing.

May we learn to know that their sacrifice is not small, but motivates their lives in service to others. Help us to have unselfish, understanding hearts.

Keep us patient and forbearing, and as it is given us to keep the hearth of our home fires swept clean of pettiness, so give us strength to be kind and generous in thought at all times.

Sincerely,

Mildred Bailey
Mrs. Earl Bailey, President

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serious
infections...**

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Make new Panalba*

(Panmycin† Phosphate plus Albamycin**)

your broad-spectrum antibiotic of first resort

effective against more
than 30 common pathogens,
even including
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Available forms:

1. Panalba Capsules, bottles of 16 and 100 capsules. Each capsule contains:

Panmycin phosphate (tetracycline phosphate complex) equivalent to tetracycline hydrochloride250 mg.
Albamycin (as novobiocin sodium)....125 mg.

2. Panalba KM †† Flavored Granules. When sufficient water is added to fill the bottle, each teaspoonful (5 cc.) contains:

Panmycin (tetracycline) equivalent to tetracycline hydrochloride125 mg.
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Dosage:

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Usual adult dosage is 2 capsules q.i.d.

Panalba KM Granules

For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 30 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.



Medical Panorama—

A. W. Cavins, M. D.

Terre Haute

PFDA PLEASE COPY

San Francisco has long been known as a city perhaps just a bit saltier than most. As an example, here is a bit of really salty observation of the modern scene, culled from *The Bulletin* of the San Francisco Medical Society, written by Gerald M. Feigen, and printed in a column entitled "Triple Bromides." Gather 'round, all you devotees of TV, followers of the "hidden persuaders, *et alia similia*, and refresh yourselves with a draught of the new physiology:

BORBORYGMI . . . The advertising business has been presenting medical facts based on the conclusions of certain copy writers, and it may be of some interest to anatomists and physiologists to know what kind of material is being presented to the public by way of television, radio, and the printed word. The gastro-intestinal tract has been the recipient of special attention, especially the stomach, the liver and the colon.

THE STOMACH is apparently an S-shaped bag of acid containing a little trap door on its left. The acid is strong enough to eat a hole through a linen handkerchief, and even if you don't eat handkerchiefs you must neutralize this acid before it gets into your system. As to the method, there are two schools of thought: the effervescent and the lozenge. While the former gives the taker an earlier eructation, the latter can be dissolved in the mouth, and when taken frequently can be relied upon to neutralize every drop of acid around, silently. The little trap door on the left was placed there by Mother Nature to distribute molecules of acetylsalicylic acid salts at varying rates of speed. The stomach in some way changes these particles into little capital letters, according to the trade name of the pill. There is great tumult and argument as to which letter gets by faster and which is sent into the blood stream the soonest, certainly

a moot question which should be thoroughly debated and studied in this scientific age.

CONTRARY TO current medical opinion, the liver is mainly a big bile factory subject to slowdowns and even shutdowns. When the liver gets sleepy it must be awakened by chemicals which will send down torrents of nice bile, and help nature provide its own Drano. To quote one group of observers, "Take two of our liver pills every night for one week, one every night for one week, one every other night for one week, and then nothing." Nothing is the key word, and it shows amazing frankness on the part of that indomitable New York quintet.

THE INTESTINE is a flexible sewer pipe subject to rust, encrustation with poisonous residues, and dangerous stoppages. The pipe begins to go after thirty-five years, and, thereafter, no replacements being available, it must be periodically flushed, purged, and detoxified, if the aforementioned poisons are to be kept out of the circulation. Apparently there are special remedies for females, children, and the aged. The various schools of thought consist of the salines, the bulks, the detergents, and the internal bathers. The latter hold forth in laboratories equipped with large, complicated plumbing machines which when properly coupled are said to remove all the accumulated rust and wastes of outrageous digestion. It would be unfair to omit the suppository school, which has its own enthusiastic devotees.

THESE REVELATIONS should come as a shock to the medical conformist who had preconceived ideas about the complicated physiology of these organs. Life is really simple after all. The next thing you might hear is that the Pure Food and Drug Administration is a purely hypothetical body. Don't you believe it.

The Position of Civilian Members of the Medical Professions in Time of Armed Conflict[†]

DR. JEAN MAYSTRE*

IN GENERAL, the legal status of medical practitioners is defined by national legislations; but in time of armed conflict, and under certain circumstances, this status is further defined by international conventions and in particular by the Conventions of Geneva of 1949, which we shall examine in the first place.

At all times, these Conventions protect doctors of the following categories:

- (1) The military doctor, i.e., doctor in the Medical Service of the army or navy or merchant marine.
- (2) The doctor who is a member of the sanitary detachments of the national Red Cross Society or of other relief societies, Red Cross societies or other relief societies of neutral countries.
- (3) The doctor who is regularly and solely engaged in the operation and administration of civilian hospitals recognized by the State, including the personnel engaged in the search for, removal and transporting of and caring for wounded and sick civilians, the infirmed, and maternity cases.

On the other hand, protection is temporary in the following circumstances:

- (1) The doctor who is occasionally engaged in the operation and administration of civilian hospitals, recognized by the State. The protection and right to wear the distinctive emblem are granted only during the performance of his duties.

* Chairman of the International Liaison Committee of the World Medical Association.

† Reproduced from International Bulletin with permission of Editor, International Civil Defense Organization 27, rue Pierre-Fatio, Geneva.

- (2) Convoys of vehicles or hospital trains on land or specially provided vessels at sea, conveying wounded and sick civilians, the infirmed, and maternity cases shall be protected and shall be marked by the emblem, if authorized by the State.
- (3) Aircraft exclusively employed for the removal of wounded and sick civilians, the infirmed, and maternity cases, or for the transport of medical personnel or equipment shall be respected, under some particular provisions, and shall be marked by the emblem.

Protection by the Red Cross emblem is granted only under the circumstances enumerated above; i.e., when the doctor is a member of the medical service of the army or of the hospital service. In his other activities, in particular, as a town or country practitioner, the doctor is not entitled to use this emblem. In time of armed conflict, he benefits by the general protection afforded to the civilian population under the Fourth Convention and under Article 18 of the First Convention.

It is of course recognized that protection is implicitly understood in the texts; but the rules protecting civilian doctors are neither as extensive nor as detailed as those which protect army doctors; moreover, in time of internal armed conflict, there is the risk that they remain inoperative.

Medical practitioners, therefore, consider it indispensable that they should have *de facto* protection when they are performing their humanitarian duties in time of armed conflict. Thus the question was raised of a distinctive and specific emblem for the medical and allied professions.

Continued on 1564

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Each tablet contains: 200 mg. Miltown + 10 mg. pentaerythritol tetranitrate.

Usual dosage: 1 or 2 tablets q.i.d. *before meals* and at bedtime.

Dosage should be individualized.

For clinical supply and literature, write Dept. 41B

1. Friedlander, H. S.: The role of atarazics in cardiology. *Am. J. Card.* 1:395, March 1958.

2. Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. *Angiology* 8:504, Dec. 1957.

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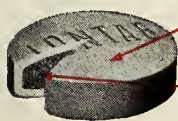
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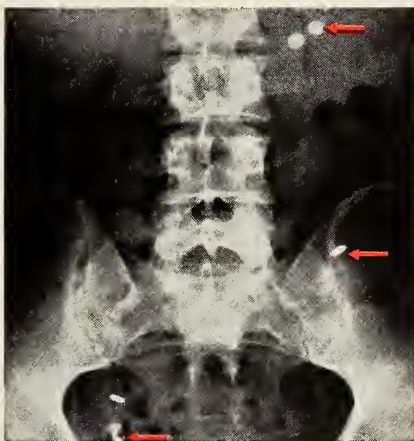
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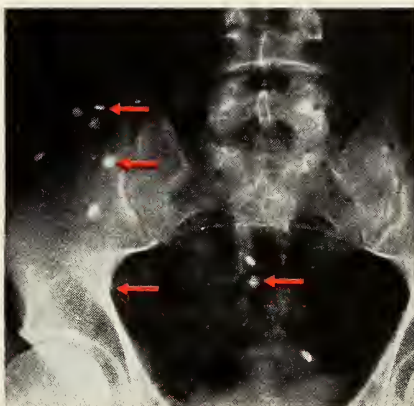
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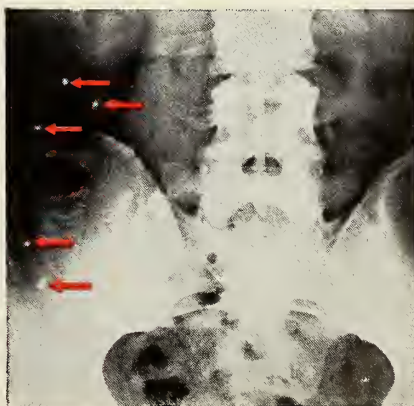
2 hours Lontabs are in the stomach and small bowel. Release of core substance is well under way.



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8 hours Lontabs are still visible as substance of core continues to be released.



Doctors in War

Continued from 1561

Since the summer of 1955, representatives of the International Committee of the Red Cross, the International Committee on Military Medicine and Pharmacy and the World Medical Association have met in the presence of an observer of the World Health Organization to examine the problem of the protection of the civilian doctor and his auxiliaries in time of armed international and internal conflict.

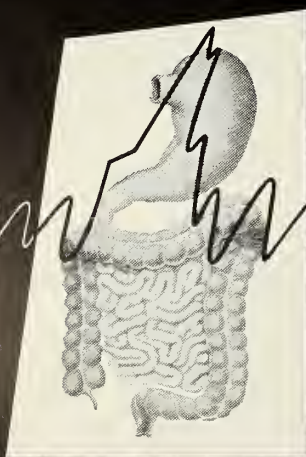
A thorough examination of the Conventions of Geneva of 1949 led to the conclusion that first and foremost, the duties and rights of civilian doctors in time of armed conflict should be defined. To that end, the following text was drawn up:

Medical Ethics in Time of Armed Conflict

- (1) Medical ethics in time of armed conflict are identical with medical ethics in time of peace, as established in the International Code of Medical Ethics of the World Medical Association. The primary obligation of the doctor is his professional duty; in performing his professional duty, the doctor's supreme guide is his conscience.
- (2) The primary task of the medical profession is to preserve health and save life. Hence it is deemed unethical for doctors to:
 - a) give advice or perform prophylactic, diagnostic or therapeutic procedures that are not justifiable in the patient's interest;
 - b) weaken the physical or mental strength of a human being without therapeutic justification;
 - c) employ scientific knowledge to imperil health or destroy life.
- (3) Human experimentation in time of armed conflict is governed by the same code as in time of peace; it is strictly forbidden on all persons deprived of their liberty, especially civilian and military prisoners and the population of occupied countries.
- (4) The forbidding of the medical procedures in points 2 and 3 is mandatory under all circumstances regardless of decisions to the contrary issued by either a *de jure* or a *de facto* authority.
- (5) In emergencies, the doctor must always give the required care impartially and with-

Continued to 1668

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References: 1. Spies, T. D., et al.:
J.A.M.A. 159:645, 1955. 2. Spies, T. D.,
et al.: Postgrad. Med. 17:1, 1955. 3.
Gelli, G., and Della Santa, L.: Minerva
Pediat. 7:1456, 1955. 4. Guerra, F.:
Fed. Proc. 12:326, 1953. 5. Busse,
E. A.: Clin. Med. 2:1105, 1955. 6.
Sticker, R. B.: Panel Discussion, Ohio
State M. J. 52:1037, 1956.

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Doctors in War

Continued from 1564

out consideration of sex, race, nationality, religion, political affiliation or any other similar criterion. Such medical assistance must be continued as long as necessary.

- (6) Privileges and facilities afforded the doctor must never be used for other than professional purposes.
- (7) Medical secrecy must be preserved by the doctor in the practice of his profession.

These rules are similar to those which may be found in all codes of medical ethics for over 2,000 years. They may be considered by governments and by the public as the expression of the humanitarian principles which have at all times governed the practice of the medical profession. For doctors they are an element which aims at strengthening their professional conscience and defining their duties.

But protection of the doctor and of his auxiliaries is conceivable only in relation to protection of the wounded and sick; the aim in view is to guarantee the care needed for those

who are suffering. To that end, the following text was drawn up:

"Rules to Ensure the Tending and Care of the Sick and Wounded, Particularly in Time of Armed Conflict"

- (1) All persons, whether members of the armed forces or civilians, shall in all circumstances receive promptly the care they require without any adverse distinction based on sex, race, nationality, religion, political opinion or any other similar criterion.
- (2) Any action detrimental to the health or to the physical or mental integrity of a human being, not necessitated by medical treatment, is forbidden.
- (3) In emergencies, doctors and medical personnel of every category shall give immediate care to the best of their ability, either voluntarily or when asked to do so. No distinction shall be made between patients except where dictated by medical urgency. Services need not be given if they are already being rendered by others.
- (4) The members of medical and associated pro-

Continued

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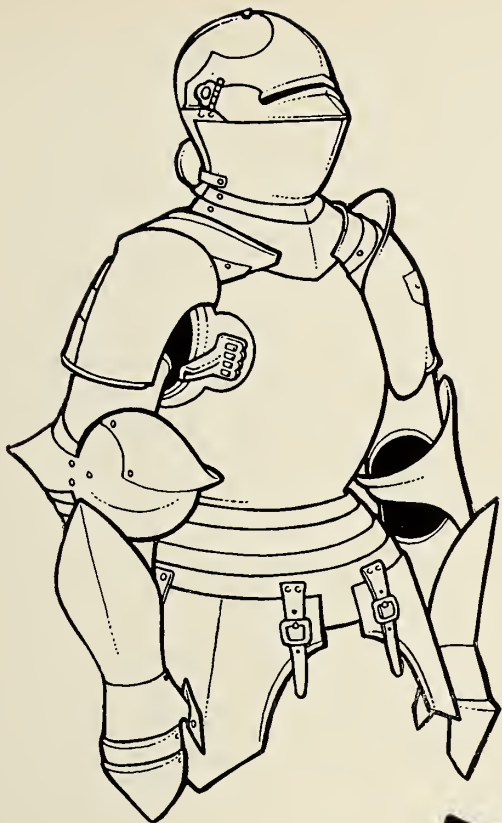
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fessions must be granted the protection needed for the free exercise of their professional skill. They shall be given every assistance to carry out their tasks. In particular, they shall have the right to move about freely at all times and to go to any place where their presence is required. Their professional independence shall always be respected.

- (5) In no circumstances shall the fulfillment of medical duties be considered an offense. No doctor shall in any way be called to account for having observed professional secrecy.
- (6) In carrying out their duties, the medical and associated professions shall wear as a distinguishing emblem a red serpent and staff on a white ground. The use of this emblem shall be governed by special regulations."

In the last article, the above rules speak of a distinguishing emblem for the medical and associated professions. This is the third practical result which has been achieved in an effort to ensure as effective protection as possible of a *de facto* character for civilian medical personnel.

This emblem cannot be the red cross which is reserved for the personnel of the medical services of the armed forces and Red Cross Societies and for the regular and temporary personnel of civilian hospitals recognized by the State (in occupied territories and theatres of military operations only). An extension of the use of the red cross emblem to all doctors without distinction, which could in any case be authorized only by a new diplomatic conference, did not seem either possible or desirable. It is indeed important, if the intention is to preserve the full value of this emblem, to limit its use only to the beneficiaries mentioned in the Conventions; furthermore, its extension to other categories would make all control impossible.

It was decided, therefore, at the suggestion of the International Committee of the Red Cross, to adopt a clear and easily recognizable emblem, which is neither the red cross nor an imitation of it, and which can be taken over by the medical profession throughout the world and recognized nationally by every State. Such an emblem—and the same or a slightly modified emblem

could be used by the allied professions—would be worn at all times, and under the control of professional medical organizations, on the doctor's person and on his vehicle, equipment, etc.

These three resolutions relating to

- (1) medical ethics in time of armed conflict;
- (2) protection of the wounded and sick;
- (3) the distinctive emblem;

were approved by the organizations concerned, *i.e.*, by the International Committee of the Red Cross, the International Committee on Military Medicine and Pharmacy, and the World Medical Association. They have been communicated to the governments, the medical and allied organizations, the national Red Cross societies and the national organizations of military and civilian doctors, with a view to paving the way for their legal recognition by the States. Only recognized legal status, adopted and applied by the States, will ensure protection of medical and allied professions, and thereby of the treatment and care of wounded and sick.

These three resolutions are distinct from the Conventions of 1949, although they reproduce the humanitarian principles contained in the latter; they could in no way deal in detail with all the questions pertaining to protection of medical and allied professions; for instance, they do not go into the relation between professional obligations and civic duties, not to the application of the Conventions of 1949. On the other hand, they define the basic factors upon which any agreement between States should be founded, and thus contribute, within their particular limits, to the preparation of a status tending to improve the lot of civilian populations in time of armed conflict.

The question of care of the sick and wounded and the more general question of protection of civilian populations in times of armed conflict are of concern to public opinion, the governments, and many national and international organizations. In this connection, as an example, there should be recalled that the XIXth International Red Cross Conference in November, 1957 at New Delhi passed the recommendation that a new provision be introduced into the Conventions of 1949, in particular, into Article 3, relating to conflicts of an internal character. This resolution requested that the wounded be



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cared for without discrimination and that the doctors in no way be interfered with in giving the care which they are called upon to ensure in these circumstances; that the sacred principles of medical secrecy be preserved, and that no restriction be placed upon the sale and free circulation of medicaments other than those stipulated under international legislation, provided such medicaments are exclusively used for therapeutic treatment. Lastly, this resolution addresses an urgent appeal to all governments to repeal any measures which would run counter to the present resolution.

We trust that the information which we have submitted in this statement will prove of interest to the civil defense institutions and assist them in carrying out their humanitarian duties.

Jane: "I'd like to be a stewardess on a plane. You meet so many men that way."

Jill: "But there are so many other jobs where you can meet men."

Jane: "Maybe so. But not strapped down!"



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Deaths . . .

Beaumont S. Cornell, M.D., 66, died September 16 at Huntington County Hospital from a heart attack.

A graduate of Toronto University in 1916, Dr. Cornell was born in Athens, Ont., Canada, but had practiced medicine in Huntington many years before retiring from active practice in 1956.

After serving in WWI, he pursued medical research at the University of Toronto, finishing the work in 1927 and publishing a book on pernicious anemia, a writing which was accepted as a standard university text. He also served in WWII.

He founded the *American Journal of Digestive Diseases and Nutrition* in 1934. It was published in Fort Wayne.

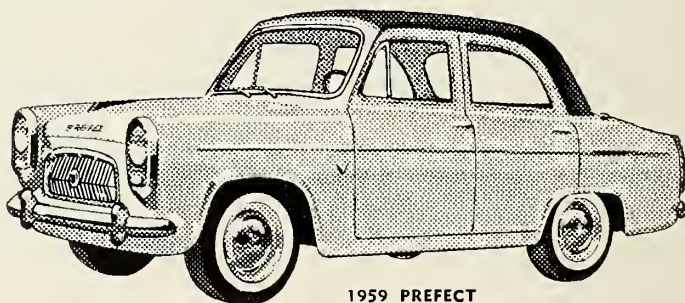
Dr. Cornell was a life member of the American College of Physicians, a life member of the Canadian Authors Association, member of the Royal College of England, member of the Board of Internal Medicine, the AMA, ISMA and

Fort Wayne Medical Society, as well as Fort Knightly Club and American Legion Post No. 47. He served as medical director of Midwestern Life Insurance Co. He also was active in Masonic circles in Fort Wayne as a member of York Rite, 32nd degree member of Scottish Rite, affiliated with Mizpah Shrine and member of Amity Lodge No. 483, Huntington.

He had also won distinction with his landscape paintings which he exhibited on numerous occasions. In addition, he was active in civic theater and wrote several plays. He was the fourth generation of his family to follow the medical profession.

Dr. James B. Shaw has opened his general practice office in Fort Wayne. He has been company doctor there for Pennsylvania Railroad during the past two years. He holds B.S. and M.S. degrees from Purdue and his M.D. from University of Louisville.

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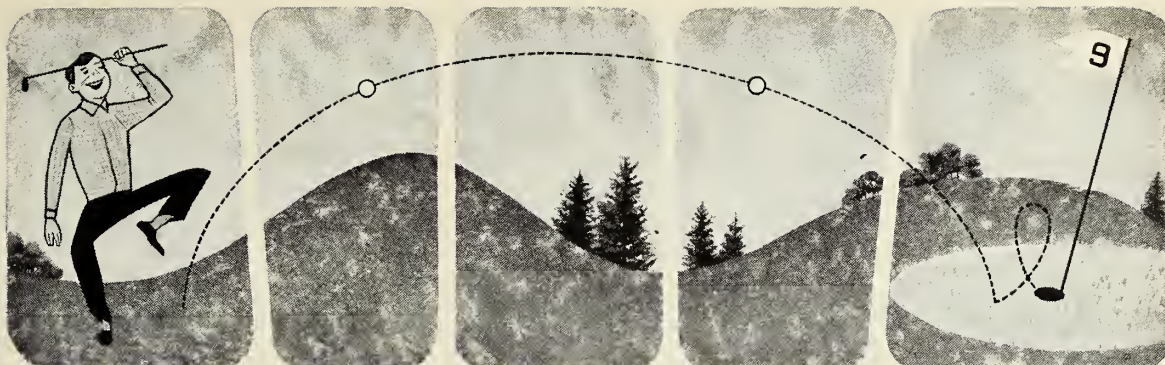
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Each teaspoonful (5 cc.) contains:

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(Warning: May be habit-forming)		
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NEWS NOTES—from State and Nation

Three Communities Honor 50-Year Medical Men

Three more Indiana physicians have been honored by their respective communities in recent months for completing 50 years in the practice of medicine.

Drs. N. L. Medcalf of Lamar, E. A. Porter of Westport and O. T. Scamahorn of Pittsboro were honor guests at gala affairs when patients and friends gathered to show their appreciation of the physicians' devotion to community health.

Dr. Medcalf was feted September 9 at the Clay-Huff school with a host of well-wishers at a reception. Guests were present from Spencer, Perry, Warrick and Dubois counties as well as from Evansville and Louisville. Five Home Demonstration clubs of the Lamar area sponsored the event.

The Lamar physician is a Spencer County native, a graduate of Loyola University, Chicago, and began his practice in 1908 at Louisville. He

settled in Lamar in 1910. He was in the Army in 1918 but was released upon local request to help cope with the severe flue epidemic.

Westport Baptist church was the scene of Dr. Porter's big day where more than 500 well-wishers thronged to honor the physician. A bound volume of cards and congratulatory messages to Dr. Porter was presented to him. Telegrams came from all parts of the United States.

Born on a farm near Greensburg, the physician studied at the University of Louisville and graduated from I. U. Medical School in 1908. He set up practice at Burney, moved to Hartsville 10 years later, and then in 1931 settled in Westport. He has a son, Dr. Robert Porter, in practice with him now.

Pittsboro's school gymnasium held some 1,200 persons who attended the ceremonies in honor of Dr. Scamahorn in August. After a review of his life in medicine was given and tributes spoken, a bronze plaque was presented to the Pittsboro

Continued on 1580

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News Notes

Continued from 1576

physician with the inscription, "Presented to 'Our Friend,' Dr. O. T. Scamahorn, in recognition of 50 years of medical practice and his ever faithful service to his profession and to us. 'No call ever went unanswered.' Presented by the citizens of Pittsboro and surrounding communities on the third day of August, 1958 . . ."

Born near Lizton, Dr. Scamahorn attended Louisville School of Medicine and graduated from I. U. in 1908. He served as chairman of the Pittsboro Town Board for 20 years and was named "Physician of the Year" in 1956. The physician also is a lawyer, being admitted to the Bar in 1936; however, he has devoted his time to medicine.

After two years in the Army Medical Corps, Dr. Raymond W. Nicholson Jr. has set up practice in general medicine in association with Dr. Robert J. Steckler in Evansville. He received his M.D. from I. U. School of Medicine and interned at the I. U. Medical Center.

Health Certificate Presented

Cummins Engine Company recently received the Occupational Health Institute's Certificate of Health Maintenance. The certificate was presented by Dr. A. K. Harcourt, staff member of the Indianapolis Industrial Clinic, acting in his capacity as regional counselor of the Industrial Medical Association.

The certificate for the diesel engine manufacturing concern was accepted by P. G. Martin, director-personnel.

Also present at the ceremonies were Dr. R. E. Walters, medical director; Dr. Lyman Overshiner, plant physician; J. G. Simms, manager-employee relations; H. F. Callahan, chairman of the company's office committee, and members of the company's nursing staff.

Dr. Harcourt praised the company's program of preplacement medical examinations and periodic health inventory examinations which have been given by the medical department to 20% of the company's employees in the past year. Much of the work setting up a preventive medical program has been accomplished in the past 24 months.

Continued



GOOD HEALTH MAINTENANCE . . . Cummins Engine Company officials are shown receiving the Occupational Health Institute's Certificate of Health Maintenance from Dr. A. K. Harcourt, representing the Institute. They are (left to right) Dr. Lyman Overshiner, plant physician; Dr. Harcourt; P. G. Martin, director-personnel; Dr. Richard E. Walters, medical director.

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*Raudixin helps
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Base line therapy with Raudixin permits lower dosage of more toxic agents. The incidence and side effects of these agents are minimized. Diuretics often potentiate the antihypertensive effect of Raudixin.

*Finney, F. A., Jr. New York State J. Med. 57:2957 (Sept. 15) 1957

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Voluntary Health Insurance Coverage Grows in Indiana

The number of people in Indiana covered by voluntary health insurance has reached a new high, the Health Insurance Council has reported. The Council estimates that over 3,498,000 persons in the state now are protected by some form of insurance designed to help pay hospital and doctor bills.

This figure, the Council said, is part of the continued growth of health insurance throughout the country, which was revealed in its 12th annual survey of the extent of voluntary health insurance coverage for 1957. The number of people covered by some form of health insurance in the nation, according to a Council estimate, is now 123,000,000, or 72% of the total U.S. civilian population.

The Council survey, based on reports of insurance programs of insurance companies, Blue Cross-Blue Shield and other health care plans, points out that the 3,498,000 persons covered by hospital expense insurance in Indiana as of Dec. 31, 1957, surpasses the 1956 year-end total of 3,372,000.

The number of people with surgical expense insurance, which helps to defray the cost of physicians' charges for operations, climbed to 3,289,000 as compared to 3,153,000 in 1956.

Persons protected by regular medical expense insurance, providing for doctor visits for non-surgical care, rose to 2,159,000, compared to 2,032,000 the year before.

The Health Insurance Council, which is a federation of eight insurance associations representing over 90% of the accident and health insurance business handled by insurance companies, stated that this growth reflects the desire of the people of Indiana to help protect themselves against the cost of accident and illness.

Dr. Eldon Baker has begun his practice of medicine at Delphi. He is a graduate of Kansas City Medical College, interned at the Kansas City General Hospital and has been associated with the State TB hospital in Pennsylvania for the past two years.

Continued

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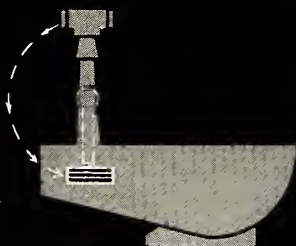
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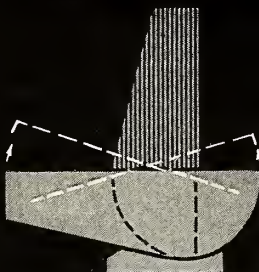


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Continued

AMA Journal Editor Named President-elect of Writers' Group

Dr. Austin Smith, editor of the *Journal* of the AMA, was elected president-elect of the American Medical Writers Association at its annual meeting in Chicago, September 26 and 27. Dr. Morris Fishbein was installed as president for the current year.

Dr. W. D. Snively, Jr., Evansville, was re-elected to a 2-year term on the Board of Directors. Dr. Lee D. vanAntwerp was re-elected chairman of the Board of Trustees, and Dr. Frank B. Ramsey, Indianapolis, was re-elected chairman of the Advisory Committee.

The 2-day program stressed technics for the improvement of medical writing and other methods of communication. Dr. Marshall I. Hewitt, formerly of South Bend, now of New Brunswick, New Jersey, received the association's prize for non-medical writing with his entry "Side Effects of Exhibiting Scientifically."

Dr. Charles W. Mayo was honored by the 1958 Honor Award for distinguished contributions in writing, editing, publishing or other means of communication in medicine or allied sciences.

Dr. Theodore R. VanDellen, medical editor, Chicago Tribune, received the Distinguished Service Award.

Dr. Kirtley Speaks in Kentucky

In addition to Drs. Kenneth L. Craft and George Garceau (see October News Notes), another Indianapolis physician, Dr. W. R. Kirtley, spoke at the recent meeting of the Kentucky State Medical Association at Louisville.

Dr. Kirtley spoke before the Kentucky Chapter of the American Academy of General Practice on "Diagnosis and Management of Diabetes Mellitus."

Also present at the Kentucky meeting representing the Indiana State Medical Association were James A. Waggener, executive secretary; Robert J. Amick, field secretary, and Dr. Guy Owsley, chairman of the Council.

Continued

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Most comfortable home for individuals requiring rest, scientific diagnosis and treatment. Fireproof construction.

News Notes

Continued

Dr. Stanley Lewis has opened an office in Indianapolis. He is a graduate of I. U. School of Medicine and recently completed his internship at Methodist hospital, Indianapolis.

Dr. Don Girod has opened offices at Dunkirk. He is a graduate of I. U. School of Medicine; took his internship at Cook County hospital, Chicago. The physician and surgeon is joined by his wife, an x-ray technician.

An ENT specialist, Dr. Robert S. Bolin of Elkhart, has retired from active practice after 32 years of medicine. He has been located in Elkhart the past 12 years.

Dr. Francis E. Donahue has joined the New Castle Clinic physician staff. He received his M.D. from I. U. School of Medicine and interned at Indianapolis General. He served in Europe during WWII before receiving his B.S. degree from Butler.

Continued

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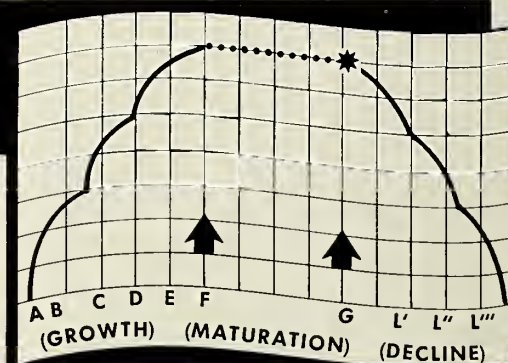
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* Chappel, C.C., J.A.M.A., 162: 1414, (Dec. 8) 1956

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Ferrous Sulfate.....	50 mg.	Pyridoxine Hcl.	0.3 mg.
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Also available as injectable.

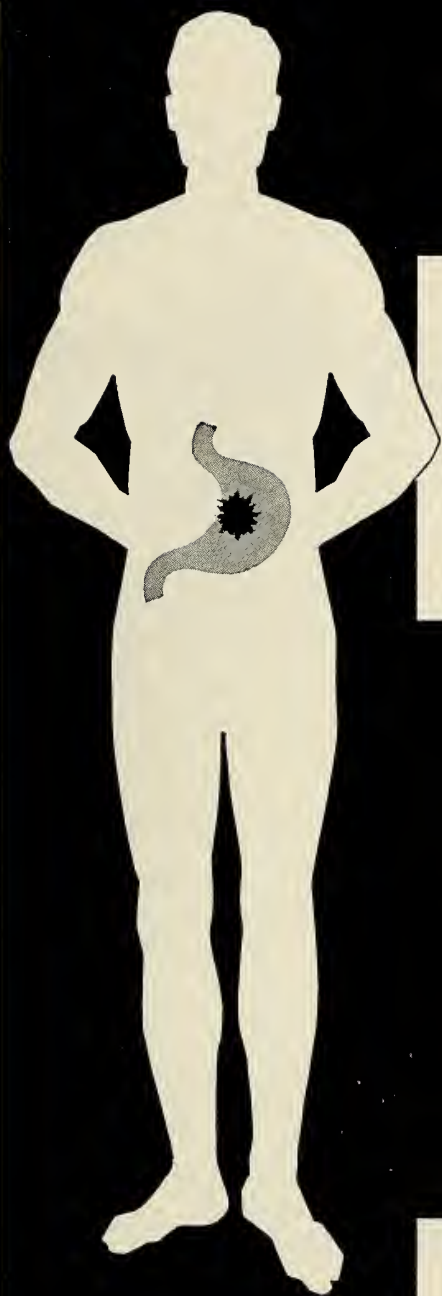


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Continued

I.U. Staff Changes Made

Recent appointments to the faculty of the Indiana University School of Medicine include two departmental chairmen named earlier and the transfer of five members of the anatomy and physiology staffs from the Bloomington campus.

Announced earlier was the appointment of Dr. John B. Hickam of Duke University to head the Department of Medicine and the naming of Dr. Ewald E. Selkurt of Western Reserve University as professor and chairman of the Department of Physiology.

Transfer of the anatomy and physiology departments from Bloomington, a part of the transfer of the first-year of medicine classes to the school in Indianapolis, brought James A. Green, Robert C. Murphy, Robert Shellhamer, Calvin C. Turbes and Richard C. Webster, in anatomy, and Robert W. Bullard, Leon K. Knoebel and Ward W. Moore, in physiology.

Also joining the physiology staff are Paul C. Johnson from Western Reserve University and

Continued



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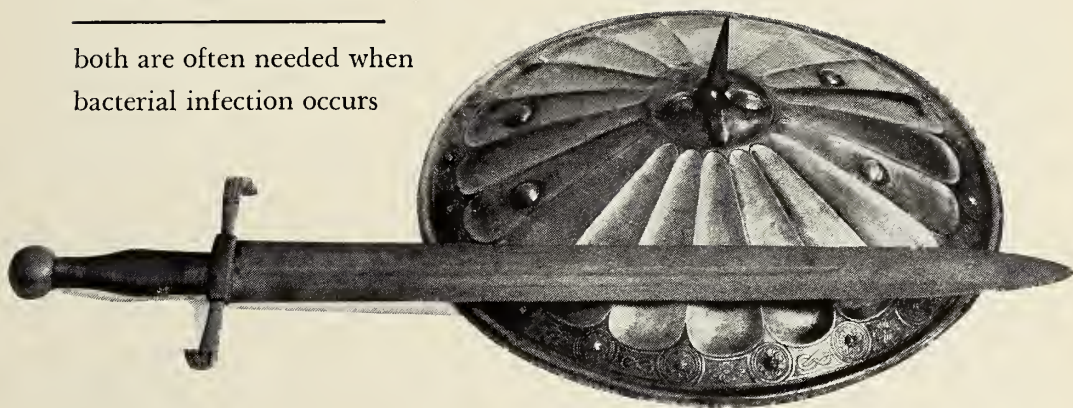
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It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels — higher and faster than older forms of tetracycline — for the most rapid transport of the antibiotic to the site of infection.

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STARTING DATES — WINTER 1958-1959**

SURGERY—

Surgical Technic, Two Weeks, December 1, February 2
Surgery of the Colon & Rectum, One Week, December 1,
March 2
Fractures & Traumatic Surgery, Two Weeks, December 1
Treatment of Varicose Veins, Two Days, December 15
American Board Review Course, Two Weeks, April 6
Blood Vessel Surgery, One Week, March 2

GYNECOLOGY & OBSTETRICS—

Office & Operative Gynecology, Two Weeks, February 9
Vaginal Approach to Pelvic Surgery, One Week, November 17,
February 2
General & Surgical Obstetrics, Two Weeks, February 23

MEDICINE—

Electrocardiography, Two-Week Basic Course, March 16
Gastroscopy & Gastroenterology, Two Weeks, March 2
Board Review Course, One Week, April 20

DERMATOLOGY—

Clinical & Didactic Course, Two Weeks, November 3

UROLOGY—

Ten-Day Practical Course in Cystoscopy, by appointment

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, December 1

**TEACHING FACULTY—ATTENDING STAFF OF
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REGISTRAR: 707 South Wood Street, Chicago 12, Illinois

News Notes

Continued

Carl F. Roth from the U. S. Public Health Service.

Other appointees include: Donald Bowman, biochemistry; Dr. Charles A. Hunter from the University of Kansas, obstetrics and gynecology, and Dr. James Simmons, returning from the University of Louisville, and Dr. Edward A. Tyler from Dartmouth College, psychiatry.

Redkey Welcomes New M.D.

A celebration was held at Redkey to welcome the community's new physician, Dr. Harold F. Albert, the first the town has had in many months. Dr. Albert graduated from George Washington University Medical School, Washington, D. C., and served his internship at the D. C. General hospital. He has been on the VA hospital staff at Coral Gables, Florida, and the Dade County hospital, Miami.

Continued

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News Notes

Continued

Dr. J. Kent Leasure Retires

After 40 years of practicing medicine in Indianapolis, Dr. J. Kent Leasure has retired. He is an ENT specialist. He received his B.S. and M.D. degrees from Indiana, and a degree in medical science from U. of Pennsylvania.

Dr. Leasure has served on the staff of Methodist and St. Vincent's hospitals, and as an associate professor in the I.U. School of Medicine. He has written and published many articles on otolaryngology.

Completes 60 Years in Medicine

At the age of 83, Dr. O. H. Wisehart of North Salem began his 61st year in the active practice of medicine by maintaining regular office hours. He graduated from the University of Louisville School of Medicine in 1898 and made his first country calls around North Salem on horseback or on foot.

In addition to his regular practice, he has completed more than 50 years as company surgeon for the B. & O. Railroad and continues as team physician for the North Salem school. Dr. Wisehart is the sole physician in North Salem.

Dr. Renate Leo, graduate of Woman's Medical College in Philadelphia, is now associated with the Community Hospital staff at Williamsport. She interned at Cleveland City Hospital and has practiced in both large and small communities, one being a small town in Arizona.

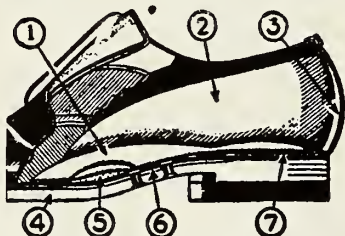
After three years of being in charge of a leprosarium at Banmethout, Viet Nam, Dr. Willard Krabill has opened his office at Goshen. He is a graduate of Jefferson Medical College, Philadelphia, and has practiced medicine at North Liberty, Ind.

Dr. Lloyd Smith opened offices in North Manchester. He is a graduate of I. U. Medical School.

Dr. Walter L. Portteus was recently appointed to membership on the Committee on Economic Security of the national Chamber of Commerce. He is also a member of the subcommittee on Medical Care for the Aged.

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(Nitroglycerin)1/150 gr.
Pentaerythritol Tetranitrate. 15 mg.
Thiamin Mononitrate.....5 mg.

Dr. Robert E. Snodgrass has opened his office for general practice in Greenwood. He received a degree in anatomy and physiology in 1952 and his M.D. in 1955 from I. U. He recently completed a tour of duty with the Army Medical Corps as a member of the Military Assistant Advisory Group to the Nationalist Chinese government on Formosa.

Dr. Henry G. Coleman, 50, has moved his practice to Salem after practicing in Odon 23 years. He received his B.S. degree in 1932 and M.D. in 1934 from I. U. He interned at Beech Grove Hospital.

Dr. John C. Parker, son of Dr. and Mrs. Carl B. Parker of Wingate, has opened his newly constructed office at Goodland. He is an I. U. Med School graduate and interned at Methodist Hospital in Indianapolis.

Dr. Henry G. Edwards has joined the Associated Physicians and Surgeons Clinic at Terre Haute in the Department of Urology.

Dr. David J. Landon has begun general practice in association with Dr. B. D. Wagoner in Union City. From New York City, he is a graduate of New York University and the University of Louisville. He interned at Mercy Hospital, Springfield, Ohio.

With plans to limit her practice to skin and allergy treatment, Dr. Lois Scheimann, physician and surgeon, has set up a practice in Valparaiso. She received her M.D. from the U. of Chicago Medical School and interned at Presbyterian hospital, Chicago. She has been a resident physician in dermatology at the U. of Chicago clinics since 1955. Dr. Scheimann is the wife of Prof. Richard Scheimann of Valparaiso University.

Dr. Richard Bibler will be associated with Dr. Robert Dormore in Warsaw. He served in the Chemical Corps of the armed services from 1950 to 1952, then graduated from I. U. School of Medicine in 1957. He interned at Hurley Hospital, Flint, Mich.

Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., *Director*

MONTHLY REPORT - SEPTEMBER 1958

Disease	Sept. 1958	Aug. 1958	July 1958	Sept. 1957	Sept. 1956
Animal Bites	448	653	881	308	355
Chickenpox	29	22	94	21	47
Conjunctivitis	37	38	68	20	20
Diphtheria	0	1	0	1	1
Dysentery, Other, Unspecified	21	15	33	43	22
Impetigo	225	159	114	41	29
Infectious Hepatitis	11	12	22	13	16
Infectious Mononucleosis	6	14	17	4	6
Influenza	559	248	122	183	55
Measles (Rubeola-Rubella)	89	81	570	34	49
Meningitis, Meningococcal	2	3	7	5	1
Meningitis, Other	20	27	10	14	15
Mumps	45	70	240	44	38
Pertussis (Whooping Cough)	155	109	130	79	34
Pneumonia	87	62	130	56	61
Polio myelitis	33	35	13	45	125
Streptococcal Infections	250	179	204	52	106
Tinea Capitis	75	11	4	28	55
Vincent's Infection	1	1	3	0	0

Add 1

by corki

Have been initiated . . . have gone thru my first state medical convention . . . it's like a hectic, kaleidoscope of nice, interesting people (people who passed by my view too fast to get to knowing them, leaving only a tantalizing taste of interest like reading a book synopsis that is intriguing but never reading the book, or taking a first airplane flight and coming back down without getting a clear view of the world below) . . . it's a maze of exhibits, of milling people and chance conversation bits that ranged from scientific to politic to tonight's banquet.

So many names . . . so many faces . . . next time I meet with these folks, seriously wonder if I can ever put a name to a face . . . in fact, got a couple of docs mixed up during the affair and talk about being red faced!

A mad round of luncheons, dinners, meetings, chance encounters, exhibits, rushing, rushing, rushing. Serious talk and the light . . . the old ridiculous to the sublime . . . and all mixed up together . . . so much accomplished, yet an air of party-going interceding at varied points. A great deal accomplished . . . yet entertainment for all to take the "stark reality" edge from the seriousness.

Hectic, hectic, hectic . . . a twosome discussing a timely and important resolution here . . . over there a group laughing at the latest joke . . . a golf game going on and a committee meeting on how medicine can better serve the community . . . reference committee chairmen dictating to the staff . . . typewriters clicking . . . mimeograph machines creating an off-beat harmony with banging staplers . . . exhibitors competing while doctors roam thru exhibition hall to see the latest offerings to their endeavors of curing human ills.

This is too serious? Then relax at the stag party . . . or the doe party. Enjoy president's night entertainment or the 50-Year Club dinner. Take in the entertainment and eat well.

But back to the work again . . . another round of meetings, serious resolutions . . . consider the impact of this thought on the health of the nation, the future of medical practice in



Photo by Columbia Club Photog

RX FOR THE DOC . . . Mrs. Floyd Boyer, Indianapolis, holds the unique cookbook compiled by the committee of which she is chairman. With her is a committee member, Mrs. James Denny.

America . . . and more dictation and typewriters and mimeographs and staplers.

A kaleidoscope, not only of people, but of varied activities . . . hurry, work, think, laugh.

This was my first convention. I enjoyed it. But it will take weeks to assimilate it all; and, now, what did you say your name was, doctor?

And, by the way, doctor, do you have a pill for my problem . . . can you help me assimilate one each 4-day state convention in easy dosages?

—————
Muchly enjoyed attending the Fine Feathers Luncheon held by the ladies in the Columbia Club Ballroom even tho' my trusty Rollei-flex wasn't so trusty and caused me no end of embarrassment! Thing went on the blink and I got one flash out of 12 tries . . . and caused me to miss the fashion show following, for had to dash to the camera repair shop for a quick fix-it job. However, the Columbia Club photog saved the day by shooting the pictures Mrs. Jean Green, editor of the auxiliary mag, needed.

The menu used for the luncheon was unique

. . . had an interesting little verse on the front I think worth repeating:

*I would be like a peacock
And dress in feathers fine;
For though they do not make the bird,
They help to make him shine!*

Menu featured a "Bill of Fare for bird-like appetites . . . juicy taste-tickler, pea-fowl on nest, with eggs, pick of the garden greens, asparagus tips without the feathery tops, pecks of toasted tid-bits, pride of the mint sherbet, coffee."

You probably guessed it . . . motif of the day was an array of peacock feathers.

"Rx for Hungry Doctors!" An intriguing and unique idea for making money that offers a great deal of mostest useful information has been dreamed up by Service Group Six of the Indianapolis Auxiliary.

This is a cookbook featuring 250 of favorite Capital City recipes. The presentation is unusual, designs by Mrs. William Matthews, and the recipes yummy. Cost: \$1.50. Profits go to AMEF. Interested persons may contact Mrs. Floyd Boyer, chairman of the committee that compiled the book, "*Rx for Hungry Doctors*," or Mrs. Matthews, both of Indianapolis.

Hands Raised in Prayer . . . The hands on our cover were painted by Rosebud Lane Preddy last Thanksgiving for the cover of the *Fog Horn*, a magazine published by Letterman Army Hospital. In the year 1957 we felt not only the wonderful art work by Mrs. Preddy but also the man who posed for them were in keeping with the season of Thanksgiving. They are no less appropriate in 1958.

The man is Otakar Smutny, at that time a

patient at Letterman. His hands, we felt, told the story so many of us try to express as we drop our heads in prayer before the Thanksgiving feast.

They were the hands of a child in 1942 . . . a child held captive in a Nazi concentration camp. In 1947 they were the hands of a man combating Red oppression in Czechoslovakia. But fighting for freedom was a crime there, so by 1952 these same hands were slaving in a Red labor camp.

In 1957 and in 1958, those hands belong to a free American who finally escaped from Communist tyranny. In 1957, as they are in 1958 I'm sure, they were raised in a prayer of thanks for American freedom and . . . and a fervent prayer of hope that those hands will never again know tyranny but will know a lifetime of freedom.

The last I heard of Otakar Smutny, he was on his way to Southern California to carve out a life in America with the members of his family who managed to escape with him.

A good laugh cures many ills Dept. . . from *Brevities* published by the Glen L. Campbell Printing, Inc. . . .

Most people's financial problems are simple. They're short of money.

Sailor; "Drinking makes you look beautiful."

She: "But I haven't been drinking."

Sailor: "I have."

And there's the cannibal who decided to visit a psychiatrist. You see, he was all fed up with people.

The little boy was being shown his new baby brother, and he was especially intrigued by the infant's lack of hair.



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DONALD R. KINZER
Manager

*"Where did you say he came from, Mom?"
"From heaven, dear."*

"Well," pondered the youngster, "they sure give close haircuts in heaven, don't they?"

And here's the gem of the bunch:

An exasperated mother asked her young daughter, "Why can't you behave like the little girl next door?"

To which the darling replied, "Because she's a doctor's kid."

Mother wanted to know what that had to do with it.

"Because," daughter said, "he always keeps the best ones for himself."

Now we know! Now we know!

Dr. Donald L. Hall has opened offices in Petersburg after two years in the Army. He is a graduate of New York Medical College, then served a year at Metropolitan Medical Center and a year at Vassar hospital, both in New York City.

Dr. Paul J. Wenzler, a 1954 graduate of I. U. School of Medicine, has opened his practice in Bloomington after active duty with the U. S. Air Force.

County Societies

Dr. George Lukemyer of I. U. Medical Center spoke on "Diabetes, with Especial Response to Orinase," before 14 members of **Boone County Medical Society** October 7. The meeting was held at Witham Memorial Hospital, Lebanon. Next meeting was scheduled for November 4.

Clark County Medical Society met at the Charlestown House, Charlestown, September 22.

Fourteen members were present for a discussion and recommendations on welfare fees, and for a report from the field secretary.

Fountain-Warren County Medical Society held its October 2 meeting at the Attica Hotel, Attica, with 10 members attending. Next meeting was scheduled for November 6, same place.

Jackson County Schneck Memorial Hospital was the September 24 meeting place of the **Jackson-Jennings County Medical Society**. Twenty-two members were present to hear a report from the field secretary.

U. S. Representative William Bray and State Senator Matthew Welsh gave an orientation of procedures and problems of lawmakers before the **Knox County Medical Society** September 16 at the Grand Hotel.

"Common Fractures of the Extremities" was the subject presented by Dr. C. J. O'Neil of Chicago before 33 members of the **LaPorte County Medical Society** September 16 at the Spaulding Hotel, Michigan City.

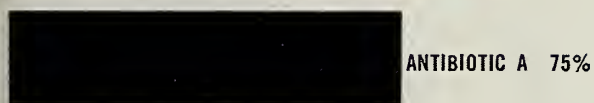
A dinner meeting was held October 8 at Dunn Memorial Hospital, Bedford, by the **Lawrence County Medical Society**. Twenty members were present.

The Annual Fall Clinical Conference sponsored by the **Wells County Medical Society** was held October 1 at Dutch Mill Restaurant, Bluffton. Dr. John B. Hickam, chairman and head of the Department of Internal Medicine, Indiana University, spoke on "Respiratory Insufficiency and Carbon Dioxide Narcosis." A total of 29 members and guests attended the meeting.

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*Adapted from Godfrey & Smith.¹ Staphylococci studied were strains isolated from 28 patients in a general hospital.

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Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible. However, the right is reserved to reduce in length or reject any article.

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Advertising rates will be furnished on request. Copy must be received by the 10th of the month preceding date of issue.

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OUR COVER

Again we owe thanks to Letterman Army Hospital for releasing our cover picture to us. This one was done by Miki Wilson Gibson for the FOG HORN, published by Letterman. Originally done in one color, we suspect Mrs. Gibson will be a bit surprised when she sees her work taken apart and put back together again in three colors. And we hope she approves. A Merry Christmas to you all and a Happy New Year.

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(1) Hagedorn, A. B.: Proc. Staff Meet. Mayo Clin. 32:705 (Dec. 11) 1957.

(2) Best, W. R.; Louis, J., and Limarzi, L. R.: M. Clin. North America (Jan.) 1958, p. 3.

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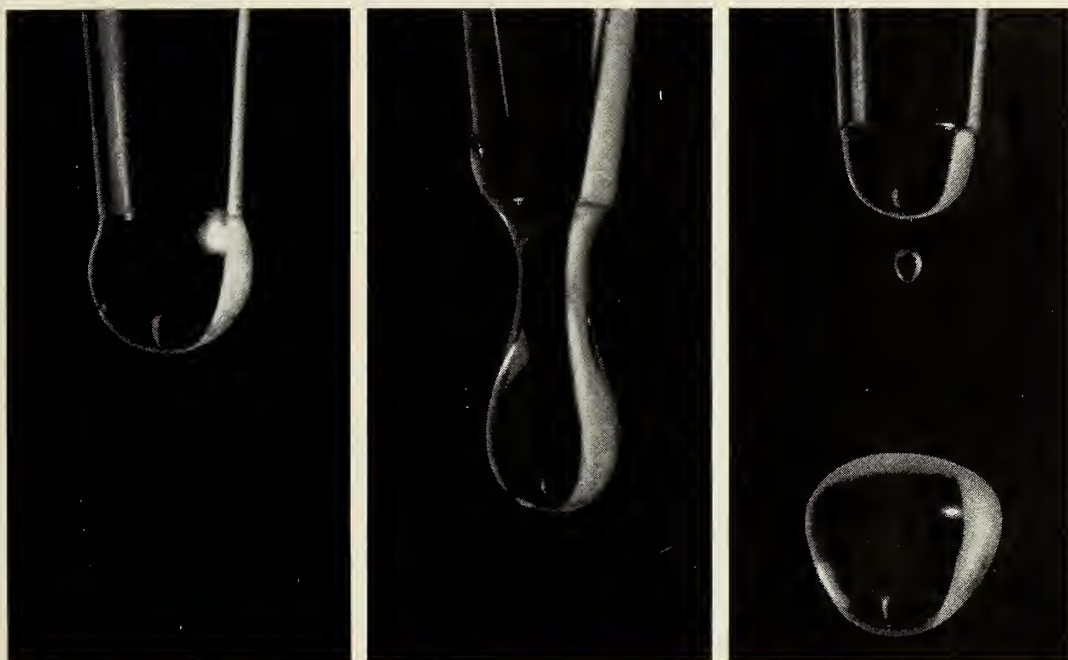
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2.	Sam I. Rotman, M.D., Jasonville.....	J. S. Brown, M.D., Carlisle.....	1959
3.	Robert LaFollette, M.D., New Albany.....	Daniel H. Cannon, M.D., New Albany.....	New Albany, 1959
4.	Robert O. Zink, M.D., Madison.....	Frank W. Hare, M.D., Madison.....	Madison, May 6, 1959
5.	James Richart, M.D., Terre Haute.....	Roy Pearce, M.D., Terre Haute.....	1959
6.	Frank Lewis, M.D., Liberty.....	John H. Smith, M.D., Greenfield.....	New Castle, 1959
7.	Malcolm O. Scamahorn, M.D., Pittsboro.....	Arthur W. Records, M.D., Franklin.....	1959
8.	B. D. Wagoner, M.D., Union City.....	Howard W. Koch, M.D., Winchester.....	Portland, 1959
9.			
10.	Ralph T. Hartsough, M.D., Remington.....	Kenneth Ockerman, M.D., Rensselaer.....	1959
11.	Eugene Cook, M.D., North Manchester.....	C. L. Wise, M.D., Delphi.....	1959
12.	F. B. Kantzer, M.D., Garrett.....	Max M. Gitlin, M.D., Bluffton.....	Fort Wayne, May 20, 1959
13.	R. L. Bender, M.D., Elkhart.....	James M. Wilson, M.D., South Bend.....	Michigan City, Nov. 19, 1958



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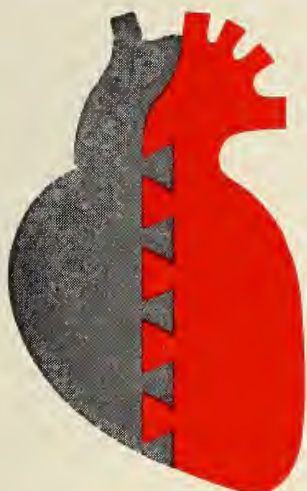
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"In diagnosis and treatment [of cardiovascular diseases] . . . the physician must deal with both the emotional and physical components of the problem simultaneously."¹

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Usual dosage: 1 or 2 tablets q.i.d. before meals and at bedtime.

Dosage should be individualized.

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1. Friedlander, H. S.: The role of atarazics in cardiology. *Am. J. Card.* 1:395, March 1958.

2. Shapiro, S.: Observations on the use of meprobamate in cardiovascular disorders. *Angiology* 8:504, Dec. 1957.



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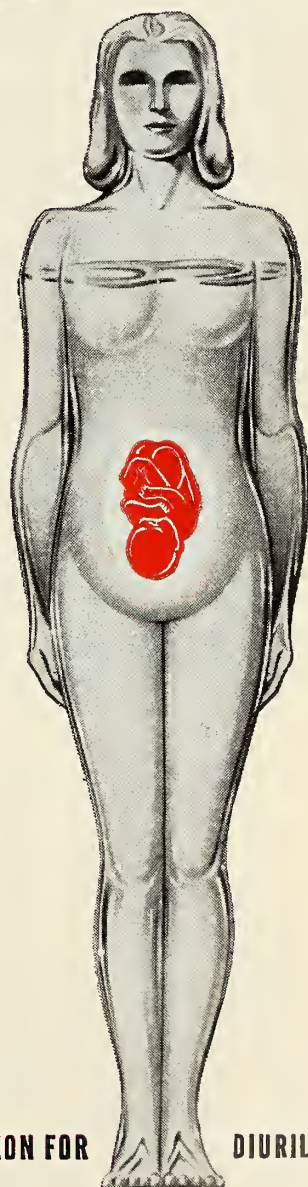
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THE MONTH IN WASHINGTON

Washington, D.C. — The 86th Congress convenes January 7 with a top-heavy Democratic majority in both House and Senate. This, in turn, will find all Congressional committees including those dealing in health bills, with a higher proportion of Democrats.

Because legislation rarely gets to the floor for a vote unless some committee sends it there, the makeup of committees are of considerable importance in any Congress. It will be doubly so in the 86th Congress, where so many new personalities and new ideas promise to abound.

In the Senate during the 85th Congress when the line-up was 49 Democrats to 47 Republicans, committees were fairly even divided -- generally only one more Democrat than Republican. With the ratio in the Senate increased to 62 to 34, committee composition may run as much as 10 to 5 or 9 to 6 in favor of the majority party. The Reorganization Act of 1946 assures each Senator of two committee assignments, which means 26 new places have to be found on Senate committees in January.

The party ratio for House committees likewise will run high in favor of the Democrats.

Each party and each branch of Congress have their own way of naming members to the many committees.

In the Senate, the Democrats make appointments through a standing 15-man group known as the Democratic Steering Committee. Its chairman is Majority Leader Lyndon Johnson and other members are Senators Mansfield, Hennings, Chavez, Ellender, Frear, Russell, Hayden, Holland, Humphrey, Pastore, McClellan, Robertson and Johnston of South Carolina.

The Republicans in the Senate make their appointments through a 5-man Committee on Committees which in the last Congress was made up of Senators Knowland, Bricker, Saltonstall, Bridges and Dirksen.

In the House, the selection of Democratic members is done by the majority members of the Ways and Means Committee which sits as a Committee



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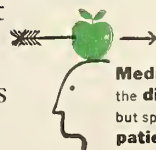
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on Committees. The Republicans have a different approach. When Congress convenes, each state delegation meets and names a representative to a Committee on Committees; he has as many votes on the committee as there are Republicans in his delegation. Chairman of the committee is Minority Leader Joseph Martin.

The House Ways and Means Committee which undoubtedly will be considering legislation of import to physicians (hospitalization of the aged under social security and tax deferrals on money paid into annuities) has for several years been divided 15 Democrats to 10 Republicans. This ratio may change to 17 to 8. In any event, seven members will not serve in the new Congress. One was lost through death, four through decisions not to run for re-election to the House and two to defeat at the polls.

The Senate Finance Committee, which will be handling much the same legislation as Ways and Means, has been divided 8 to 7. It is certain that three Republicans will not serve again; two retired from the Senate and one was defeated in the recent elections.

House Interstate Committee, another group of importance to the profession because of its interest in federal aid to medical schools and Hill-Burton amendments among other things, has lost the three top ranking Republicans and the only physician serving on a committee dealing with health. Either they did not seek re-election or they were defeated at the polls.

Senate Labor Committee, which has jurisdiction over most of the major health proposals in the Senate outside of social security, loses three Republican members. Its present lineup of 8 to 7 will be changed, too, probably to 10 to 5.

Physician members of the 86th Congress number four. This is one less than in the 85th Congress. Returned again were Drs. Walter Judd of Minnesota and Thomas Morgan and Ivor Fenton, both of Pennsylvania. Defeated were Drs. Will Neal of Virginia and A. L. Miller of Nebraska.

One new doctor has been added. He is Dr. Thomas Dale Alford, a board ophthalmologist of Little Rock, Ark., where he has been in active practice since 1948. Dr. Alford, 42, was educated in Arkansas schools and received his medical degree from the University of Arkansas. He served in the Army Medical Corps during World War II.

Dr. Morgan, who has been acting chairman of the House Foreign Affairs Committee since last summer, is slated to become chairman when the new Congress is formally organized. He will thus be the first physician chairman in the 136 years of the committee.



In other countries, Santa Claus is called Christ-kindl, Saint Nicholas or Shen Koll.

In Italy during the last days of Advent, bagpipe players serenade the shrines of the Virgin Mary under the traditional notion of soothing her until the birth of her infant on Christmas.

Children in Poland believe that each year on Christmas Eve angels descend to earth on Jacob's ladder to bring peace and good-will to mankind.

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IMPROVEMENT*

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PLAQUENIL® or Aralen® as maintenance therapy. With Plaquenil or Aralen alone 62% grade I and II improvement. (Scherbel, A.L.; Harrison, J.W., and Atdjian, Martin: Cleveland Clin. Quart. 25:95, April, 1958. Report on 805 patients with rheumatoid arthritis or related diseases.)

Reasons for Failure:

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Plaquenil sulfate is supplied in tablets of 200 mg., bottles of 100.

Dose: Initial — 400 to 600 mg.
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Write for Booklet.

The Fourth Estate Looks at Medicine

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

The Doctors' Dilemma

The physicians of Indiana have been caught in a familiar tug of war. In their Indiana State Medical Association they want a shift in the balances of representation. The move doesn't seem to have much chance.

The complaint which has long echoed through the medical assembly is that with the rapid growth of the cities and the proportional decline in rural population, the medical profession is not fairly represented. The doctors in the association from the wide-open spaces hold control of the voting. And the city doctors imply that their country membership is running the show.

* * *

Citizens of Indianapolis know all about this. They and the citizens of other cities have long known that they have unfair and inadequate representation in the General Assembly. But since it requires their consent to get reapportionment in the works, the country legislators, not unlike the country doctors, will not give up the voting power they hold.

It may be easier for the doctors to get their

IT CAN BE WORSE!

Without concentrated, extra effort and good public support, December easily can be a more dismal traffic period than a year ago for two reasons:

1. In Indiana last December, comparatively mild winter weather was experienced with a noticeably small amount of treacherous pavements. Yet, 13 fatalities were registered above the average. A severe winter this year will greatly increase the incident of hazards.

2. Both Christmas and New Year's Day fall on Thursday this season. Most industrial and commercial centers will be closed for a lengthy 4½ days, providing an official holiday period of 102 hours.

form of reapportionment than it will be to get it through the legislature. But if at least they can show that it can be done on the medical level, it might have some bearing on the legislative level.

* * *

But this is only a hope. And from experience with the legislature there is no cause to expect very soon a fairer representation in the halls where the laws are made.

—*Indianapolis Times*
Oct. 15, 1958

Physicians May Have To Pay Bills

A revolt by commercial exhibitors, whose contributions finance the \$20,000 cost of the Indiana State Medical Association annual convention, may let physicians foot the bill henceforth.

They complain the doctors never visit the exhibits. So, say the exhibitors, instead of drumming up customers, they just stand by during the three-day confab—then pay for it.

The exhibitors won't return next year, they vow, unless the atmosphere is friendlier.

—*Indianapolis Star*

Amish Security and Amish Freedom

The Amish people, a Mennonite sect, have been here for a very long time. To most of us, the Amish are a quaint group whom we see now and then in the newsreels or The National Geographic driving their horses and buggies slowly to and from farm and marketplace. The men are all bearded and the women all bonneted.

But to their neighbors, the Amish are a law-abiding, God-fearing, industrious farm people who raise their children to respect their elders and to assume a responsibility for their relatives too old to work. In many ways, their way of life might be a pattern the rest of us would do well to follow.

But the Amish are now lawbreakers, because America, in its emphasis on security, has transgressed a freedom they hold to be paramount. Recently an auctioneer in Canton, Ohio, sold off livestock seized from Amish farmers by the U. S. Government because the Amishmen had refused to pay the Old Age and Survivors Insurance System levies.

Continued

Many clinicians believe that good nutrition plays a significant role in preventing bacterial infections, and that immunity depends on adequate vitamin levels. Tisdall¹ states that "a low intake of a number of vitamins, a low intake of minerals, and a change in the quality of protein can all lower resistance to infection."

Other studies show the important role of the B vitamins in antibody formation. Thus, *Nutrition Reviews*² reports: "Present evidence indicates that certain B vitamins, notably pyridoxine, pantothenic acid and folacin, play a significant role in antibody synthesis." According to Pollack and Halpern,³ "Under-nutrition leads to increased susceptibility to infection and decreased resistance to established disease." And "vitamin deficiency states also may adversely influence circulating antibodies."

Halpern⁴ reports that "good nutrition is important for optimal resistance to infection, for a superior tissue capability to cope with disease and injury, and for maximum antibody production . . . nutrition participates in the prophylaxis against most acute infections . . ."

And while MacBryde⁵ feels that evidence is lacking to support the view that a higher than normal intake of vitamins will improve resistance to infection, he also states: "Restoration of nutrition to normal exerts a favorable influence on practically all disease conditions . . . Often the outcome will depend more upon the correction of the malnutrition than upon any therapy directed toward the malady."

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*now expanded to include additional essential vitamins—
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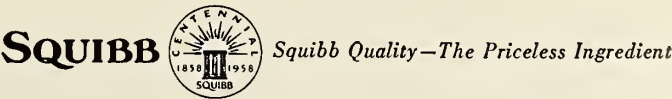
Vitamin A	25,000 U.S.P. units
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Thiamine Mononitrate	10 mg.
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Also Available: THERAGRAN Liquid, bottles of 4 ounces; THERAGRAN Junior bottles of 30 and 100 capsules; and THERAGRAN-M (Squibb Vitamin-Minerals for Therapy), bottles of 30, 60, 100 and 1,000 capsule-shaped tablets.

Dosage: 1 or more capsules daily as indicated.

Supply: Family Packs of 180. Bottles of 30, 60, 100 and 1,000.

References: 1. Tisdall, F. F.: *Clinical Nutrition*, ed. by Joliffe, N.; Tisdall, F. F., and Cannon, P. R.: Paul B. Hoeber, Inc., New York, 1950, p. 748. 2. *Nutrition Reviews*, 15:47, (Feb.) 1957. 3. Pollack, H., and Halpern, S. L.: *Therapeutic Nutrition*, National Academy of Sciences and National Research Council, Washington, D. C., 1952, p. 18. 4. Halpern, S. L.: *Ann. N. Y. Acad. Science* 63:147, (Oct. 28) 1955. 5. MacBryde, C. N.: *Signs and Symptoms*, J. B. Lippincott Co., Phila., 3rd Ed. 1957, p. 818.



[®]Theragran is a Squibb trademark.

Fourth Estate

Continued

The tax, they say, is against their religion. To pay the tax is to admit that the Government has a responsibility for aged Amish, and to admit that is to deny their own responsibility and thus one of their strictest religious precepts. The records in the two counties where the Government seized 28 head of livestock from 15 Amish farmers and cash assets of 50 others show that no Amishman had ever sought public assistance of any kind.

Has this emphasis on security touched only the Amish? No; farmers are fined for growing wheat without a Government say-so because other farmers want it that way in their search for security. Congress has permitted the labor law to be so written that men can be forced to join a labor union in order to hold a job.

The laws that require these things are not, it should be remembered, laws enacted to prevent evil or wrongdoing. It is not wrong, we think, for a man to have the freedom to work

without having to join any association of other men in order to do so. It is not wrong for a farmer to grow wheat on his own farm for his own use. It is not wrong for the Amish to reject the idea of Government responsibility for their own aged members.

To the contrary. What is wrong is the growing emphasis in our society on security. The wrong comes about when, in the name of the alleged greater good of all, collective security is permitted to disregard or destroy individual rights or beliefs or freedoms.

Furthermore, it wrongs more than the individual. For as one man's freedom is lost, freedom for all men is diminished as well. And though security is one of man's highest aspirations, perhaps we had better remember that security without freedom is history's bitterest jest. And there is a point where over-emphasis on one can slowly, but inexorably, destroy the other.

—Wall Street Journal

Nov. 4, 1958

Continued

For Real Pain ...give real relief:

A.P.C.^{WITH} Demerol[®]
tablets

Each tablet contains:

Aspirin	200 mg. (3 grains)
Phenacetin	150 mg. (2½ grains)
Caffeine	30 mg. (½ grain)
Demerol hydrochloride....	30 mg. (½ grain)

Average Dose:

1 or 2 tablets.

Narcotic blank required.

Potentiated Pain Relief

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Demerol (brand of meperidine),
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now—an antibiotic troche that

STOPS COUGH TOO

The *cough control* provided by homarylamine (a non-narcotic antitussive) approximates that of codeine.

Three antibiotics (bacitracin, tyrothricin, neomycin) act in combination against a wide variety of pathogens—with little danger of side reactions.

The anesthetic-analgesic effect of benzocaine brings *soothing relief* to inflamed tissues of mouth and throat.

PENTAZETS now extend the therapeutic usefulness of convenient troche medication. Each pleasant-tasting PENTAZETS troche acts promptly against the most bothersome aspects of mouth and throat irritations.

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antitussive—antibiotic—anesthetic—analgesic troches



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Dosage: Three to 5 troches daily for 3 to 5 days.

Supplied: In vials of 12.

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Fourth Estate

Continued

Tragic Indifference (Indianapolis News)

Paralytic polio has reached epidemic proportions in six states. The crippling and often fatal disease that was thought to be on the way to elimination has shown a startling comeback.

This is a fact that is the more tragic because the means to fight it successfully—Salk vaccine—is plentifully available. Indeed, the effectiveness of the vaccine is demonstrated by the increase in incidence.

The U. S. Public Health Service has released figures showing that four out of five children under age five who have been crippled in the six states had not been vaccinated. The polio outbreak has been the most vicious where vaccination has lagged.

Why many parents have neglected this life-saving procedure is hard to see. The vaccine is plentiful and even if the parent is unable to pay, shots can be given through various public assistance programs.

The only reason is indifference. The spread of polio shows it is a tragically costly indifference.

—Quoted in *Kokomo Tribune*
Oct. 31, 1958



Give your blood to a Blood Bank.
Don't waste it on the streets.
DRIVE CAREFULLY!

Indiana Brace Shop

- ★ ORTHOPEDIC BRACES AND APPLIANCES
- ★ CHILDREN'S ORTHOPEDIC SHOES—SABEL'S
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Places for the Old Folk (Indianapolis News)

As medical science lengthens man's life span, it brings a problem of increasingly grave concern over the care of the aged.

Paradoxically this problem is becoming more acute as the system of county homes in Indiana—once the last resort for the indigent aged—continues to decline.

Dr. Morton Leeds, secretary of the state Commission on Aging, has written in the current bulletin of the state Board of Health that if the current rate of decline continues there will not be a resident over 65 left in the county homes in 15 years.

Correspondingly the number of old folks receiving care in nursing homes has shown a startling increase. The development is due largely to old age assistance grants that can be made for medical and custodial care to persons living in these homes.

However, private nursing homes may never be able to fill completely the void that will be left by the complete disappearance of county homes. Some of the old people who need such care and custody do not have enough financial resources.

Dr. Leeds suggests that there will be a continuing need for a few such homes but he proposes that they be established to serve several counties instead of one.

His proposal makes sense. Certainly some provisions must be made so that the increasing number of aged who are without any recourse will have some place to spend their twilight days.

—Quoted in *Kokomo Tribune*
Oct. 28, 1958

Now—All cold symptoms can be controlled

This new timed-release tablet provides:

- ... the superior decongestant and antihistaminic action of Triaminic*
- ... non-narcotic cough control as effective as with codeine, but without codeine's drawbacks*
- ... an expectorant to help the patient expel thickened mucus*
- ... the specific antipyretic and analgesic effect of well-tolerated APAP*
- ... the prompt and prolonged activity of timed-release medication*

Each TUSSAGESIC Tablet contains:

TRIAMINIC® 50 mg.
(phenylpropanolamine HCl 25 mg.;
pheniramine maleate 12.5 mg.;
pyrilamine maleate 12.5 mg.)
Dormethan
(brand of dextromethorphan HBr) . . . 30 mg.
Terpin hydrate 180 mg.
APAP (N-acetyl-p-aminophenol) . . . 325 mg.

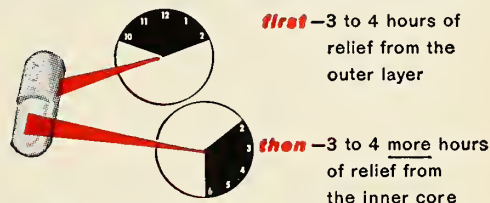
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for those who prefer liquid medication—

Tussagesic suspension

In each 5 ml.: Triaminic, 25 mg.; Dormethan, 15 mg.; terpin hydrate, 90 mg.; APAP, 120 mg.

Tussagesic timed-release tablets provide relief in minutes, which lasts for hours



Dosage: 1 tablet in the morning, mid-afternoon, and evening, if needed. Should be swallowed whole to preserve the timed-release action.

Suspension: Adults—1-2 tsp. every 3-4 hours;
Children 6-12 years old—1 tsp. every 3-4 hours;
Children under 6—dosage in proportion.

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Wanted: PHYSICIANS LOCATIONS

Physicians are needed in several Indiana communities according to requests from citizens and physicians in those localities.

Following are the latest requests received by the Physicians Placement Service of ISMA:

GREENWOOD—Johnson County, population 3,066. Population has doubled within the last ten years. Two general practitioners are needed in this community. Community can support an orthopedic physician and a urologist. Located reasonably close to hospitals at Franklin and Beech Grove and twenty minutes from Methodist Hospital in Indianapolis. There is a new modern professional building just completed, which houses a new laboratory. For details contact Lloyd E. Walker, President, Chamber of Commerce, Greenwood, Indiana.

WESTVILLE—LaPorte County, population 650 with a surrounding population of 7,000. Located close to Beatty Memorial Hospital

where 800 persons are employed. One physician in the community. Located twelve miles from LaPorte, Michigan City and Valparaiso. For details contact E. P. Messner, Executive Secretary, LaPorte County Medical Society, 117 West Eighth Street, Michigan City, Indiana.

CLERMONT—Marion County, population 1,200, located nine miles from Indianapolis on U. S. Highway 136, four miles from Speedway and four miles from Brownsburg. No physician in the community. Growing community. For details contact Orville L. Shockley, 3228 S. Tansel Road, Clermont, Indiana.

URBANA—Wabash County, population in the town and surrounding $3\frac{1}{2}$ mile radius approximately 1,000. The surrounding country is well improved and an exceptionally prosperous farming area. Located eight miles from Wabash where the nearest doctor is located and the nearest hospital. A new modern 10-room clinic is being erected under the sponsorship of the local Lions Club. All possible assistance will be given doctor to locate in the community. There is a need and an opportunity in this community as well as facilities for a doctor. For further details contact Arthur G. Heisler, P. O. Box 8, Urbana, Indiana. Urbana is located near Manchester College at North Manchester, Indiana.

COOK COUNTY GRADUATE SCHOOL OF MEDICINE

INTENSIVE POSTGRADUATE COURSES
STARTING DATES — EARLY 1959

SURGERY—

Surgical Technic, Two Weeks, February 2, February 16
Surgery of the Colon and Rectum, One Week, March 2, April 6
Fractures and Traumatic Surgery, Two Weeks, March 9
Treatment of Varicose Veins, Two Days, February 2, March 2
American Board Review Course, Two Weeks, April 6
Blood Vessel Surgery, One Week, March 2
Gallbladder Surgery, Three Days, March 30
Surgery of Hernia, Three Days, April 2

GYNECOLOGY AND OBSTETRICS—

Office and Operative Gynecology, Two Weeks, February 9, March 16
Vaginal Approach to Pelvic Surgery, One Week, February 2, March 9
General and Surgical Obstetrics, Two Weeks, February 23, March 30

MEDICINE—

Electrocardiography, Two-Week Basic Course, March 16
Gastroscopy and Gastroenterology, Two Weeks, March 2
American Board Review Course, One Week, April 20

UROLOGY—

Two-Week Intensive Course, March 30
Ten-Day Practical Course in Cystoscopy, by appointment

RADIOLOGY—

Diagnostic X-Ray, Two Weeks, March 2, April 27
Clinical Uses of Radioisotopes, Two Weeks, May 4

TEACHING FACULTY—ATTENDING STAFF OF
COOK COUNTY HOSPITAL

ADDRESS:

REGISTRAR: 707 South Wood Street, Chicago 12, Illinois

Physicians Seeking Locations

Following is a list of physicians who have made inquiry at ISMA office during August, September and October, 1958 concerning openings in our state for general practice.

Names and addresses of physicians:

O. L. Trick, Blodgett Memorial Hospital, Grand Rapids, Mich.

Joseph R. Chemycz, Box 54, Chester, Pa.

Sol Seltzer, 13 Pinewood Road, Baltimore 22, Md.

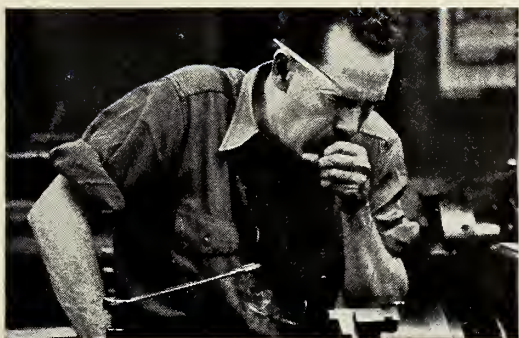
Frank R. Sendra, M.D., 3927 W. 147th Street, Midlothian, Ill.

Marvin S. Murphy, 3927 Fisher, Kansas City, Kan.

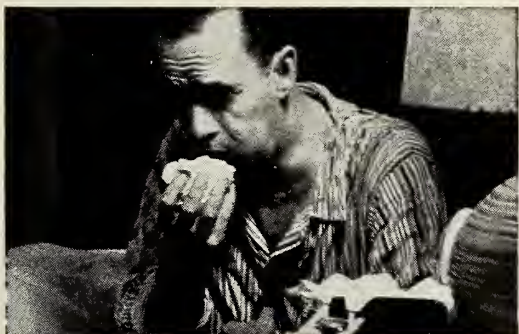
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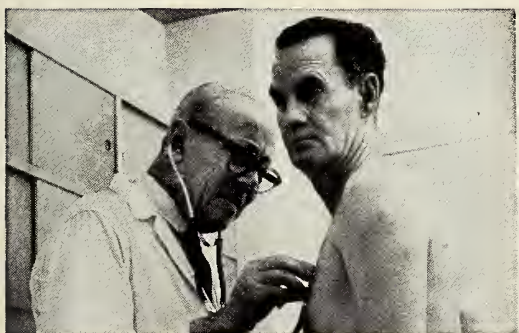
even persistent cough



Patient, factory worker, age 43, had suffered for months with persistent, dry cough, which he termed "smoker's hack."



Cough frequently interrupted his sleep, causing him to be nervous, irritable; his job efficiency was impaired.



Chest X-ray was negative and the plant physician prescribed PYRIBENZAMINE EXPECTORANT with Ephedrine. Patient noticed almost immediate relief—a week later felt "considerably better."

Pyribenzamine Expectorant with Ephedrine provides a unique combination of antitussive agents, which work three ways at once to break up the persistent cough: *Pyribenzamine* relieves histamine-induced congestion throughout the respiratory tract; *ephedrine* relaxes the bronchioles and makes breathing easier; *ammonium chloride* liquefies mucus, relieving dry cough and promoting productive expectoration.

Supplied: Pyribenzamine Expectorant with Ephedrine, containing 30 mg. Pyribenzamine citrate (equivalent to 20 mg. Pyribenzamine hydrochloride), 10 mg. ephedrine sulfate and 80 mg. ammonium chloride per 4-ml. teaspoon. Also available: Pyribenzamine Expectorant with Codeine and Ephedrine, same formula as above with the addition of 8 mg. codeine phosphate per 4-ml. teaspoon (exempt narcotic).

Pyribenzamine[®] citrate (tripelennamine citrate CIBA)

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SUMMIT, N. J.

Wanted

Continued

Ralph E. Reeds, Jr., 37 B Nehls, Wichita Falls, Texas.

Henry H. Cohan, M.D., 20th Station Hospital, APO 696, New York, N. Y.

Benjamin A. Ranck, M.D., 5313 E. 11th Place, Gary, Ind.

Ronald L. Peterson, M.D., 34 Hatcher Street, Sheppard Air Force Base, Wichita Falls, Texas.

Edward J. Safranck, M.D., R. R. 1, Box 722, Terre Haute, Ind.

Don A. Mills, M.D., 3911 Burns Place, S. E., Washington 19, D. C.

The following physicians will be *available July, 1959* or thereafter:

James K. Chamness, M.D., 214 Avenue B West, Barksdale Air Force Base, La.

Calvin R. Dowe, M.D., Veterans Administration Hospital, Tuskegee, Ala.

Bryce B. Rohrer, M.D., 5221 E. 11th Place, Gary, Ind.

William D. Carter, M.D., 5245 E. 11th Place, Gary, Ind.

Jack P. Clark, M.D., P. O. Box 1246, Miami Beach 39, Fla.

J. E. Eckerle, M.D., 23 Hopeland, Dayton 8, Ohio.

Richard M. Goodman, M.D., 516 S. Ridgeland, Oak Park, Ill.

Donald W. Shanabrook, M.D., 43rd & Locust St., Fairfax Apt., Philadelphia, Pa.

Edward J. Wajda, M.D., 76 K. Wherry, Fort Campbell, Ky.

Forrest R. Buell, M.D., 250 W. 8th Street, Denver, Colo.

Daniel E. Holmes, M.D., 1703 Canary Cove, Brentwood, Mo.

Specialists

Austin L. Gardner M.D., 57 East 38th Street #305, Indianapolis, General Surgery.

Robert J. Carabasi, M.D., Veterans Hospital, McKinney, Texas, Pulmonary Diseases and Internal Medicine.

Robert W. Johnson, M.D., 1806 East Court, Iowa City, Iowa, Internal Medicine.

Milton Kardesch, M.D., 4498 Lindell Blvd., St. Louis 8, Internal Medicine and Cardiology.

William S. Harrison, M.D., 2623 Pittsfield Blvd., Ann Arbor, Mich., Internal Medicine.

Charles E. Carlson, M.D., 5461 Stumph Road, Cleveland 30, Ohio, Internal Medicine.

Robert H. Jones, M.D., 98 Summer Street, Newton Centre 59, Mass., Internal Medicine.

Harold E. Zenisik, M.D., 1128 4th Avenue, Iowa City, Iowa, Internal Medicine.

Arthur J. Luskin, M.D., 16 Brewster Terrace, Brookline, Mass., Internal Medicine (available July 1960).

John Philip Henry, M.D., 210 South Ardmore, Villa Park, Ill., Internal Medicine (available July 1960).

John Roger Nelson, M.D., 1649 E. Swan Circle, Brentwood, Mo., Internal Medicine.

Rudolph E. Wilhelm, M.D., 18273 Santa Rosa Drive, Detroit 21, Allergy.

Arnold B. Victor, 35 Knoll Drive, R. R. 1, Box 140, Groton, Conn., Pediatrics.

Matthew L. Namikas, M.D., 105 Gloucester Road, Minneapolis 27, Minn., Ophthalmology.

John Hill, M.D., 7 Doherty Place, New Rochelle, N. Y., Surgery.

Theodore G. Drugas, M.D., c/o 7651 S. Eggleston Avenue, Chicago 20, General Surgery.

Edward W. Kunckel, M.D., 742 Elm, Glen Ellyn, Ill., General Surgery and/or OB-GYN.

Richard P. Gotchel, M.D., The Cooper Hospital, Camden 3, N. J., OB-GYN.

James Carlisle Steele, Jr., M.D., 7324 Beverly, Overland Park, Kans., OB-GYN.

Harry Clay Lynch, M.D., 2025 Northeast Avenue, Halethorpe, Md., OB-GYN.

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Vitamin B-2.....	2.5 mg.
Vitamin B-6.....	1 mg.
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Panthenol.....	5 mg.
Nicotinamide.....	20 mg.
Folic Acid.....	0.1 mg.
Biotin.....	30 mcg.
Rutin.....	12 mg.
Calcium Carbonate.....	125 mg.
Boron.....	0.1 mg.
Cobalt.....	0.1 mg.
Fluorine.....	0.1 mg.
Iodine.....	0.2 mg.
Magnesium.....	3.0 mg.
Manganese.....	1.0 mg.
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Blue Shield Plan Organized After ISMA House of Delegates Action

THE INDIANA Blue Shield Plan came into being in 1946. Organization followed a resolution passed unanimously at a special meeting of the House of Delegates of the Indiana State Medical Association in January of that year. The resolution called for the formation of a mutual insurance company. The purpose was to provide a prepayment plan to help solve the problem of financing adequate care for the sick on the basis of their own self-reliance and independence.

At that time the decision was made that Blue Shield should operate on the indemnity rather than the service principle. This method would permit the physician to continue fixing his charge at the level of his choice. Payments for services, provided in a schedule of indemnities, were fixed by representative physicians of the state.

The decision of the State Medical Association to enter this field was motivated by two factors: (1) the federal government's attempt to secure legislation for compulsory health insurance; and (2) the failure of the commercial insurance industry to make a serious effort to solve the problem.

The first Board of Directors of Blue Shield was composed of the 13 councilors from the 13 medical districts. The provision was made that if any councilor did not care to serve, he could appoint a physician from his district to represent the district in the management of the Doctors' Plan.

This method of selecting Board members was changed by the House of Delegates of the Indiana State Medical Association in October, 1954. The ruling was made that as expirations occurred in the future, the replacements would be nominated and elected at the district level during the district's annual business meeting. Those physicians serving as members-at-large and representing specialties would obtain their membership by election by the Council of the Indiana State Medical Association.

More detailed instructions were adopted by

the House of Delegates at the annual session in 1956. The decision was made that the growth of Blue Shield required in the Board of Directors, the elements of continuity and experience, as well as a responsive, widely democratic representation of the medical profession.

The method adopted at this meeting included selecting one Board member from each councilor district. The district chooses the method: by election at a meeting, by mail ballot, by ballot taken at the meetings of the county societies, or by any method that gives a fair opportunity for all members of the profession in the district to express their choice.

Each district has the right to decide what limitations, if any, are to be placed upon the number of successive terms its representative may serve.

To facilitate the selection of members-at-large representing the various specialties, at least three months before the annual meeting Blue Shield sends county medical society secretaries a listing of the Blue Shield Board of Directors with an indication of kind of practice, including specialty. The names of physicians whose terms of office will expire at the time of the next election meeting are indicated. Blue Shield also sends to each member of the Council a notice regarding the election of directors at least ten days in advance of the last meeting of the Council preceding the date of election of the Blue Shield directors.

The physicians and lay people who serve on the Blue Shield Board of Directors serve three year terms. They spend 12 to 15 Sundays a year in Indianapolis, going over the books of Blue Shield, and making policy decisions. They have a thankless job with many complaints and few compliments. They all have one thing in common, and that is the conviction that they are doing something for their fellow practitioners and for the patients whom the 4,000 doctors serve. These board members believe that American medicine can play an active part in helping to solve the health care financing problems of the people of Indiana.

The *Journal*

of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 51 — December 1958 — Number 12

Nuclear Alterations of the Cells in the Peripheral Blood Associated with the Virus of Influenza A/Asian Infection and Inoculation

PAUL W. ELLIOTT, M.D.*

FRANCES BLACKFORD (MT) ASCP**

Indianapolis

AN 8-year-old colored girl with signs and symptoms of influenza was recently examined in the outpatient department of the Indianapolis General Hospital. She had headache, fever and generalized aches and pains with loss of appetite. In a routine smear of her peripheral blood, stained with Wright's stain, one of us (F.B.) noted unusual alterations of the nuclei of the monocytes and polymorphonuclear leukocytes. There were increased numbers of band and bisegmented forms with decreased numbers of cells having three, four and five segments. The nuclear chromatin of the polymorphonuclear leukocytes and monocytes was coarsely clumped.

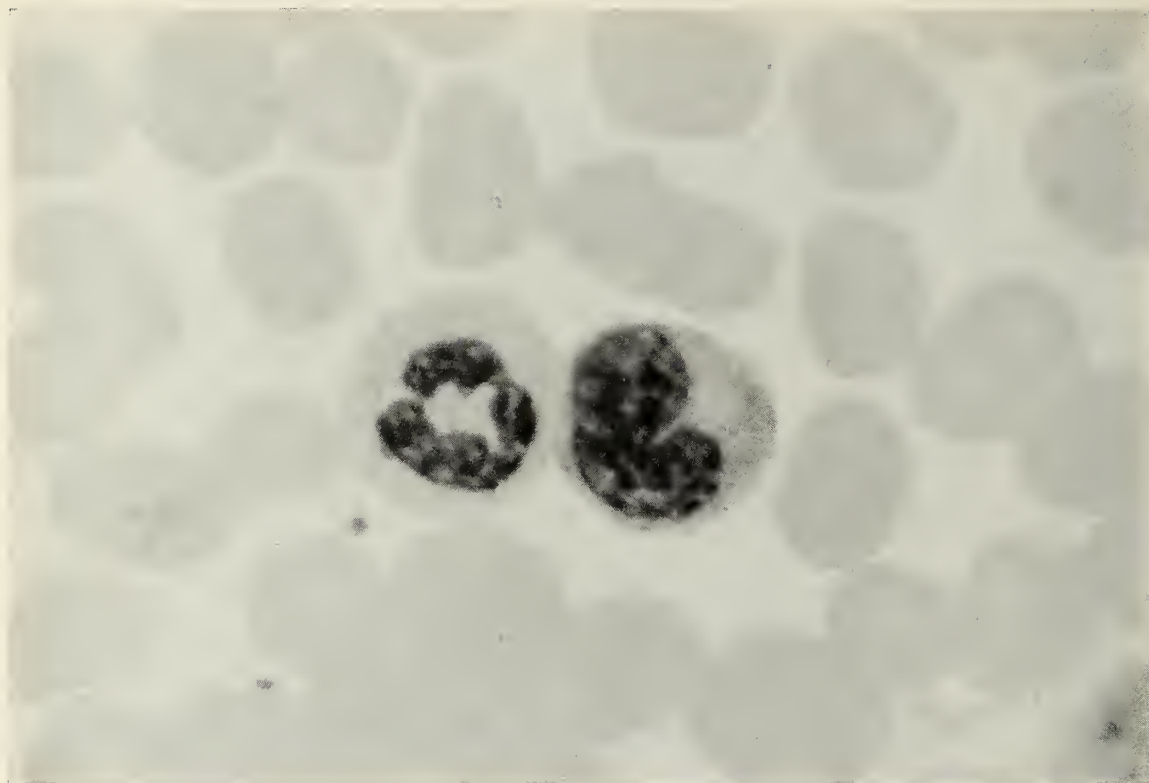
The smears of peripheral blood of several other children exhibiting the same signs and symptoms were noted to have similar changes in the cells. These changes resembled the Pelger-Huet anomaly, which, besides being an hereditary, non-sex-linked, dominant anomaly,¹ has been associated with tuberculosis,² chronic myelogenous Leukemia³ and enteritis.⁴

Dr. Googins,⁵ who at this time was making an intensive study of a group of people with influenza in an Indiana college, made available peripheral blood smears from 10 of these people. These peripheral blood smears were taken two weeks following the acute illness when the people no longer exhibited clinical signs and symptoms. At the same time, serum for hemagglutination inhibition titers was obtained.

The differential in these smears was within

* Assistant Pathologist, Indianapolis General Hospital, Indianapolis, Indiana; instructor, Pathology Department, Indiana University School of Medicine.

** Head of the Hematology Section, Indianapolis General Hospital, Indianapolis, Indiana.



Illustrations by Robert Albright, Indianapolis General Hospital

Fig. 1 x 1100 Monocyte and band form from an individual two weeks following the acute illness.

normal limits and there was no increase in band or bisegmented forms of polymorphonuclear leukocytes. In all cases, however, the nuclear chromatin of the polymorphonuclear leukocytes and monocytes had a conspicuously coarse, lumpy appearance (Fig. 1). Doehle's inclusion bodies, toxic granulation and vacuolization of the cytoplasm were absent. In the titers made by Dr. Googins and his staff by the hemagglutination inhibition technique, one individual had an eight-fold rise; three, a four-fold rise; and two, a two-fold rise. The remaining four had no rise in titer. One of the individuals with a four-fold rise had inadvertently received one injection of univalent influenzal vaccine a few days before the convalescent blood sample was drawn.

Studies were also made of peripheral blood smears taken from several of the laboratory personnel in General Hospital who developed symptoms of influenza. Nine of these, made during the acute stage, were studied in detail. As shown in Table I, which represents these findings, Doehle's inclusion bodies, toxic granules and

cytoplasmic vacuoles were not noted. The distribution of the number of segments in the polymorphonuclear leukocytes was not significantly altered. Column five indicates the percentage of polymorphonuclear leukocytes in which each segment of the nucleus had significant clumping. For example, if only one or two segments of a three-, four-, or five-lobed nucleus had clumping, which was usually the case, the leukocyte was not counted. The percentage of monocytes in the peripheral blood was slightly above average values in only two cases, but every cell noted had abnormal coarseness and clumping of the chromatin. Some contained stellate bodies (Fig. 2). The titers in the blood of these individuals, obtained through the cooperation of Dr. Peck⁶ and made by the hemagglutination inhibition technique, showed rises as indicated in Table I.

Dr. Peck and his staff were studying titers of immunized people, and Figures 3 and 4 show cells from these individuals obtained two weeks after their first immunization. Again the polymorphonuclear leukocytes and monocytes had abnormal clumping of the nuclear chromatin. This

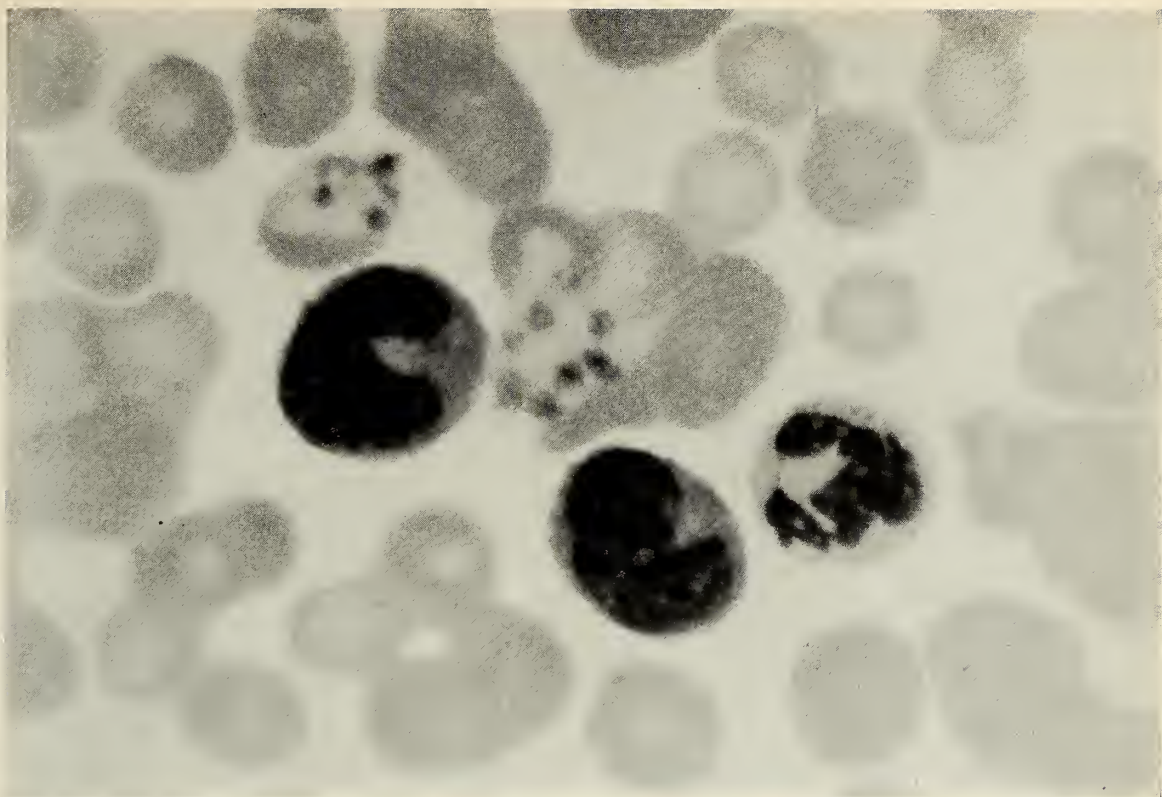


Fig. 2 x 1100 Two monocytes and a neutrophil from a patient during the acute illness. Note stellate body in the nucleus of monocyte adjacent to the neutrophil.

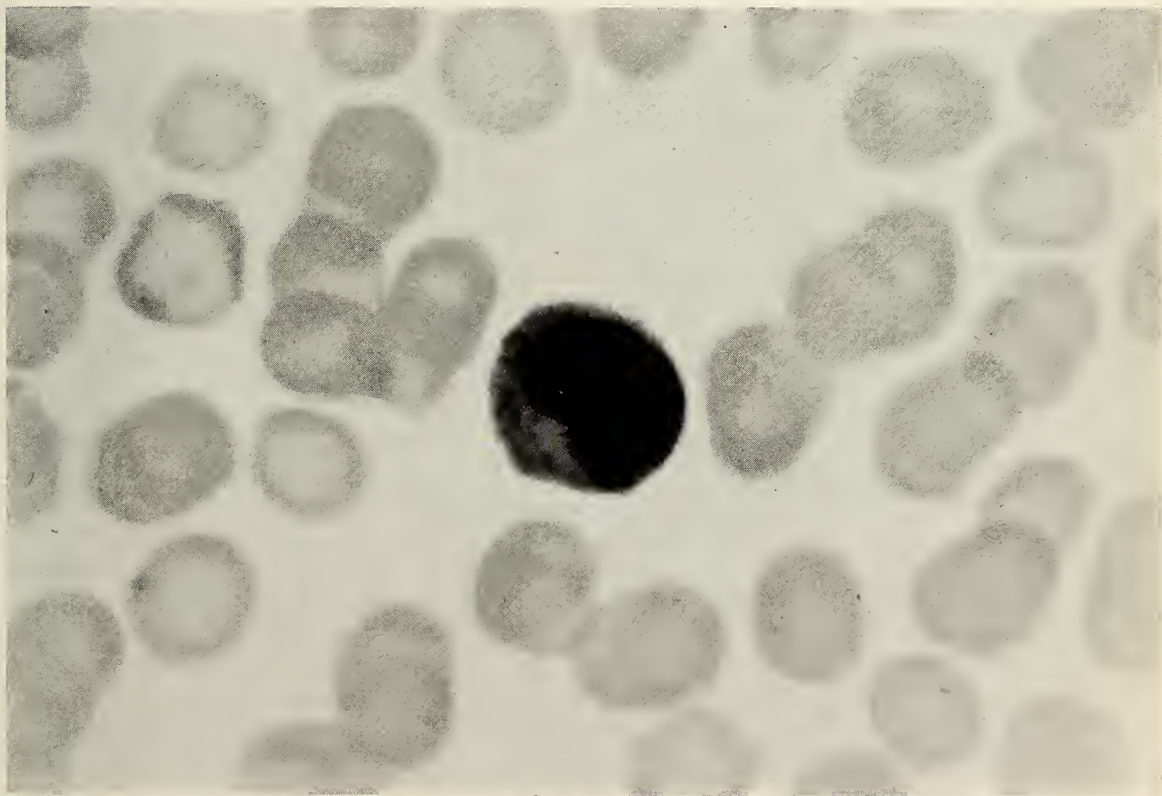


Fig. 3 x 1100 Monocyte from a patient two weeks following a single inoculation.

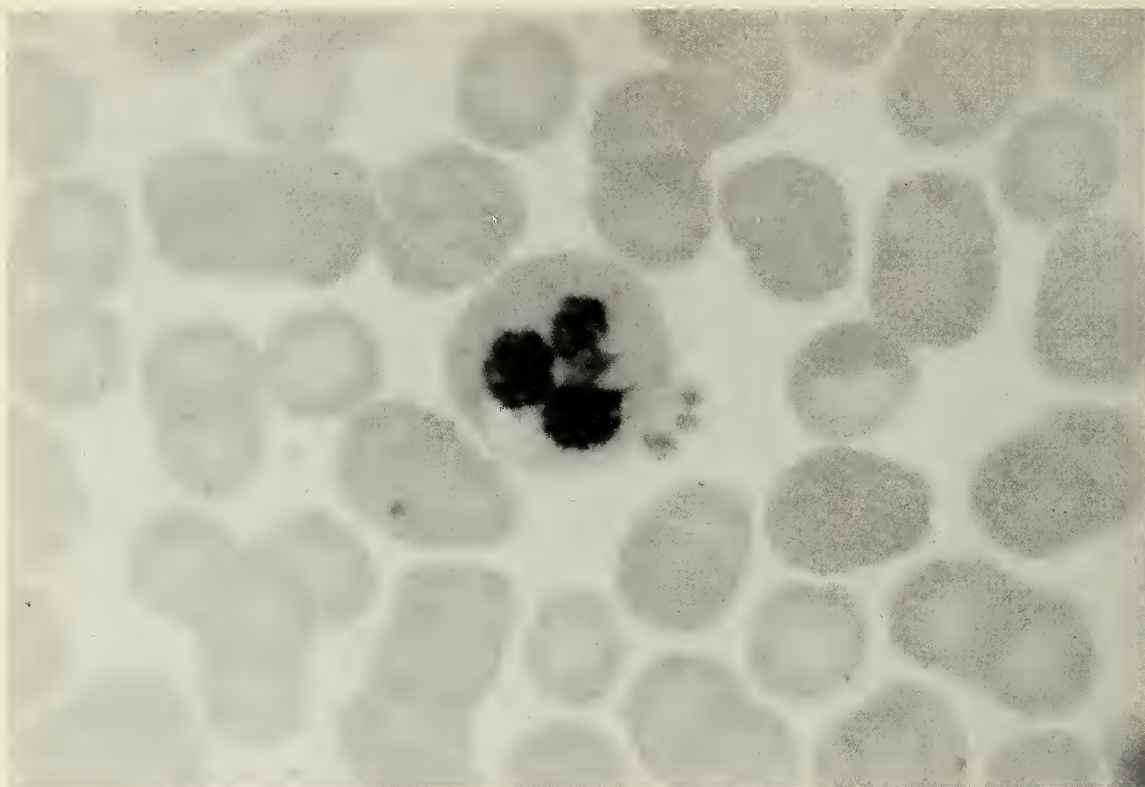


Fig. 4 x 1100 Neutrophil from an individual two weeks following his second inoculation.

change was comparable to the alterations seen in the cells obtained from people two weeks following their illness.

The morphology of the cells of immunized individuals was studied in three stages: 1) two weeks after a single subcutaneous injection of 200 CCA units of the univalent vaccine; 2) two weeks after the second subcutaneous injection of 200 CCA units of the univalent vaccine; 3) three days following the initial injection of 240 CCA units of the univalent vaccine. Morphologically the changes seen in the cells of the first two groups were very similar. The monocytes almost invariably showed coarseness and clumping of the chromatin, and about half of the polymorphonuclear leukocytes had abnormal clumping of all segments of their nuclei. The third group, in which smears were made of peripheral blood from people who had been inoculated three days previously, showed the most marked clumping of the chromatin in the nuclei of the lymphocytes. Henle has reported a lymphopenia in mice and rabbits following the intravenous injections of toxic preparations from influenza virus.⁷

Discussion: A description of the changes in white cells of the peripheral blood of people with infection by Influenza A/Asian and of individuals who have been immunized has been presented. The coarseness and clumping of the nuclear chromatin, particularly of the monocytes and polymorphonuclear leukocytes, was seen in both the infected and the immunized groups. We feel that the viral agent is responsible directly, or indirectly through toxic products, for the changes noted, and that both viable and non-viable organisms cause these changes. We also believe that these nuclear changes, without significant alteration of the cytoplasm are of some diagnostic aid in this disease.

We have noted a tendency for more marked change of the cells in children. There seems to be a greater tendency for increase of the band and bisegmented forms of the nuclei in the polymorphonuclear leukocytes, which approaches the changes associated with the Pelger-Huet anomaly. Because of the short duration of the disease, the children were treated as outpatients and we have been unable to confirm the diagnosis by study of the titers in this group. The

TABLE I

Case Number	Dohle's Inclusions Bodies	Toxic Granules In Cytoplasm	Vacuoles In Cytoplasm	% Polys With Clumping In All Segments	Number of Segments In The Nuclei of Polys					Rise In Titer		Monocytes	
					1	2	3	4	5	From	To	% Of Total Count	With Clumping
1	None	None	None	66	6	22	36	26	10	0	1:5	5	All
2	None	None	None	64	10	34	36	16	4	0	1:80	3	All
3	None	None	None	54	10	30	46	12	2	1:7.5	1:60	14	All
4	None	None	None	54	16	42	24	14	4	1:5	1:160	9	All
5	None	None	None	48	0	20	56	20	4	0	0	6	All
6	None	None	None	64	6	14	50	28	2	0	0	4	All
7	None	None	None	44	4	18	44	24	10	0	1:40	1	All
8	None	None	None	50	0	14	40	40	6	0	1:160	5	All
9	None	None	None	53	7	33	30	25	5	0	0	4	All

clinical impression has been the basis for diagnosis.

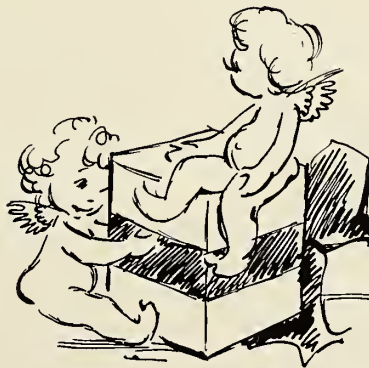
In adults with clinical signs and symptoms, the unusual clumping is most striking in the monocytes, but can be readily seen also in the polymorphonuclear leukocytes. There was also coarseness of the nuclei of the lymphocytes, and this was most evident in the inoculated group three days after the injection. No correlation between the degree of rise in titer with any of the morphologic alterations was noted.

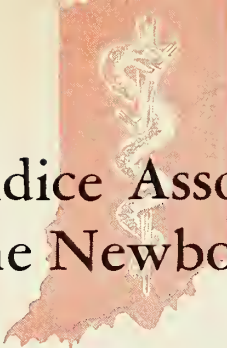
FOOTNOTES

1. G. J. Huet, "Über Eine Bisher Unbekannte Familiäre Anomalie der Leukocyten," *Klin. Wochr.*, Vol. II (July-Dec., 1932), p. 1264.
2. E. Pelger, "Demonstratie von een Paar Zeldzaam

Voorkomende Typen von Bloedlichaampjes en Bespreken der Patienten," *Med. Tijdschr. Genesck*, Vol. 72 (1928), p. 1178.

3. J. M. Darté, J. V. Dacie, and J. A. McSorley, "Pelger-like Leukocytes in Chronic Myeloid Leukemia," *Acta Hemat.*, Vol. 12 (August 1954), pp. 117-124.
4. F. Heckner, "Toxiache-reaktive Kernveränderungen der Leukozyten (Pseudopelger)," *Dtsch. Med. Wochr.*, Vol. 73 (1947-48), p. 48.
5. Dr. John A. Googins, Indiana State Epidemiologist.
6. Dr. Bruce Peck, Physician in charge of the virus laboratory of the Lilly Clinical Research.
7. Werner Henle, "Effect of Toxic Properties of Influenza Viruses on the Blood," Markle Foundation Report, 1946.





Jaundice Associated with Galactosemia in the Newborn

SAMUEL C. MILLIS, A.B.*

Indianapolis

THE FOLLOWING case report has been written to recall your attention to a rare entity which causes jaundice in the first week of life and which responds dramatically to relatively simple treatment.

Galactosemia was first described around the turn of the century. Although there are only some 70 cases reported in the literature, it is thought that this does not reflect the true incidence of the disease.

The little girl described in this report was born by normal delivery and with completely uneventful prenatal history. This was the second term pregnancy of a Group O, Rh-negative mother. Blood from the umbilical cord at time of birth was Group O, Rh-negative and Coombs negative. The infant seemed to be well as did all other normal newborns in the nursery. She was fed a lactose formula 14 hours after birth and continued every six hours on evaporated milk—dextri-maltose formula. Thirty-six hours after her first feeding, the second day of life, she was obviously jaundiced and the serum bilirubin level was recorded as 16.0 mg. %. Blood was again drawn from the cord for typing and Coombs' tests which revealed the previously indicated result. On the following day jaundice was more apparent as was vomiting, lethargy and abdominal protuberance. The stools and urine were normal in color. Her microbilirubin value was 21.0 mg. % and for this reason she was considered a candidate for exchange transfusion. This was done in 20 cc. aliquots removing 640 cc. and replacing 620 cc.

* Senior Student at Indiana University School of Medicine.

The patient was studied at the Home Hospital, Lafayette, Indiana.

The following morning microbilirubin was 17.1 mg. % and the infant remained unresponsive as before. The fifth hospital day a urinalysis revealed 4 plus Benedict's reaction which was Glucostix negative. For the first time the diagnosis of galactosemia was considered, the presence of galactose was confirmed by the fermentation and phenylhydrazine tests. The formula was changed to a lactose-galactose-free diet (Nutramigen). The infant had ceased vomiting by the second day on the new diet, no reducing substance was demonstrated subsequently, and by 10 days, jaundice could not be detected. The Moro response was elicited for the first time when the infant was 10 days old. A therapeutic trial of a lactose formula was instituted during the third week of life which resulted in galactosuria, vomiting and lethargy. Symptomatology disappeared with return to Nutramigen formula.

There is reason to believe that the father's brother is a victim of galactose diabetes in that he is mentally retarded and is said to have some visual disturbances.

Comment

1. Icterus was the most prominent sign in this patient, illustrating the fact that galactosemia should be considered in the differential diagnosis of icterus in the first week of life.

2. Galactose diabetes is apparently caused by the congenital absence of an enzyme which converts galactose-1-phosphate to glucose-1-phosphate. Galactose-1-phosphate is cytotoxic with the brain, kidneys, liver and lens being target organs.

3. It is a disease which exhibits familial tendency.

4. Apparently the pathologic change may be reversed in a high percentage of these individuals by omitting lactose and galactose from the diet if the disease is diagnosed early enough.

5. Continued galactose-lactose ingestion will

Acknowledgments: The author expresses gratitude to Doctors Ira Cole and Roland E. Miller for permission to publish these findings, and to Doctor William E. Bayley for encouragement and help.

result, if not in death, in idiocy, chronic renal disease and/or lamellar cataracts.

REFERENCES

1. Reuss, A. Von: Zuckerausscheidung im Säuglingsalter, Wien. med. Wchnschr., 58: 799, 1908.
2. Bell, L. S., Blair, W. C., Lindsay, S., and Wastoh, S. J.: Lesions of Galactose Diabetes. Arch. Path., 49: 393-403, 1950.
3. Rapoport, M., in Nelson, W.: Textbook of Pediatrics, Ed. 6. Philadelphia and London: W. B. Saunders Co., 1954, pp. 225-226.

Survey Shows People Prefer Choice of Attending Physician

CHICAGO.—More than three-fourths of the population of the United States want to choose their own doctor.

In addition, they want to assume all or part of the responsibility for paying their doctor bills.

These were among the findings in a survey conducted among the sampling of the adult general population by Opinion Research Corporation, Princeton, N. J., for the American Medical Association.

The purpose of the study was to explore attitudes about the choice of physicians.

The study also showed that:

Eighty-eight % of the population believe the right to see the same doctor regularly is of vital importance.

Eighty-nine % believe that medical care in this country has improved over the past 20 years. Half of these persons ascribe the improvement to more and better research and advances in medical science.

Seventy-six % of the people said they wanted to choose their own physicians; 13% saw no difference in whether they or someone else chooses their physician; 8% preferred to have someone else choose, and 3% had no opinion.

In answer to further questioning, 93% of those surveyed felt that free choice would give them more confidence in the doctor; 84% thought doctors would take a more personal interest in them, and 79% believed they would have less trouble getting the doctor to make a home call.

Concerning the right to see the same physician all the time, 88% felt this right to be very important. Of the 12% who did not feel such continuity to be of vital importance, 8% saw no difference in whether or not they saw the same doctor every time, and 4% gave other comments.

In answering still another set of questions, 93% felt such continuity would give them more confidence in the doctor; 92% thought doctors would take a more personal interest in them, and 84% believed they would have less trouble getting a doctor to make a house call.

When queried about the main advantages of a regular doctor, those interviewed gave a variety of reasons. Sixty-two % cited the physician's knowledge of their medical history. They said, "He knows your system inside and out from dealing with you regularly; he knows what you've had."

Also mentioned by 30% was reliability on emergency calls; confidence in the physician by 21%, and a closer relationship between doctor and patient by 18%.

Concerning the payment of medical bills, a total of 79% wanted to assume all or part of the responsibility for paying their doctor bills either by direct payment or by paying part of insurance premiums.

The 79% breaks down into the following: 16% for paying all doctor bills directly; 16% for paying all costs of insurance plans, and 47% for paying part of the cost of an insurance plan. The remaining 21% favored someone else's paying the bills.

A Case Report:

Thymic Cyst Presenting as an Anterior Mediastinal Mass

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THE DIFFERENTIAL diagnosis of the more common mediastinal tumors is well known. Most textbooks dealing with diseases of the chest classify these lesions according to their location and appearance on chest roentgenograms. An anterior mediastinal mass which is not often included in the differential diagnosis is a cyst of the thymus gland. This is not surprising when one considers the incidence of this lesion. A review of the medical literature completed in 1953 by Krech *et al*¹ disclosed only two cases of thymic gland cysts presenting in the anterior mediastinum and diagnosed by thoracotomy during life. These authors then reported four cases of a similar nature which they encountered. A review of English literature since that time has uncovered only one additional case of thymic gland cyst² until the eighth one, which is presented below.

D.T., a 15-year-old colored female, was admitted to Philadelphia General Hospital April 25, 1958 because of an abnormal mediastinal shadow on a routine chest roentgenogram. This shadow had first been discovered four years previously by the family physician, who subsequently obtained periodic chest x-ray examinations. Approximately four weeks prior to

admission, definite enlargement of the mass was noted. An admission film of the chest revealed a density along the left border of the heart just below the pulmonary conus (Fig. 1). The patient was asymptomatic. During fluoroscopy, there was a suggestion of a change in the shape of the mass, indicating that it may contain fluid. Physical examination and laboratory studies were within normal limits.

Thirteen days after admission, thoracotomy was performed with the patient in the supine position through an inframammary skin incision made over the fifth left intercostal space. Upon entering the left chest, there was a large pear-shaped cyst enveloped by an endothelial layer covering the pericardium and thymus and apparently rising high into the anterior mediastinum. The cyst was anterior to the phrenic nerve. It was freed by sharp and blunt dissection, the pedicle of the cyst was ligated and the specimen was delivered unruptured. The tip of the thymus gland, which had been dissected off the cyst, was amputated and sent to the pathology laboratory with the cyst.

The specimen consisted of an elliptical, fluctuating, cystic mass measuring 8 x 6 x 3 cm. It was dark pink in color and not translucent. Section of the mass released dark amber fluid which was slightly viscid. The wall of the cyst was extremely thin. Microscopic examination showed the wall of the cyst to consist of hyalinized connective tissue including thymic tissue (Fig. 2). The interior of the cyst was lined by a single layer of large endothelium-like cells whose cyto-

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Fig. 1—A, posteroanterior chest x-ray demonstrating mass adjacent to left heart border. B, right anterior oblique film showing protrusion of mass anteriorly.

plasm was vacuolated in places. The tissue which had been dissected off the cyst was typical of thymus gland with characteristic Hassall's corpuscles. The patient made an uneventful recovery and was discharged from the hospital on the ninth postoperative day (Fig. 3).

Comment

The most common neoplasms of the anterior mediastinum are dermoids, teratomas, pericardial cysts and thymomas, besides intrathoracic thyroid adenomas.³ Other less common congenital lesions are bronchogenic and esophageal cysts, cystic lymphangiomas and lipomas. Thymus gland cysts have been encountered only rarely but must always be considered with the above diagnoses. The appearance of this abnormality on x-ray is usually confused with a thymoma or pericardial cyst, and the latter was considered the most likely preoperative diagnosis in the above case.

Thymic cysts usually give rise to no symptoms.¹ When present, however, the symptoms are identical to those of any mediastinal neoplasm and are produced by encroachment upon adjacent structures. Although the diagnosis of mediastinal lesions is based largely upon the radiological findings, the exact diagnosis of any of these neoplasms depends upon the patho-



Fig. 3—Posteroanterior chest x-ray after operation showing essentially normal appearance.

logical findings of the specimen. In addition, approximately ten % of all innocent mediastinal neoplasms undergo malignant change. Those which do not evidence this change are liable to enlarge and become infected.³ Therefore, removal is almost always indicated providing the general condition of the patient is such as to permit operation.²



Fig. 2—Photomicrograph showing thymic tissue and cyst with single layer of endothelium-like lining cells.

Summary

A cyst of the thymus gland which was discovered on a routine chest x-ray is presented. The rarity of this anterior mediastinal mass is attested to by the fact that this case is the eighth of its nature reported in English literature. The importance of considering this lesion in the differential diagnosis of mediastinal tumors, as well as the necessity of exploratory thoracotomy, is discussed.

ACKNOWLEDGMENT

We are indebted to Drs. William E. Ehrich and

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REFERENCES

1. Krech, W. G., Storey, C. F., and Umiker, W. C.: Thymic Cysts, *J. of Thoracic Surg.* 27: 477-493 (May) 1954.
2. Coulshed, N., Jones, E. W., and Temple, L. J.: Cyst of the Thymus: Report of a Case Presenting as Idiopathic Cardiomegaly, *British J. of Radiology* 31: 95-99 (Feb.) 1958.
3. Flavell, G.: *Diseases of the Chest*, ed. 2, London, Marshall and Perry, 1952.



Pharmacologic Treatment of Geriatric Mental Patients

CLINICAL EFFECTS OF THE COMBINED ADMINISTRATION OF NICOTINAMIDE AND METRAZOL TO A GROUP OF TEN GERIATRIC STATE HOSPITAL PATIENTS

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KNOWING THAT the usual geriatric mental patient has some degree of cerebral impairment and that "the brain is an organ of adaptation and if this organ is not virtually intact, function of the individual, both behaviorally and symbolically, will suffer disorganization," it has constantly been the aim of psychiatrists dealing with geriatric patients to find some medicinal preparation which would alleviate the cerebral impairment. Along the line of this endeavor, reports have appeared in the literature from time to time during the past 20 years relative to the efficacious use in the geriatric mental patient of either one of the various nicotinamides, or pentylenetetrazol (metrazol).

In the case of the nicotinamides,[†] the beneficial effects were at first thought to be due to an increase in cerebral blood flow. While it is still felt that this action of the drug may exert its influence, it is now thought that the chief effectiveness of the nicotinamides is mediated through the coenzyme system connected with utilization of riboflavin, thiamine and possibly other compounds of the Vitamin B Complex. In

the case of pentylenetetrazol (metrazol) the benefit has been attributed, more or less directly, to cerebral cortical stimulation. In the case of neither preparation alone, however, have such reported effects seemed to be particularly striking nor constantly evident. It was, therefore, not without considerable skepticism that we read the report of Doctor Levy¹ regarding the beneficial effects from simultaneous administration of these same two drugs.

The object of our study was to see whether the results as reported by Doctor Levy could be reproduced here at Logansport State Hospital. The preparation used was identical with that of Doctor Levy's and consists of an elixir containing nicotinic acid, 50 mgm. and pentylenetetrazol, 100 mgm. per dram. The plan of administration of the elixir and the dosage schedule was identical with that described by Doctor Levy and consisted of drams 1 three times a day for the first two weeks, then drams 2 three times a day for the next eight weeks.

Ten women patients were chosen from a single geriatric ward. Their ages ranged from 68 to 87 years and they had been hospitalized from one to 28 years. The patients were chosen somewhat at random from the ward population, but all represented easily discernible mental abnormality

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† The nicotinamide and metrazol preparation used in this study was supplied by Storck Pharmaceuticals, St. Louis, Missouri, under the trade name of Metalex.

of some kind. According to diagnostic category, they were listed as follows:

Chronic Brain Syndrome, associated with Cerebral Arteriosclerosis	3
Chronic Brain Syndrome, associated with Senile Brain Disease	3
Chronic Brain Syndrome, associated with Circulatory Disturbance	1
Schizophrenic Reaction, Hebephrenic Type	1
Schizophrenic Reaction, Schizo-Affective Type	1
Manic Depressed Reaction, Depressed Type	1

Thought process and content disturbance was present in eight patients, with delusional thinking, obsessional thinking, circumstantiality, confabulation, and paranoid trend of thought being disturbances of note. Perceptual difficulty was present to a high degree in four instances and consisted of loss of contact with surroundings, loss of ability to recall and confusion. Mood disturbances were present in three patients, depression being present in two and apathy in one. Emotional lability was felt to be prominent in four patients. This consisted of irritability towards surroundings and circumstances. The fourth patient was classified as "sour and cynical." Psychomotor disturbances consisting of restlessness, pressure of activity, picking and scratching of the skin and increased muscular tension were a prominent feature in one patient; anxiety was a prominent feature in another. A basic personality difficulty antedating our psychiatric diagnosis seemed present in three patients and was classified as inadequate, asocial and schizoid. Loss of libido, although present in all, was pronounced in four of the patients.

RESULTS:

During and immediately following the 10 weeks' course of treatment, definite clinical changes were observed in eight of the 10 patients. A further observation made approximately one month after stopping the treatment still revealed definite evidence of clinical change in eight of the ten patients and two patients seemed unchanged. Four of the eight patients who showed change seemed to be benefited and four seemed to be made worse.

Those who were benefited appeared to have an enhancement of the "sense of well being." They appeared more alert, more interested in themselves and their surroundings, and showed a tendency to joke or otherwise give expression to affect.

Those who were made worse appeared to express an increased "sense of ill being." One of these who was agitated showed an increase in the agitation to the point where ataractic drugs were considered. The three other patients who seemed worse experienced an increase in their pre-morbid personality difficulties and two of these began for the first time to verbalize delusional material. The third patient, who had felt that society had done her an injustice, began now to demand more consideration from the hospital community; namely, she wanted our help in carrying out her unrealistic plans for herself.

Of the three persons showing depression of mood, two showed improvement, including one patient who had appeared apathetic. Of the four patients described before treatment as having "a loss of libido," all were listed as showing improvement. Of the eight patients with intellectual difficulties, only two were listed as benefited. Two of these patients began overtly to express delusional material. Of the four patients with confusion or severe memory loss, two were listed as benefited. Of the four patients showing emotional lability, two were benefited, one was more irritable, and one showed no change.

CONCLUSIONS:

While this study is too small for any definitive conclusions, it is our impression that:

- (1) The medication has a clinically measurable effect.
- (2) Elderly women patients responded with an increase of energy, becoming more nearly themselves. Personalities which were relatively secure exhibited an increase in the "sense of well being," whereas personalities basically unstable responded with enhancement of the "sense of ill being" or showed further symptoms of stress, including irritability, insecurity or return to psychotic mechanisms of defense in two instances.
- (3) Caution is strongly indicated in adminis-

tration of this medication to elderly women patients who have personality structures characterized by a paranoid or emotionally unstable disposition. During our study an acute paranoid state was lighted up in one of our patients. Our limited experience suggests that the medication is contraindicated in the elderly in-

dividual where the basic difficulty surrounds unstable ego structure.

- (4) Further trial of this preparation in clinical practice seems worthwhile.

BIBLIOGRAPHY

- ¹ Levy, S.: Pharmacological Treatment of Aged Patients in a State Mental Hospital, J.A.M.A., 153: 1260-1265, 1953.

Health Booklet Statistics Show Hospital Facility Growth

The number of people in the United States without ready access to general hospitals has dropped from 10 million to 2.8 million since 1948, the Public Health Service has reported. Even in the most rural areas only a small percentage of the population is now without nearby hospital facilities.

This and other evidences of progress in hospital planning and construction, as well as needs for other types of health facilities, are shown in a new publication, "The Nation's Health Facilities—Ten Years of the Hill-Burton Hospital and Medical Facilities Program, 1946-1956," issued in September by the Public Health Service. The report includes a summary of the program to January 1, 1958.

During the first 10 years of the program, 3,047 projects were approved for construction. In addition to general hospitals, these new health facilities include nursing homes, diagnostic and treatment centers, rehabilitation facilities, public health centers and State health laboratories. Of the total cost of \$2.5 billion, the State and local share was nearly \$1.7 billion. The remainder was provided by the Federal Government. States with the greatest need and the lowest income have received the most Federal funds per person, the publication shows.

The report reviews, as of July 1956, the status of each type of non-Federal health facility reported by the States in the plans approved under the hospital survey and construction program. It includes new analytical data, particularly for general hospitals in metropolitan areas, general hospitals in the 375 hospital regions and psychiatric units in general hospitals.

The publication was prepared by Leslie Mor-

gan Abbe and Anna Mae Baney, Division of Hospital and Medical Facilities. It has 181 pages, 11 charts and 45 tables. Issued as Public Health Service Publication No. 616, it is for sale by the Superintendent of Documents, Government Printing Office, Washington 25, D. C., for \$1.25.

Peditric Symposium Held

The Annual Pediatric Symposium was held at Northern Indiana Children's Hospital Sept. 24, 1958. It was sponsored jointly by the medical staff of the hospital and the Indiana Academy of General Practice.

In the afternoon grand rounds were held during which case presentations of lupus erythematosus, Rocky Mountain spotted fever and oligophrenic phenylpyruvia were discussed by Dr. Alex Steigman, Professor of Pediatrics, University of Louisville. Dr. Steigman also spoke on Diagnosis and Current Treatment of Histoplasmosis.

Dr. W. D. Snively Jr., medical director, Mead Johnson & Co., followed on the program, speaking on Fluid Balance.

After a social hour and dinner at Morris Inn, evening speakers included Dr. E. A. Hawk, director, Parenteral Division, Mead Johnson & Co., who discussed New Dimensions of Research in Parenteral Fluid Therapy, and Dr. Steigman, who presented the Henry G. Poncher Memorial Lecture, speaking on the Relationship of Therapy and the Natural History of Diseases in Children.

These presentations were well received by the 100 physicians who attended the conclave.

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The Treatment of Toxemia of Pregnancy With an Attack Upon Its Pathologic Physiology

MILTON L. McCALL, M.D.*

*I*T IS *true* that toxemia of pregnancy is still one of the diseases whose etiology is obscure. It is *true* that there has been devised no specific treatment for it, and it is *sadly true* that pregnancy toxemia remains to this very moment one of the great causes of maternal death in our country. As we learn more about infection and hemorrhage and have at our elbows specific anti-infectious agents and blood for transfusion, toxemia has gradually taken a relatively higher place on the ignominious ladder of maternal mortality. In the Southland and on my own service at Charity Hospital in New Orleans toxemia is far in the lead, not only as the prime cause of maternal destruction, but also, through prematurity and the effects of its complications, the foremost cause of perinatal mortality.

On the other hand, it is *not* true that progress in the understanding of this condition is at a standstill; it is *not* true that we cannot treat this disease quite successfully from the medical point of view in many cases and it is *not* true that we are helpless to overcome the high maternal and fetal mortality.

The progress which has been made recently in relation to pregnancy toxemia has not been in relation to its specific cause, but rather through a firmer understanding of the pathological physiology which is taking place continually in the woman who has contracted the disease.

I should like to review briefly some of the fundamental pathophysiologic changes which are known to take place, and to delineate the place of medical treatment as well as the obstetrical management of severely toxemic patients. We all know of the great value of prenatal care in

the prevention of and treatment of mild pre-eclampsia. Undoubtedly, this is the most important aspect of management overall, but when the severely ill patient in hypertensive crisis or with convulsions confronts us, our ingenuity is strained to its utmost and this is the type of patient about whom I will speak this morning.

Pathologic Physiology

In recent years, the more dynamic approach of clinical physiology has superseded to a great extent the older studies based solely on morphology. Although the typical autopsy findings of edema, generalized petechial hemorrhages, periportal liver necrosis and a questionable thickening of the glomerular membrane are helpful, they represent only the end effects and do not provide insight into the actual aberrations of function present while the disease is at its height.

Every organ of the body is affected adversely during severe toxemia. Several of the most prominent aspects of its pathophysiology are:

1. Aberrations of the circulatory system, such as:
 - a. Spasm of the terminal arterioles, causing:
 - (1) Increased peripheral resistance
 - (2) Hypertension, giving rise to:
 - (a) Headache
 - (b) Blurring of vision
 - b. Increased cardiac load
 - (1) Heart output increased over 50% in many cases
 - (2) Increased vascular resistance
 - c. Organs
 - (1) The brain
 - (a) Increased vascular resistance due to vasospasm

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- (b) Blood flow normal except in eclampsia
 - (c) Gross hemorrhage
- (2) The kidney
 - (a) Increased vascular resistance
 - (b) Slightly decreased blood flow
 - (c) Lessened urinary output
 - (d) Albuminuria
- (3) The liver
 - (a) Increased vascular resistance
 - (b) Blood flow normal
- (4) The uterus
 - (a) Increased vascular resistance
 - (b) Lowered blood flow
 - (c) Ultimately the development of atheromatous placental and decidual changes may bring about placental insufficiency and abruption
- d. The blood
 - (1) Fibrin deposition (caused by thromboplastin from placenta)
 - (a) In severe cases, hypofibrinogenia results and abnormal bleeding occurs
 - (2) Hemoconcentration
 - (a) Fluid goes into extravascular spaces
 - (3) Chemical changes
 - (a) Increasing uric acid due to:
 - 1—Increased reabsorption by kidney tubules
 - (b) Increasing BUN associated with decreasing serum sodium is associated with poor fetal prognosis
- 2. Aberrations in metabolism
 - a. General
 - (1) Basal metabolic rate increased
 - (2) Hormonal aberrations
 - (a) Increase in circulating adrenal corticoids
 - (3) Water and electrolyte retention
 - (a) Development of edema
 - b. Anoxia
 - (1) Anoxic anoxia
 - (a) Seen at time of convulsions or with overdepressing sedation
 - (b) Arterial hemoglobin saturation depressed to as low as 39% at time of convulsion

- (2) Histo-toxic anoxia
 - (a) In coma between convulsions
 - (b) After intravenous barbiturates
- 3. Abnormalities of the central nervous system (hyper-irritability)
 - a. Anoxia
 - (1) Convulsions
 - (2) Coma
 - (3) Over sedation
 - b. Electrical activity increased
 - (1) Electroencephalographic changes

Clinical Manifestations of Pathophysiology

The most important clinical manifestations are those of:

1. Hypertension
2. Kidney affect
3. Brain affect

Hypertension increases due to increased arterial spasm which raises peripheral resistance. This puts a greater load on the heart which has already been called upon during this type of abnormal pregnancy to increase its output approximately 50%. The anoxia of eclampsia affects the myocardium and acute heart failure with pulmonary edema may occur. Augmented vascular tension is associated with an increased incidence of gross hemorrhage into organs. This is especially true in the brain, which can ill afford such insult. At Charity Hospital over a period of 10 years, 47% of maternal toxemia deaths were on the basis of gross cerebral hemorrhage.

Renal affect increases as vasospasm becomes more pronounced and anoxia occurs. Thus, albuminuria increases and urinary output decreases until there may be complete renal shut down in the most severe cases.

The brain is the site of severe vasospasm. The cause of convulsions is unknown but it has been shown that they are associated with increased focal vasoconstriction, increased electrical activity and metabolic chaos.

Medical Treatment

It becomes obvious that in lieu of a specific therapy for toxemia the only approach to medical therapy is by correcting the pathological physiology present. Although not absolutely complete, the medical treatment of *severe* toxemia boils down to:

1. Relaxation of vasospasm
2. Avoidance of anoxia

3. Treatment of the hyper-irritability of the nervous system
4. Other measures
 - a. Diuresis
 - b. Prevention of cardiac failure
 - c. Prevention of infection
 - d. Protection of the baby with good obstetrical management

Vasodilator Therapy

The use of agents which relax the spasm of terminal arterioles thus lowering peripheral vascular resistance and hypertension, has an important place in the therapy of the severely toxic patient. Most sedatives will only transiently lower blood pressure by causing peripheral vasodilatation without relaxing the vasospasm within the brain and other vital organs. It has been shown by the author that heavy sedation, especially barbiturates when given intravenously, not only fail to relax vasoconstriction in the brain but also add to the anoxia already caused by the disease. It is imperative that vasodilators be used which will not add to the abnormalities already present and will relax spasm while lowering blood pressure in such a ratio that the circulation of blood may be maintained at normal levels in the important areas of the body.

We have come to the conclusion after several years of basic research and clinical evaluation that a combination of the two drugs, Unitensen and Apresoline, given intravenously produce the best results in patients with hypertensive crisis. Unitensen is a mixture of two purified alkaloids of *veratrum viride*. *Veratrum* is a substance which provides remarkable homeostasis and does not interfere with the adaptive reflexes of the body although it apparently, at least transiently, interferes with normal kidney function. On the other hand, Apresoline brings about renal vasodilatation and increases renal blood flow but blocks some of the adaptive reflexes. It has proven feasible to utilize a combination of these two substances. Unitensen has less emetic effect, and in the author's hands is the *veratrum* substance of choice. The blend cancels out some of the drawbacks of each drug. The pulse is affected less, renal function is usually satisfactory, the patient is not rigid from the standpoint of her reflexes, and there are fewer side effects such as tachycardia, vomiting, headache, flushing of the skin and restlessness. Vasodilator therapy is used in the following groups of patients.

1. Patients in labor who exhibit a sudden rise in blood pressure
2. All cases of eclampsia with blood pressure of 150 systolic or over
3. Preeclampsics who do not respond to routine conservative therapy
4. Hypertensives with marked superimposed preeclampsia
5. Postpartum patients who have a sudden marked rise in blood pressure

It has now been established that vasodilator infusion therapy with Unitensen and Apresoline should be an important part of the over-all therapy of the above groups of patients. It will be seen that the indications listed are those of "hypertensive crisis." This therapy is not to be used in the mild preeclamptic, the benign essential hypertensive without superimposed toxemia, or should it be administered for more than three consecutive days except under unusual circumstances. The technique used is as follows:

1. 20 mg. of Apresoline and 5 mg. of Unitensen are placed into 500 c.c. of 10% or 20% solution of glucose. This mixture is attached to one limb of a Y tube.
2. Plain glucose solution is attached to the other limb of the Y tube.
3. The intravenous infusion of the vasodilator mixture is started at 20 drops/min.
4. Blood pressures are taken every 5 minutes for the first 2 hours and every 15 minutes thereafter.
5. The inflow of vasodilator infusion is regulated as necessary after each reading to insure the maintenance of blood pressure at a steady level: 110-140/60-90.
6. If the systolic blood pressure reaches a level below 100 mm. Hg., the vasodilator infusion is discontinued temporarily, and the plain water and glucose mixture substituted until the pressure rises to the desired level.
7. In patients for whom medical induction of labor is desirable, a third bottle containing a dilute Pitocin mixture is added.
8. If blood pressure does not drop in 30 to 45 minutes, with an infusion rate of 60 or more drops per minute, 1 mg. of Unitensen should be added per 100 c.c. of solution present.

By the use of these vasodilating agents our aims are the following:

1. To afford at least temporary relief from intense vasospasm and the damage it inflicts.
2. To insure the maintenance of normal visceral circulation and function through the activity of Apresoline on the kidney combined with the over-all maintenance of homeostasis in other vital organs of the body with Unitensin.
3. To gain valuable time in which to study and evaluate carefully the seriously toxic patient under less threatening circumstances than otherwise would be possible, while preparations are being made for the more definitive therapy of interruption of the pregnancy.
4. To circumvent the necessity of using large amounts of sedation or conduction anesthesia with their harmful effects.

Once the patients are stabilized, they are delivered promptly if they are at term or if they are refractory to therapy or represent superimposed preeclampsia or pre-existing hypertension or renal disease. These babies are notoriously small and do not grow appreciably in the ensuing weeks because of impaired placental circulation which ultimately leads to intrauterine fetal demise.

If there are no contraindications to induction of labor, a vaginal amniotomy is done and 1,000 cc. of 5% glucose solution containing 10 units of Pitocin is attached to the other limb of the "Y" tube.

An exception is made in our policy of early delivery if the uncomplicated preeclamptic responds well to therapy. In these patients it is to the best interest of the infant to postpone delivery until the 35th or 36th week. During the subsequent interval we maintain our patients on a combination of Unitensin 0.5 mg. and Reserpine 2.5 mg. intramuscularly every four to six hours. With this interim treatment patients can usually be controlled for several weeks with a much better fetal salvage.

Sedation

Our investigations of sedatives have taught us that some of these agents, which are used quite frequently in eclampsia, are actually harmful to the patient. Intravenously administered

barbiturates such as sodium amytal and pentothal cause a decrease in oxygen metabolism of the brain which is indistinguishable from the metabolic depression caused by the disease itself. They may also depress respirations so as to be an additional cause of anoxic anoxia.

When sedation is given an agent should be chosen, if possible, which will control hyperactivity of the nervous system without depressing it. When labor is present, substances which may depress the baby should be avoided. Magnesium sulphate given intramuscularly accomplishes both of these purposes. We utilize 20 cc. of 50% solution given in the buttocks in divided doses intramuscularly.

Special Considerations during Labor and Post-partum Period

The onset of labor in the toxemic patient presents several possible complicating factors:

1. The delivery of an impaired and premature baby
2. An increased possibility of convulsions with the associated significant maternal and fetal mortality
3. An increased incidence of premature separation of the placenta, with its added dangers of hypofibrinogenemia and anuria

The management is the same whether labor be spontaneous or induced. Vasodilator infusion is started if the systolic blood pressure rises to 160 or more. Magnesium sulfate is used for sedation. As an initial dose, it is entirely safe to give 10 gm. as a 50% solution. We give 10 cc. of this solution deep into each buttock. This is followed by 5 gm. in 50% solution every six hours or as necessary. We utilize the precautionary criteria recommended by *Eastman* for repeating this medication. There must be positive knee jerks, respirations of 16 or more, and a 24-hour urinary output of more than 600 cc. The antidote for magnesium intoxication is 10% calcium gluconate given intravenously.

Our choice of anesthesia for vaginal delivery is pudendal block, using either the simplified trans-vaginal technique or the older trans-perineal method.

Immediately postpartum the patient should be sedated and kept quiet for at least 48 hours. Morphine sulfate, 16 mg. (gr. $\frac{1}{4}$) and sodium phenobarbital, 0.3 gm. (gr. V) are given intramuscularly immediately postpartum if the pa-

tient has reacted from her anesthesia. This is followed by 0.1 gm. (gr. 1½) phenobarbital every six hours.

All patients who have had preeclampsia should have a complete renal and cardiovascular survey eight weeks postpartum.

Preeclampsia can deteriorate to eclampsia at any time. Seventy per cent of eclampsia occurs just before or during labor, and the remainder in the immediate postpartum period.

Main Causes of Death

1. Acute heart failure. Congestive failure with pulmonary edema is the most common cause of death.
2. Cerebral hemorrhage (47% at Charity Hospital).
3. Renal failure. The most frequent renal lesions associated with abruptio placenta and severe toxemia are those of lower nephron nephrosis. Bilateral cortical necrosis is rare but carries the highest mortality rate.

Eclampsia with Convulsions and Coma

Eclampsia is an emergency which demands therapy, but not over-treatment. The same principles of physiological treatment apply here as in preeclampsia. *Heavy sedation is not necessary to control convulsions!*

1. Vasodilator therapy is started as soon as possible after admission unless the systolic blood pressure is below 150.
2. Morphine sulfate, 16 mg., is given unless the patient is in labor. Only magnesium sulfate is given if the patient is in labor (see #6).
3. Nasal oxygen is administered continually.
4. A suction apparatus to keep the airway clear is placed at the bedside with constant nursing care. Tracheotomy is indicated whenever there is a poor airway and obvious anoxia. It is especially efficacious when pulmonary edema is present. When heavy sedation is utilized, this procedure is indicated more frequently. It is rarely necessary when vasodilators are used.
5. Antibiotics are started.
6. Intramuscular magnesium sulfate is given as described above. This will usually be all the sedation the patient will require. However, if the eclamptic requires immediate sedation and is in active labor, 20 cc.

of a 10% solution of magnesium sulfate is given intravenously. Since the effect of intravenous magnesium sulfate is transient, the intramuscular dosage schedule is started at the same time.

7. Clinical evaluation at frequent intervals and careful nursing care are of prime importance. Attention to details includes:
 - a. A quiet room
 - b. Indwelling catheter
 - c. Constant nursing care to record pulse, respirations, and to protect the patient against injury during convulsions
 - d. Frequent evaluation of the depth of coma and examination of the lung bases for rales. Digitalis is to be used as soon as the earliest signs of cardiac decompensation appears.

The physician must not become panicky at the sight of a convulsion and further depress these women with intravenous barbiturate.

Remember that once the convulsions are controlled, the disease has not been cured. The eclampsia has merely reverted to a severe preeclampsia. The patient's postpartum care is exactly that of the preeclamptic.

Obstetrical Management

Evaluation of Patient

1. Baby size
 - a. Clinically and by x-ray
2. State of the cervix
 - a. By vaginal examination
3. Severity of toxemia
 - a. By eyegrounds, blood pressure, urinalysis, and urinary output, retention of nitrogen (BUN)
 - b. Presence of convulsions and coma
 - c. Other complications
4. Circulatory sufficiency of the placenta

[When toxemia develops early in pregnancy (28-30 weeks), especially in patients with pre-existing hypertensive or renal disease, the fetus may not grow normally because of placental insufficiency on the basis of infarction, fibrosis and atheromatosis. There is the danger that the fetus may die in utero either before or during labor. All such patients should have the height of the uterine fundus measured frequently. If fetal growth, as shown by such measurements, is faulty, a *Pitocin Test* should be performed.

We have utilized this test, as described by T. L. Montgomery, to good advantage on the Louisiana State University obstetrical service. Just enough Pitocin is given (either intravenously or by intramuscular injection of 0.1 to 0.3 minims) to produce from one to five or six uterine contractions. The fetal heart rate is plotted exactly for 20 to 30 minutes before Pitocin injection and compared with a record taken during and immediately after a uterine contraction. When the placenta is small and badly infarcted a contraction will so compromise the fetal circulation that fetal heart tones are slowed, frequently disappear for several seconds and are reestablished following contraction only after a transient period of irregularity. This indicates that placental circulatory insufficiency is present to such a degree that normal labor would most probably cause the death of the infant. Cesarean section is performed on these patients if the baby appears to be large enough to survive extra-uterine life. If the fetal heart tones are not affected in the way described, vaginal delivery is anticipated.]

Indications for delivery

1. Severe toxemia after the 35th week
2. Increasingly severe toxemia (at any phase of gestation)
3. Signs of placental insufficiency
4. Eclampsia
 - a. 24 to 72 hours after first convulsion

5. Other complications
 - a. Abruptio placenta
 - b. Fetal distress
 - c. Kidney failure

Types of delivery

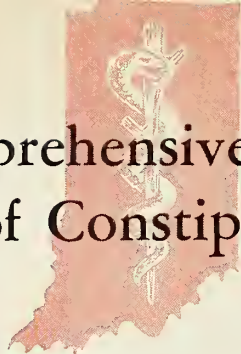
1. Vaginal
 - a. Stripping membranes and Pitocin drip
 - b. Rupture membranes
 - 1) Only if vertex well fixed in pelvis
 - c. Repeated Pitocin drip (unripe cervix)
 - d. Deliver with:
 - 1) Pudendal block or local anesthesia
 - 2) Magnesium sulfate sedation
 - 3) Vasodilators for blood pressure of 160 or over
2. Abdominal
 - a. Emergency for mother or baby
 - 1) Signs of placental insufficiency
 - 2) Deterioration of mother's condition
 - 3) Abruptio placenta
 - 4) Obstetrical reasons
 - b. After failure of medical induction
 - c. Deliver with:
 - 1) Local anesthesia
 - 2) Magnesium sulfate sedation
 - 3) Vasodilators for blood pressure of 160 or over

Summary

An outline of medical therapy based upon prominent aspects of pathophysiology in toxemia of pregnancy is presented and the principles of obstetrical management are emphasized.



A Comprehensive Approach to Relief of Constipation



ROBERT L. FEIGHTNER, M.D.

Fort Madison, Iowa

CONSTIPATION has been defined in many ways by various authors. Lay people and even many physicians think of constipation only in terms of frequency of bowel movements. In reality, however, constipation is a word used to describe several aberrations from the normal process of defecation, including:

- Infrequent evacuation of the bowels.
- Difficult evacuation of the bowels.
- Evacuation of excessively hard or dry stools.

Considering these factors, one may define constipation as a symptom complex characterized by the following:

- Infrequent defecation or difficult defecation due to the passage of unduly hard stools or a combination of both.

In turn, infrequent defecation may be caused by either inadequate bowel motility due to lack of peristalsis or lack of bulk within the intestinal tract.

The above definition of constipation takes into consideration most of the causes of constipation. Therefore, it seemed logical to investigate a combination drug that would contain an agent to treat each of these basic conditions. Such a product then would contain:

- A peristaltic stimulant
- A bulking agent
- A stool softener

An experimental product* was investigated containing 30 mg. standardized glycosides of

* Supplied as COMBINACE by Mead Johnson & Company.

casarea, 50 mg. of dioctyl sodium sulfosuccinate and 750 mg. of sodium and calcium alginate. This product was studied in both granule and tablet form.

Rationale For Drug

Wilson and Dickinson¹ were the first to publish a report on the clinical use of dioctyl sodium sulfosuccinate in the treatment of constipation. These investigators reported that dioctyl sodium sulfosuccinate prevented the formation of hard, dry stools without the danger of toxicity or decreasing effectiveness even when used regularly for indefinite periods of time. Towsley,² Antos,³ Turell, *et al.*,⁴ Feigen,⁵ Rosenfeld, *et al.*,⁶ and others confirmed these findings.

However, it became clear to most clinicians using dioctyl sodium sulfosuccinate, that while this drug was effective in preventing the formation of hard, dry stools, a peristaltic intestinal stimulant was often necessary to facilitate the evacuation of the soft stools. Consequently, a number of products were introduced combining dioctyl sodium sulfosuccinate with a peristaltic intestinal stimulant. These products were effective in the treatment of a large number of the causes of constipation.

Many agents have been recommended for the treatment of constipation due to lack of bulk. Among these are agar, tragacanth, psyllium seed, methylcellulose, carboxymethylcellulose and bran. Most of these bulking agents act by binding water into the stool. In 1953, Mulinos and Glass⁷ reported on the use of the alginates as effective bulking agents in the treatment of constipation due to lack of bulk. Because of the superior ability of the alginates to absorb water,

these authors termed them as hydrasorbent agents.

The alginates are salts of aginic acid and are derived from seaweed or kelp. They are commercially available as the sodium and calcium salts, both of which have a bulking action. The alginates have found widespread use in industry as binders for ice cream and other frozen dairy products.

The alginates have unique properties inasmuch as they do not exert their hydrasorbent and, thus, bulking action, in an acid pH. Therefore, the alginates do not interfere with appetite or gastric motility since they exert their bulking action only in the alkaline pH of the small intestine. In addition, the alginates have been found to be from four to five times more effective water absorbing agents on a gram for gram basis than either the laxative grade of methylcellulose or the mucilloid derivative of psyllium seed.⁸ Thus, the alginates give greater bulking action and can be used in smaller doses and can be made into convenient tablets.

The Study

Fifty chronically constipated, habitual laxative users at the Iowa State Penitentiary were selected for the study. All of the patients were regular laxative users over a period of several years. The patients took each of the below listed products for seven-day periods and were allowed to set their own dosage.

1. Granules consisting of 30 mg. standardized cascara glycosides, 50 mg. dioctyl sodium sulfosuccinate and 750 mg. of sodium and calcium alginate per 7 gm. dose, dissolved in half a glass of water.
2. A tablet consisting of 30 mg. Peristim, 50 mg. dioctyl sodium sulfosuccinate and 750 mg. of sodium and calcium alginate.
3. A placebo lactose tablet.

Each of these patients received from one to four tablets or one to four 7 gm. doses (heaping teaspoonsful) of the granules daily. The average dose was two tablets or two heaping teaspoonsful of the granules a day. The results are tabulated in Table I. Only those patients completing seven day periods on one or more of the products are tabulated.

Those patients completing the study had an average of better than a bowel movement a day on either the tablet or granule form of the lax-

Results

	No. of Patients	Average No. of Bowel Movements Per 7 Days
Product No. 1. (Combinec Tablets)	47	8.23
Product No. 2. (Combinec Granules)	42	7.38
Product No. 3 (Placebo Tablets)	44	5.09

Statistical Significance

	Probability of Error	Statistically
Product 1. vs. Product 3.	Less than 0.001	Significant
Product 2. vs. Product 3.	Less than 0.01	Significant

TABLE I

Results

	No. of Patients	Average No. of Bowel Movements Per 7 Days
Product 1. (Combinec Tablets)	43	7.72
Product 2. (Combinec Granules)	38	6.84
Product 3. (Placebo Tablets)	40	4.25

Statistical Significance

	Probability of Error	Statistically
Product 1. vs. Product 3.	Less than 0.00	Significant
Product 2. vs. Product 3.	Less than 0.001	Significant

TABLE II

ative agents. Both forms were effective laxative agents. There was a significant statistical difference when each of the laxative agents were compared with the placebo.

The results with the tablet form were better than that of the granule form because the patients tended to take larger doses of the tablet. This was probably because the patients liked the convenience of the tablet form.

One patient was unable to complete the study because of a transfer and eight of the patients voluntarily dropped out of the study. It is interesting to note that six of these eight patients dropped out after failing to have a good laxative action while they were taking the placebo.

Comment

No control group, other than the placebo group, was used in this study, because of the difficulty of convincing habitual cathartic users to discontinue their laxative medication. One might question whether a patient having five bowel movements a week (as did the average of the placebo group) was really constipated. This observation might be explained three ways:

1. The psychological effect of placebo medication.
2. A possible mild laxative effect of the lactose placebo.

3. The rather surprising finding that four of the patients had an average of two bowel movements a day regardless of what medication they were taking. If we were to eliminate these four patients (Table II) the placebo group would average 4.25 bowel movements a week, not greatly different than the 3.93 reported by Cass and Frederick.⁹

One of the difficulties encountered in the investigation of laxative agents is to find a sufficiently large number of ambulatory patients to conduct a study. Physicians generally agree that constipation is one of the most common symptoms. However, rarely do patients come to a physician with a presenting complaint of constipation. Therefore, most studies with laxative agents are conducted in the relatively abnormal environment of hospitals or similar institutions. This study, therefore, represents one of the few where otherwise healthy, ambulatory individuals were used in the evaluation of the laxative agent.

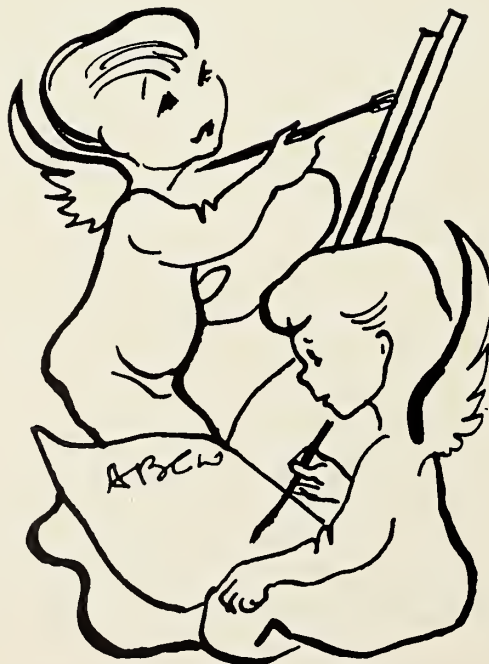
Summary

A new laxative agent, Combinace, combining the stool softening action of dioctyl sodium sulfosuccinate with a mild peristaltic stimulant and an effective hydrasorbent bulking agent, was an effective laxative agent in the treatment of chronically constipated, habitual carthartic users.

Grateful acknowledgement is made to Warden Percy A. Lainson, the staff and inmates of the Iowa State Penitentiary, without whose excellent cooperation this study would not have been possible.

REFERENCES

1. Wilson, J. L., and Dickinson, D. G.: Use of Dioctyl Sodium Sulfosuccinate (Aerosol O. T.) for Severe Constipation, *J.A.M.A.* 158:261-263, May 28, 1955.
2. Towsley, H. A.: The Constipated Infant, *Michigan State Med. Soc. J.* 54:1064-1066: 1138, Sept., 1955.
3. Antos, R. J.: A New Approach to the Treatment of Severe Constipation, *Southwestern Med.* 37:236-237, April, 1956.
4. Turell, R.; Pomeranz, A. A., and Denmark, S. M.: Collective Review: The Colon and Anorectum in Pediatric Practice, *Internat. Abst. Surg., Surg., Obst. & Gynec.* 103:209-235, Sept., 1956.
5. Feigen, G. M.: Soiling in Children Due to Chronic Fecal Impaction, *J. Pediat.* 49:407-409, Oct., 1956.
6. Rosenfeld, S.; Bogdanski, K., and Goldner, M. G.: Fecal Impaction and Its Management in the Chronically Ill, *Geriatrics* 13:106-109, Feb., 1958.
7. Mulinos, M. G., and Glass, G. B. J.: The Treatment of Constipation with a New Hydrasorbent Material Derived from Kelp, *Gastroenterology* 24:385-393, May-Aug., 1953.
8. Berger, F. M.; Ludwig, B. J., and Wielich, K. H.: The Hydrophilic and Acid Binding Properties of Alginates, *Am. J. Digest. Dis.*, Feb., 1953, pp. 39-42.
9. Cass, L. J., and Frederick, W. S.: A Clinical Comparison of Bulk and Stimulant Laxatives, *The Journal-Lancet*, 105-108, March, 1955.





Time-Lapse Photography: Usefulness for Investigation of Normal Sleeping Patterns

L. EDWARD GAUL, M.D.,
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Description of equipment

AN AUTOMATIC timer was purchased from the Stevens Engineering Company, 2421 Military Avenue, Los Angeles, Calif. The cost was \$99. It is driven and timed by two synchronous electric motors. It can be plugged into any standard house outlet. There is a wide range of timing cycles covering intervals from one and one-half seconds to six minutes. An instruction sheet is furnished for setting the various cycles desired. The timer also has a flat camera mounting base with side guides for perfect camera alignment and, in addition, has a tripod mounting hole. It is designed to attach a Bolex H-8 or 16 moving picture camera. A Bolex H-16 was purchased for \$245. It accommodates a 100-foot role of film. The timer, camera and other necessary gear were easily carried in a physician's bag. A small screwdriver is the only tool needed.

Technique Employed for Obtaining Normal Sleep Patterns

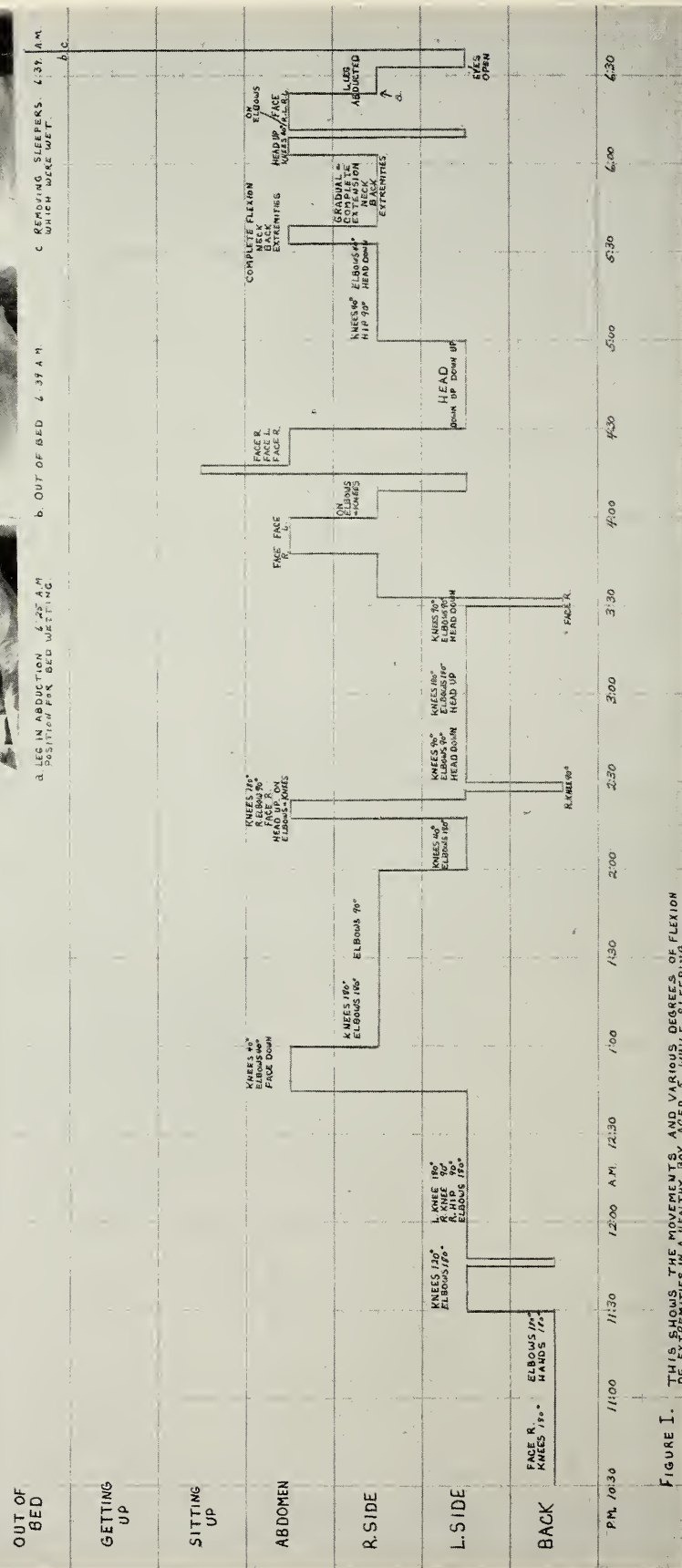
A flood lamp containing a 60-watt bulb was secured at the head of the bed about four feet above the bed surface. It was adjusted so that a person could lie in bed without the light shining directly in the eyes. It made a good reading light. A bedside light containing a 60-watt bulb also proved adequate for the light requirement. By means of the view finder on the camera, the bed surface, including a bedside chair, was brought into focus. A clock to denote the time each frame was taken was placed on the wall near the bed. The angle of filming was about 45° to the long axis of the bed. The usual photographic rules were followed.

The timer was set to take a frame every 30 seconds. The data obtained reflects this setting. A shorter or longer interval would doubtless reveal different sequences of information. At 30-second intervals, about 25 feet of film is used every eight hours for a total of approximately 960 pictures. The camera must be wound about every four hours. A most valuable finding to date is the complete reliability of the equipment. Plug it in, keep it wound and the pictures are taken. The developed film is inspected in a film viewer or editor. An hour can easily be spent viewing 25 feet of film. The film is a permanent record.

Normal Sleep Pattern

The subject was a 6-year-old healthy boy. He was accustomed to sleeping with a night light in the room. The presence of the flood lamp and camera in the room aroused only passing interest. The click of the camera caused no comment. He was put to bed about 10 p.m., (Daylight Time) and about a half hour later was asleep. The first 60 frames covered the going to sleep shenanigans. The data obtained are translated into graph form in Figure I.

Each small square represents three minutes or a total of six pictures. The position of the head, knees and elbows was roughly estimated in terms of degree of flexion. During normal sleep, a great deal of body movement occurs. The torso changed positions 27 times during eight hours with proportionately greater motion of the head and extremities. The longest period of no discernible motion was one hour. There was no consistent cycle to the movement. On the back, the movement was to the left side three times and once to the right side. On the left side, move-



ment was to the back three times, abdomen once and right side once. On the right side, movement was to the abdomen four times and left side once. On the abdomen, movement was to the right side four times and left side three times. There was less motion from 10:30 p.m., to 3:30 a.m., than from 3:30 a.m., to 6:30 a.m. In two teenagers this pattern was reversed. The longest periods free of movement occurred before awakening.

The frame at 5:35 a.m., disclosed the subject in almost complete flexion. The chin rested on the chest, the back was bowed and the extremities cuddled into the chest and abdomen. Unfortunately, a thermometer and hygrometer with scales large enough to photograph were not available. The flexion response might have been due to getting cold. Successive frames showed a gradual extension. He emerged from this position on the abdomen with the head up. An estimation of the amount of time spent upon the various body surfaces disclosed that one hour and nine minutes was spent on the back, three hours and eighteen minutes on the left side, one hour and nine minutes on the abdomen, and two hours and thirty minutes on the right side. Either the left or right side was the favorite sleeping position for this subject.

The frame with the left leg in abduction was most unusual (Fig. I, a).¹ This was the position for bed wetting which in a few minutes was followed by the eyes opening. A few minutes later the subject was out of bed (b) and removing the wet sleepers (c). No frames disclosed any manipulative acts by the hands, feet or other parts of the body. If time-lapse photographic procedures win enough merit, sleep patterns will be needed for all ages, and from each series the norm established. The best timing cycle will

need study and, of course, the photography can reach for perfection.

Discussion

The impression occurred while viewing the frames that a new insight into human behavior was being experienced. The psychic and motor responses preceding sleep were photographed in a teenage girl. Normal patterns of sleeping habits might find use for comparison with patterns of sleep occurring in various diseases. Developing facilities and projection equipment would permit viewing in a few minutes the behavior of a patient every two seconds over a 24-hour period. Histories could be substantiated. Does the child actually have a sleeping problem? The actions of drugs could be more accurately determined. This method appeared suitable for a study of manipulations of the skin and its appendages such as nail peeling, hair plucking and twisting, hair pulling, biting and sucking, fondling, pinching, tapping, pressing, squeezing, pulling, excoriating, rubbing, massaging and scratching.¹

The area of skin irritated, the kind of manipulation, the number of times it is performed each hour during the day or night, the time of the act, and the duration of the act can be catalogued. Patients with habit dermatoses often perform the acts unconsciously. If photographic evidence is presented to them or the parents, this can become an inspiration, or induce enough chagrin, to aid in breaking the habit. Time-lapse photographic studies are simple to carry out and do not require special photographic training.

BIBLIOGRAPHY

1. Gaul, L. Edward: Habitual manipulations in acne vulgaris. *J. Ind. State Med. Assn.* 49:1192 (Oct.) 1956.

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"THAT THEY MIGHT HAVE LIFE"

"I am come that they might have life, and that they might have it more abundantly."

Jesus Christ, whose birthday we celebrate this month, uttered those words almost 2,000 years ago. They have succeeded in lifting the spirit and confidence of untold millions of persons around the world.

It is ironic, is it not, that in a month in which the Christian world celebrates the birth of the Man, who came to give us Life, the black hand of Death falls heavily upon our streets and highways?

For example, last December, 123 Hoosiers died in traffic accidents. Two years ago, 116 lost their lives in December. The tragic fact remains

that, had someone been more careful, these 239 persons might yet still be alive.

Some blame the complexities of the age in which we live for the accident toll. But, human nature being what it is, our hurry-up-we-haven't-a-minute-to-spare philosophy is largely to blame for any accident.

This holiday season, it might do well if we would learn the true meaning of Jesus' profound statement: "I am come that they might have life, and that they might have it more abundantly."

Submitted by the
Indiana State Police Department

POLIO IMMUNIZATION

When polio vaccine was limited in supply everyone wanted it. Now that the supply is ample there are so many people who do not take advantage of it that the reverse seems true.

Surgeon General of the Public Health Service Leroy Burney and Secretary Flemming of the Department of Health, Education and Welfare have taken notice of this situation and are planning another public educational program. In spite of the fact that the educational program fell short of expectations last spring, the drive will be continued.

Dr. Burney recently made a report on the 1958 polio season and announced some startling and significant findings.

Of the population under age 40, about 53% has not had the basic three injections, and over a third has had no vaccine at all. There were 1815 cases of paralytic polio during the first nine months of 1958, 258 more than in the same period in 1957.

Cited as a disturbing factor was that in six states (Michigan, New Jersey, Virginia, Texas, West Virginia and California) the majority of paralytic cases, 416 out of 781 were among children under five. Of these 416, four out of five had had no vaccine.

There is mounting evidence that incidence of

polio is increasing in lower socio-economic groups. Mr. Flemming blames this on apathy, not on any "insurmountable financial obstacles." He pointed out funds were available from a number of sources and that the AMA has encouraged state and local societies to organize community clinics and provide vaccinations at minimal cost.

The increase in the number of paralytic cases is no reflection on the efficacy of the vaccine. During the 3½ years of use, effectiveness rate has held at between 60% and 90%. Nor is there any evidence that properly vaccinated persons are losing their immunity.

The data on children under 5 would indicate that the public has not been sufficiently impressed with the importance of vaccination in this group. Whenever vaccination has been successful in preventing epidemics, there is a tendency to become apathetic and to neglect immunization of the younger generation. Indiana had a demonstration of this in the case of diphtheria a few years ago. The entire country suffers chronically recurring outbreaks of smallpox on this basis.

A good starting point for public education and for immunization campaigns would be the group under 5 years of age.

Suggestions Wanted

Dr. E. T. Edwards, Chairman of the Commission on Medical Economics and Insurance, is anxious to receive suggestions in regard to matters appropriate for consideration by his commission. All members of the ISMA are invited to submit any comments, suggestions or questions in regard to medical economics or insurance. Address Dr. Edwards at 1045 Washington Ave., Vincennes.

The President's Page

Now that the elections are over the analysts are busy evaluating what happened and what the future holds for America. We, too, are interested in what the future holds for medicine. From the reports it is indicative that we must not be too hasty in making any final decisions. While many feel liberalization will predominate, others feel that conservatism will still prevail. Your officers and commission members will be alert in their endeavors to keep the people's health foremost at all times.

The general meeting of all the commissions has been held and members were given instructions as to their duties and responsibilities. Each commission, after the assembly for instructions, met separately to organize and plan their activities; then each chairman presented his program for the year to the final general meeting of the commissions. We had a good response and I believe we will have a very successful year. There are several areas of study that I hope will be fruitful, particularly in the fields of (1) publicity, (2) intensive program of immunization, (3) hospital medical staff organization, (4) patient care in hospitals, (5) need of nurses and teachers, (6) cost of hospital and medical care and insurance plans, (7) problems of ageing, (8) more emphasis on scientific aspects, especially at our annual meeting, (9) legislation in promoting good health bills and wise opposition to poor ones, (10) increase in number of scientific papers in our Journal, (11) prepare instruction booklet and calendar of required reports for officers of each county and district society, and (12) a study to analyse and improve the internship program in Indiana.

I am sure that we can accomplish these objectives and I hope that others I have not mentioned will be uncovered and promoted if good for the people and the medical profession. Since this is the month of Christmas, may the religious spirit stimulate our ever present dedication of service to the people.

The officers, the executive secretary and his office staff, and myself wish to extend to all of you a very merry Christmas and happy New Year.

Kenneth L. Olson M.D.

The Future of Medicine

M. C. TOPPING, M.D.*

Terre Haute

I.

IN EXAMINING a subject as broad, yet with as many possible ramifications as "The Future of Medicine" my observations will of necessity be limited to an extension of the trends I have seen established during my 30 years of practice. Of this, however, I am certain—these trends are so obviously toward a certain direction that there is little chance for much diversity of opinion in their interpretation. Controversy, when it arises, is limited to those divergences of ideas as to the best ways to either reverse these trends or to so shape our individual and collective destinies to fit them. I am aware of the limitations imposed upon the reception of my remarks by the extreme youth of your speaker and with the relatively short association he has had with your collective problems. This association has been most pleasant and profitable, but as is the case with most presidents, just at the time when he has begun to get the hang of things, he retires into the lost limbo of oblivion especially reserved for past presidents. Perhaps it is just as well—I think presidents are a lot like garlic—a little rubbed on the salad bowl is all right for flavor, but slice it up over the entire mess and the salad is easily ruined.

Let us then look back over the past 30 years and see the directions that medicine has taken; let us appraise our present assets and frankly examine our liabilities; finally we may point into the future of medicine and see what lies at the end of our true heading.

In the eyes of the public the greatest medical advances made during the past three decades have been in the field of therapy. In no period of medical history has control been so effectively



M. C. Topping, M.D.

established over so many diseases, no period has seen the addition of so many tools to the physician's armamentarium. The antibiotics in particular have added to the life span. Their use has made possible many procedures which would otherwise have been ill fated. Chemicals have made more effective the treatment of tuberculosis, malaria and high blood pressure. Biologicals, both extracts and synthesized, have become powerful tools for the possible eradication of diseases such as diabetes, arteriosclerosis, the arthritides and other of the specific endocrine disorders. Antihistamines in the field of allergies and tranquilizers in the field of mental disease have become valuable tools. Vitamins, just ap-

* Immediate past president of the Indiana State Medical Association. Address delivered on President's Night, October 14, 1958, during the 109th annual convention of ISMA at the Murat Temple, Indianapolis.

Future of Medicine

Continued

pearing on the horizon when I entered practice, are now household words, and by many considered essential to normal health.

There were those a generation ago who thought that surgery had reached its peak and that the future of surgery had little to offer save in the perfecting of technique. Quite to the contrary, operations are being done today that would have been termed impossible by our fathers. Much of the credit for making this possible must be given not only to the development of the antibiotic agents and control of infection, but also to the great advances made in the understanding and administration of anesthetics. Special adjuncts to anesthesia such as the artificial kidney, the heart and lung machine, hypothermia, and the use of new local, regional and general anesthesia agents, have opened new territories to the general surgeon and have paved the way to the establishment of new surgical specialties. Chest surgery is now commonplace and is by most considered the favored avenue of approach to the treatment of many conditions hitherto unavailable of access. The entire field of blood vessel surgery is of very recent development. The control of bone infections, a better knowledge of the mechanism of bone repair and recognition of the principles of functional treatment, have made many bone and joint operations possible that were not dreamed of 30 years ago. Cornea grafts, fenestration operations, hip pinning, intramedullary nailing, artery grafts, vavulotomy, replacement prosthesis, abdominoperineal resection, lobotomy, transurethral prostatic resection—these are just a few of the operations now seen scheduled that were unheard of when I was in medical school.

The most spectacular achievement of medical science and practice has been in infant and maternal care. Not so long ago, all over the world, most children died in infancy or during their early teens. Only a small percentage survived into adulthood. Today the situation is entirely different. Even in 1928, the year I started in general practice, the infant mortality had been reduced to 7.2%. Today it is 2.6%. The maternal death rate in 1928 was .65%. Today it is less than .05%. Moreover, children today grow faster and larger than they did even

a generation ago. Visit any museum and imagine fitting one of your sons into a suit of medieval armor or your daughter into the dress of an 18th century lady.

Another branch of medicine in which great progress has been made is that of organized public health activities. Indeed the greatest medical advances in the past century have resulted not from the discovery and use of new therapeutic agents, but from enlightened public health policies, particularly those bringing improvements in sanitation, immunity and nutrition. The United States Public Health Service and the Indiana State Department of Public Health have grown and their place in the medical field is now well accepted. Their activities in preventive medicine, sanitation and hygiene, control of water supplies, control of food supplies and nutrition, vaccination and immunologic techniques—these were the measures that brought under control the huge disease problems which plagued our forebears. Diphtheria, scarlet fever, whooping cough, typhoid fever, typhus, yellow fever, bubonic plague, tetanus, syphilis, malaria, influenza, infectious diarrhea—all of these and more are not the scourges they were only a generation ago. Nutritional deficiencies in the western world had all but been wiped out even before the advent of the vitamin pill. The mortality from tuberculosis had been decreased from an estimated 1500 per 100,000 of population in the 19th century to 130 per 100,000 in 1927 before the advent of any effective antituberculosis drugs. Today it is 8 per 100,000. Any study of epidemiology during the past century will prove beyond a reasonable doubt that the greatest progress in the mass control of disease has come about not by the treatment of disease, but by its prevention.

Hospitals have kept a-pace of the changing times. Today they are recognized as big business and trained administrators have been educated to supervise their affairs. They are independent units and operate on the local level through the integrated efforts of the board, the administrator and the medical staff. The joint Commission on Accreditation of Hospitals has stimulated our institutions to raise their standards and thereby increase their effectiveness in rendering good care to the patient. There has during the past 30 years been a great expansion of hospital facilities, partly through grants in

BE A SANTA CLAUS



“Give” Heed to Traffic Laws!



MERRY CHRISTMAS

Indiana State Police

Future of Medicine

Continued

aid and partly through public subscription. Our hospitals today provide services to the doctors and their patients unthought of only a generation ago.

Much of the development of hospitals and the great increase in their usage has come about through the growth of voluntary pre-paid health insurance. From experimental beginnings some twenty years ago, largely through the efforts of organized medicine, the coverage of hospital surgical and medical expenses by Blue Cross, Blue Shield, private insurance companies and independent plans has been phenomenal. Over 110,000,000 in this country today have this coverage.

Medical education has made great strides. Great medical centers have grown up around the medical schools so that today there is little similarity to the type of school from which we graduated only a few years ago. Through their increased clinical facilities, newer teaching methods and generally better conditions for learning, the physician who is graduated from medical school today and has completed his internship and residency training program is far better equipped to begin the practice of Medicine than I was thirty years ago. These doctors, working singly and in groups—in partnerships, in small clinics, in large medical centers—are giving to our people the best medical care that this or any country has ever known. There are also many older men who have striven to keep abreast of the times by post-graduate training, attendance at meetings such as this and exhaustive reading, who are dedicated to their patients and to their profession. These are physicians of character—they form the hard core, the backbone of our profession—their great desire is to serve and to thereby better the condition of their fellow men.

The greatest health organization this world has ever known—The American Medical Association and its contiguous parts, the 52 state and territorial associations, is working not alone for the betterment of its own members, but is perhaps unique among all organizations of its kind in being a tremendous force in the betterment of patient care and the public welfare. In the eyes of the public, alas, this association is comparable

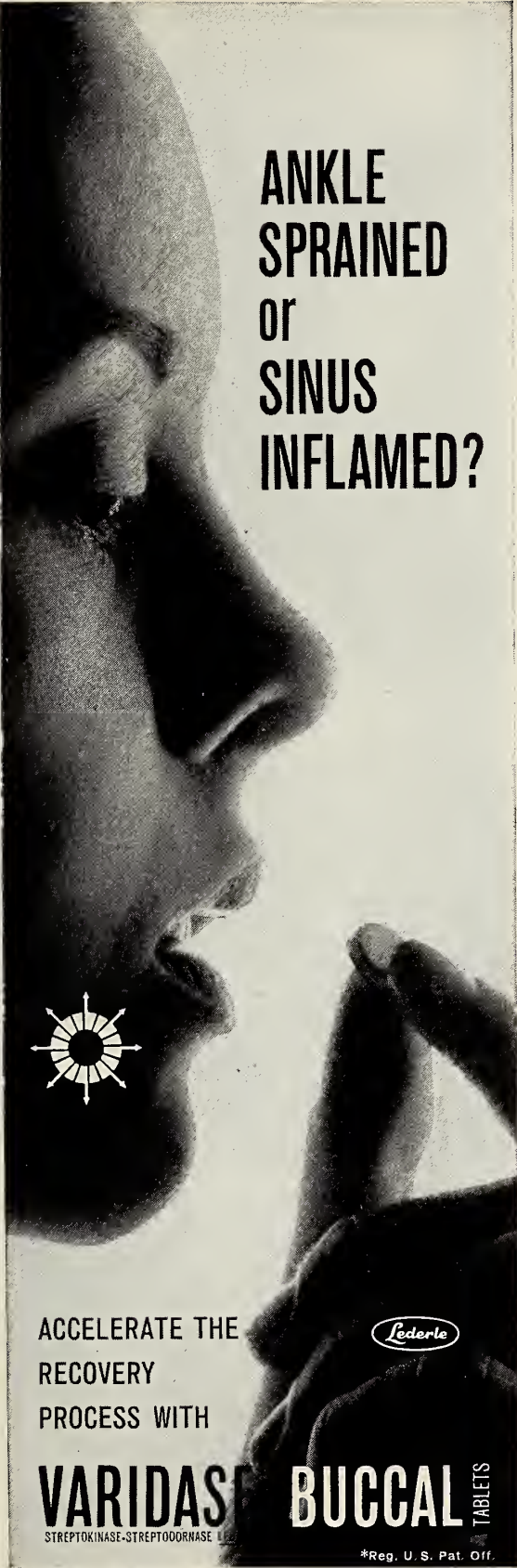
to a business trust or labor union with all of the implications of selfish interest inherent in each—its service as a watch dog to warn against disease, accidents and poisonings, quackery, unethical practices, the lowering of standards, the encroachment of outside interests, is seldom seen and less frequently recognized. It is also a public servant in its support of medical education, its student loan funds, its non-profit administration of governmental medical programs, and its function in acting as advisor to the President and to the Congress in scientific matters and to the public on matters of health.

Largely through the influence of this organization we doctors still enjoy freedom of practice and the people enjoy freedom in their selection of medical care. Medical practice is still accepted by the public as part and parcel of the American system of free enterprise. The physician is still free to treat his patients according to his best knowledge and the dictates of his own conscience. No state or federal bureau has come to dominate his judgment. Likewise the standards of medical education are those set by the profession itself, and not those promulgated by the government or any other agency. The average citizen is still responsible for himself and his family—he is not a ward of the government—he must make a personal effort to provide medical care for himself and his family.

II.

It would be easy for me and perhaps easier for you if we would stop here. I have painted a glowing picture of our accomplishments during the past generation in medical care, hospital care, public health, education, medical economics and organization for public service. It is a proud heritage for those who are to come after us and one in which everyone here shares my pride. But no appraisal of the medical assets which we have accumulated during the past should be given without listing also our liabilities. Their sober consideration will affect more the future trends of medicine than will praise for the accomplishments of the past.

I have already mentioned the popular belief that the great advances in medicine have been associated with the discovery and use of the “wonder” drugs. The continuing search for them is the most publicized approach to the



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control of modern health problems. There is certainly no intent here to minimize the usefulness of these agents in treating disease, but it is essential to reaffirm the indubitable fact that prevention and not treatment is the most effective approach to the control of disease. It is a widely held belief, for instance, that if a drug were found that would cure cancer, in no time at all the conquest of this disease would be an accomplished fact. Indeed a drug was found some 20 years ago that would cure gonorrhea so quickly, cheaply and easily that everyone thought that this disease would cease to be a problem. To the contrary, the incidence of gonorrhea in the United States has not decreased and resistant strains of the disease have developed which have in many instances complicated the treatment problem. The reason for this failure lies in a relaxation of the consideration of this disease as a social problem that cannot be dealt with by merely treating patients. Likewise, the control of cancer demands an understanding of its cause and the reasons for its prevalence.

We must not in medicine adopt the policy which seemingly prevails in our own Congress. In a racketeer ridden society, in a Communist infested government bureau, even in the unwise mechanization of office holders themselves, a Congressional committee may expose them and blast them out into the open, and it appears that peace has been restored and all is purity from within—the disease eradicated. In reality, however, the elimination of the villains does not solve the fundamental problem. The conditions which allowed them to gain power in the first place have not been corrected and will soon allow others to come in. Similarly accounts of the successful treatment of a disease do not solve the problem of disease, either in the individual treated or in society.

I have recounted the accomplishments of medicine in reducing infant and childhood mortality. As I have said, every child born in the Western World now has an excellent chance of surviving into adulthood and living a fairly normal life. I have said that the average life span has thereby been expanded and life made more productive. Contrary to popular belief, however, the expectancy of life beyond the age of 45 has hardly improved at all. As a matter of fact, it may decrease as the result of the accumulation of certain genes in the human

Future of Medicine

Continued

stock that used to be eliminated by nature's cruel expedient of weeding out biologically defective children at birth or before the procreative age. The increase in the incidence of degenerative diseases, probably the major adult health problem of our era, is not as so many people suspect, the result of the increasing longevity of man, but because of the survival of so many more biologically defective children into adulthood and their production of more and more similarly affected progeny.

It can be seen, therefore, that our present society has more and more old people but not older people. This presents increasing treatment burdens upon the medical profession in addition to those assumed by it in preserving the children. Immense though this achievement has been from the humanitarian standpoint, it is fraught with unforeseeable social and economic consequences. True, we have shown that we can deal with it by the use of new treatment procedures, new surgical techniques, new laboratory and diagnostic tests, more hospital beds, new social concepts and mental health ventures, but the economic and human resources required to meet these endeavors will continue to increase. Ten % of the national income is now spent on medical care and as new medical discoveries demanding expensive supplies and specialized skills arise to treat an increasing percentage of American families in need of such care, the inroads into the national income will expand.

The cost of hospital care has been increasing by leaps and bounds so that today it is almost out of hand. While medical costs have risen somewhat less than its proportion of the overall raise in the cost of living, hospital costs have soared to five times as much. This is partly due to the great expansion in facilities to keep pace with the increasing demand for the latest in diagnostic and treatment methods, partly to the great increase in the employment and pay of hospital personnel, and partly to wasteful and costly management and administrative methods.

Many of our hospitals seem to have lost the personal touch. They have assumed the characteristics of diagnostic factories and surgical production lines. There is little patient nursing by nurses; they have largely assumed super-

visory and secretarial roles. As a result most patients assume the identity of bed or room numbers, charts at the nurses stations, or diagnoses at the record room. Few inmates attain the station of an honored guest in the house or of a patient in whom anyone is interested as a person.

The medical profession itself is not entirely blameless. While it is self-evident that the practicing physician is doing a great work in his community, there are certain tendencies which are creeping in to lower his prestige and to impair his effectiveness. A part of this is due to anti-medical propaganda, a part to the unrecognized resentment by the public of the outward show of prosperity assumed by many doctors, and a part to that small area of legitimate complaint which we must accept as being justly due. There is the tendency for the physician to think of his patient as a problem to be solved rather than a person to be served. He may rely too much upon tests and techniques and too little upon reason, intelligence and interest.

There is an increasing inclination to become so engrossed with a particular organ or system of the body that he forgets that the patient is an integration of functioning body, acquisitive mind and immortal soul. There is a trend in some quarters to place too much emphasis upon financial rewards, allowing the hope of monetary gain to wield an unhealthy influence upon the doctor's opinions and his work. There is a generally developing attitude of intolerance within the profession to outside criticism and a loss of the scientific aptitude for introspective self evaluation.

Some of the liabilities of the profession extend into the field of medical education. The curricula of the medical schools have become so involved and the teaching so increasingly concerned with the scientific aspects of disease, that little time is available for instructions in the basic concepts of medical practice. The art of medicine has suffered because of a neglect in most of our schools of emphasis upon spiritual values. Our students have been led to believe that once having identified and codified, absolutely and completely, the phenomena that infringe upon their imperfect senses, they are ready for the practice of medicine. Pride in their

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Future of Medicine

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new-found knowledge leaves little room for the humility necessary to the practice of the art of medicine. Recognition and reverence for the Hand that shapes scientific laws and brings order out of chaos is not taught and is seldom implied in the teaching program.

One of our greatest needs is for better health education of our own people. In his daily contacts with the public, the practitioner has a duty too seldom observed, to teach his patient the rules of healthy living. Items of simple health education not receiving the wide publicity they deserve are the essentials of proper diet, the desirability of routine health examinations, the elementary principle of seeking medical help early in sickness, and the dangers of self medication. Last year the patent medicine industry paid out \$475,411,000 to advertise vitamin pills, pain relievers, suppositories, sun-burn lotion, royal jelly, anti-biotics and liver pills. It would require at least as great an expenditure for equal time and space to counter this harm with real health education. There appears to be an increasing gullibility to the appeal of the old-time barker and to his modern radio and television counterpart, who promises a cure with every bottle. The public spends its money in amounts greater than that spent for legitimate medical care for vitamins guaranteed to banish every ill, tablets that will melt away fat, laxatives that will promote the flow of golden liver bile, pain relievers whose ingredients are prescribed by doctors, medicine that removes the minor aches of rheumatism and arthritis sufferers, buffered substances that act much faster than aspirin and don't upset your stomach, elixers that will cure tired blood and tranquilizers that will allay every woe and worry. Too little is being done to counter the blandishments of the charlatan, the quack and the medical cultist. We must be willing to climb down from the ivory tower of aloofness and show the people that despite advertising to the contrary, there is no panacea for all our ailments and that even vitamins, diets and the wonder drugs must be used with knowledge if they are to help and not harm.

A final weakness in our modern medical care is the way in which it has become a political issue. It was probably inevitable in these past

three decades of social revolution that government should look with lust upon the great profession of medicine. Stimulated by the cries of great segments of our society in the low income and indigent classes for increasingly expensive medical care, the new deal administration adopted the premise that it is a proper function of government to provide for the personal needs of all her citizens. This paternalistic attitude promoted the further idea that the way to furnish medical care to all her citizens was by a federally financed and controlled system of medicine—the way to improve and extend it was to appropriate enough money to some government bureau or agency to pay for it. Enabling legislation was narrowly averted, but the tenets of the government were only modified—not basically changed. The political concept of reaping party advantage by offering more and more benefits to the public still considers free medical care as a legitimate pawn in the game of “who gives the most.”

III.

Now let us, by evaluating the assets accumulated during the past 30 years, and by assessing the liabilities now extant, try to foresee the direction medicine is taking toward its future.

Undoubtedly there will be great advances in therapy and in technology. New and more potent antibiotic agents will be discovered to make more certain the conquest of not only the bacterial diseases, but also the viral and fungus disorders. The chemical nature of mental disorders will be discovered and their control brought about by the giving of drugs. Chemistry will bring other new tools with which to detect and fight pathological processes. So will electronics and atomic energy be used more extensively and with greater effect in the diagnosis and treatment of disease. Leukemia and at least many forms of cancer will become susceptible of cure through the discovery of specific medication capable of arresting its progress.

New surgical techniques will be devised and there will be further perfection of operating room asepsis. The surgery of repair—reconstructive and restorative work—will assume an even more important status as the general field is narrowed by more and more conditions be-

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The dosage for adults is 20 to 30 mg. daily in single courses no longer than three months. For children the daily dosage is 0.5 mg. per kilogram of body weight, in single courses no longer than three months.

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SEARLE

Future of Medicine

Continued

coming amenable to medical therapy. Methods for the successful transplantation of whole organs, or their replacement with permanent prosthetic devices, will become commonplace. A better understanding of the nature and mechanism of pain will be had and new, even more effective, anesthetic and analgesic agents will be in common use.

The work of the United States Public Health Service will be greatly expanded. An increasing amount of federal money will be appropriated for the support of research and for the control of food and water and for the improvement of public sanitation. All of the communicable diseases will be eradicated. The degenerative diseases will retreat from middle age and the young as preventive measures are discovered, and will probably be confined to the old and to terminal states. Synthetic foods, better methods of food preservation and easier, more effective ways to prepare foods will improve diet and nutrition. The water supply problems in many parts of this country will be solved—possibly by methods for

the utilization of sea water. Problems of water pollution, waste disposal and municipal sanitation will be solved and effective methods for their control established. A seemingly new kind of social evil, now breeding its own health problem—air pollution—will be minimized and the public will be protected against exposure to that which remains.

Vast new sources of energy only now being tapped will bring technological advances of a revolutionary nature to our society. Accidental death and injuries from agencies of transportation, industry and household gadgetry will increase until they become of major concern to the medical profession and to the public. Government concern with the problem may result in the creation of still another department—the Department of Public Safety—with broad powers of investigation and control. Airplanes and helicopters will be used increasingly by both physician and patient. Fast and reliable air ambulance service will be available over the entire country and local helicopter ambulances will furnish quick service directly from the scene

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Thenfadi® hydrochloride	4.0 mg.
Dihydrocodeinone bitartrate	1.33 mg.
Potassium guaiacol sulfonate	70.0 mg.
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Menthol	1.0 mg.
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Unprecedented Low Dosage—Less sulfa for the kidney to cope with . . . yet fully effective. A single daily dose of 0.5 to 1.0 Gm. maintains higher plasma levels than 4 to 6 Gm. daily of other sulfonamides—a notable asset in prolonged therapy.²

Dosage: The recommended adult dose is 1 Gm. (2 tablets) the first day, followed by 0.5 Gm. (1 tablet) every day thereafter, or 1 Gm. every other day for mild to moderate infections. In severe infections where prompt, high blood levels are indicated, the initial dose should be 2 Gm. followed by 0.5 Gm. every 24 hours.

KYNEX—WHEREVER SULFA THERAPY IS INDICATED

Tablets: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

references:

1. Griebble, H.G., and Jackson, G.G.: Prolonged Treatment of Urinary-Tract Infections with Sulfamethoxypyridazine. *New England J. Med.* 258:1-7, 1958
2. Editorial: *New England J. Med.* 258:48-49, 1958.

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Future of Medicine

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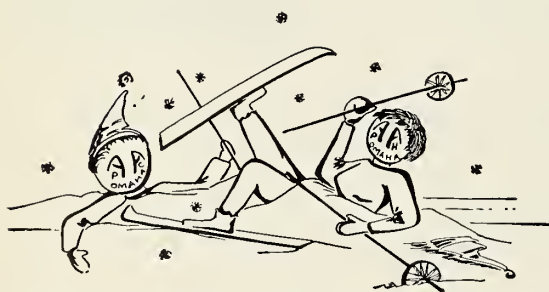
of the accident to the hospital or treatment center. Man's conquest of space will make rapid advances not only by the solution of technological problems, but also because of the results of medical research being done in the new field of space medicine. The vistas being opened in this realm—with its future implications concerning the nature of the universe itself—are of such awe-inspiring depth that they are beyond the realm of speculation in a paper of this perspective. Communications will be greatly improved. Direct dialing telephone systems will be available over the entire world, closed circuit television will be available as one adjunct to the telephone system and will be available of usage not only for medical education but also for long distance consultations between doctors.

The hospital building programs will continue of expansion with emphasis more and more on hospitals in suburban areas and smaller communities. The larger institutions in metropolitan areas will expand their patient capacities and help to reduce their costs by the addition of

wings and annexes for the care of the convalescent, the chronically ill and for the patient who needs rehabilitation. Other efforts will be made to decrease hospital costs. Automation will be employed more and more in an effort to decrease the number of paid hospital workers. Architectural changes, and the use of cheaper accommodations for the ambulatory and convalescent patients, will also help to decrease the overall costs. The employment of the hotel-chain idea in the management of hospitals will make for their more efficient administration by giving them the advantages of mass buying, central accounting and the exchange of personnel, thus avoiding much duplication of effort and cost. The general level of hospital care will improve. The idea of service to the patient will undergo a resurgence of appeal as the present nurse aid and practical nurse training programs accelerate. Attention to the personal needs of the patient once more will return to the hands of a trained nurse—that is, one trained in practical patient care.

Medical education will continue to increase both its physical plant and its scope. The number of medical schools will increase. As medical education becomes even more costly, some aid other than that secured through private and medical foundation grants will be forthcoming. Augmentation of private or civic scholarship funds will also be forthcoming from Washington. If large government grants are made, great pressure will be put on the schools to graduate men to fill government posts in the armed forces, the expanding public health services and in the great federal research centers to be established around the atomic industry and in space medicine. Training for private practice will also include additional work in the basic sciences and the humanities and will include expanded residency programs for the general practitioner.

Medical practice will change. The present trend toward specialization will continue with an increase in group practice in clinics. There will still be many in the general population, however, who will want the attention of an individual physician for themselves and their families. For these a new type of family physician will take the place of the present general practitioner. He will combine all of the attributes of the present generalist with the advantages of increased training. His work will consist largely of internal



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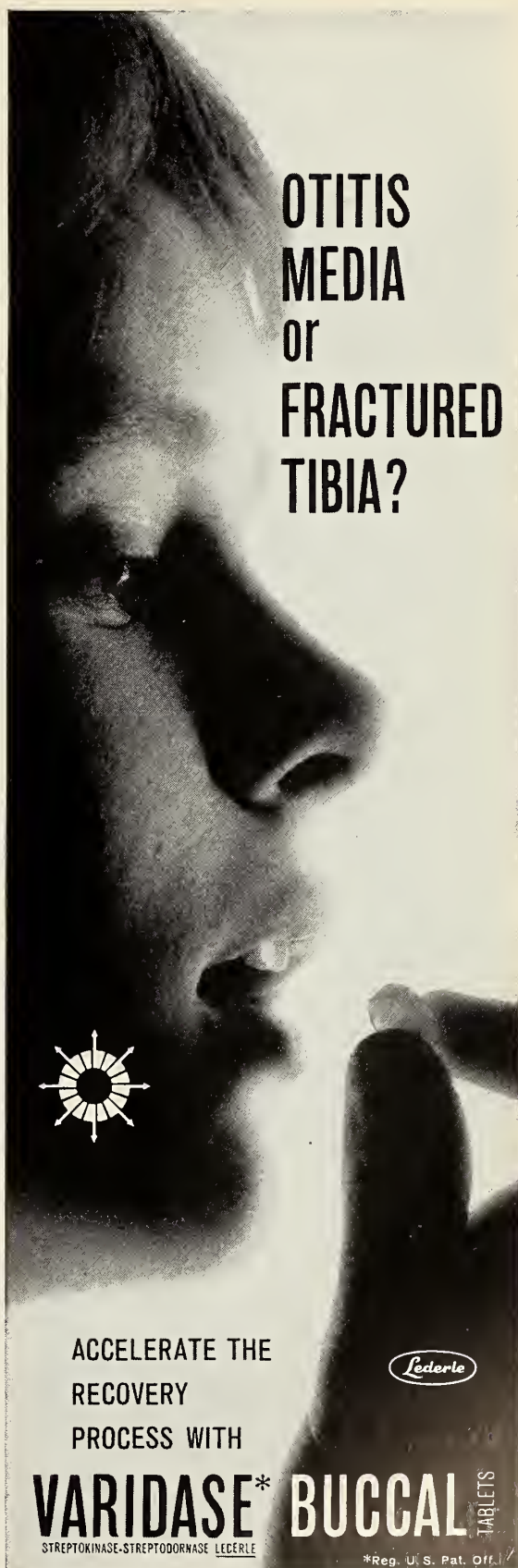
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medicine, pediatrics and psychiatry. He will do many office procedures in orthopedics, surgery and gynecology. Following the general population trend, his office will most likely be suburban where he will most effectively serve his patients. The illusion that by establishing an even more perfect medical service we will create a society in which medical care will no longer be necessary, will certainly be dispelled during the coming decades. As new medical problems arise, some as modified forms of old ones, others created by social and technological changes, and all accompanied by the problems of increasing population, crowding and even more demands for the care of the aged, there will be no retreat from the humane ideals and ethics of our profession. It will continue to regard all life as sacred and worth preserving at whatever the cost.

We should consider now the new demands that will be made upon medical resources and practice. New and fuller insurance plans will be in effect to underwrite the medical and hospital care of all classes of these new patients. It is probable that the coverage for the older age and retirement groups will have been pre-paid by the group and industry during their productive years.

As can be seen from various remarks I have made in the foregoing, efforts for more government participation in the field of medicine will undoubtedly be made. Strenuous efforts will certainly be made by social planners for the establishment of complete federal medical care or at least a program of medical care financed and controlled by the government for all. Many vacuous proposals for the purpose of socializing medicine will not be hard to predict. Economic progress as well as scientific advances in the practice of medicine come about through the wishes of the people—they do not arise in a social vacuum. The very existence of medical practice as we know it in the final analysis depends upon the attitude of the public. It is up to society to decide upon the threats to be avoided and the kind of health care it wants. Medicine up to now has been preoccupied in making life easier for the public in minimizing pain, limiting effort and retarding death. These efforts have in direct proportion to their success resulted in a softening of the people, which by adding to the charm of existence, has decreased



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its ability to meet the tribulations, stresses and strains of adversity. This preoccupation with the avoidance of threats and dangers has not contributed to social growth or maturity. In its obsession with comfort and security it has given little heed to the future. But I have immense faith in our youth and I doubt that it will in the future prize comfort, security and the avoidance of effort, more than adventure and progress. There will be a revolt of the younger generation against their debt-ridden inheritance and mounting taxation. The refusal of liberty-loving young Americans to accept the shabby tenets of socialism will be the force which will determine the outcome.

The past with its decades of unparalleled and unprecedented achievements, the present with its realization of its assets and liabilities and its hopes and aspirations, speak of the future of medicine. They tell us of unending horizons opening before the coming generations, with much remaining to be done by the present. They tell us that the course of medical practice will undergo change, but that its goals and ethics—its principles, its men—will be guided by the

collective social mind of its people—and it will be good.

Annual Convention Program

All members of the ISMA who have or will have papers for presentation at the 1959 Annual Convention are urged to write Dr. James M. Leffel, Chairman of the Commission on Convention Arrangements, 1021 Hume Mansur Bldg., Indianapolis, giving the subject of the talk and a short synopsis.



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is achieved rapidly and dramatically. Adequate ventilation helps eliminate mucus-harbored pathogens. And because Trisulfaminic is administered *orally*, there is no problem of rebound congestion, no pathological change wrought in the nasal mucosa.

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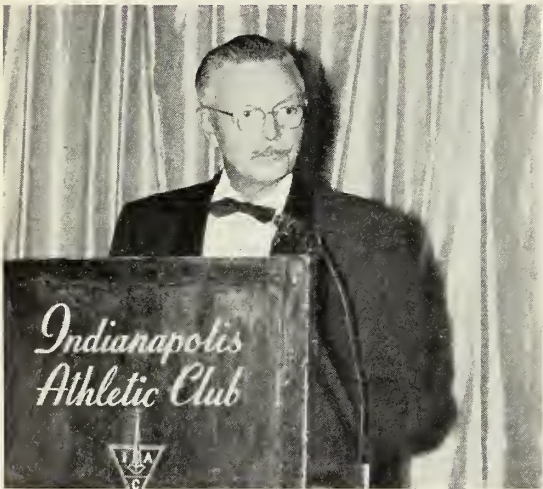
Each Tablet and each 5 ml. teaspoonful of Suspension contains:

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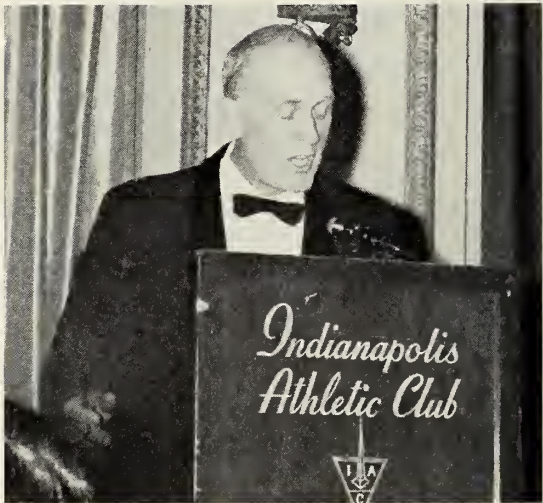
Dosage: Adults—2 to 4 tablets or teaspoonfuls initially, followed by 2 tablets or teaspoonfuls every 4 to 6 hours until the patient has been afebrile for 3 days. Children 8 to 12 years—2 tablets or teaspoonfuls initially, followed by 1 tablet or teaspoonful every 6 hours. Younger children—dosage in proportion.

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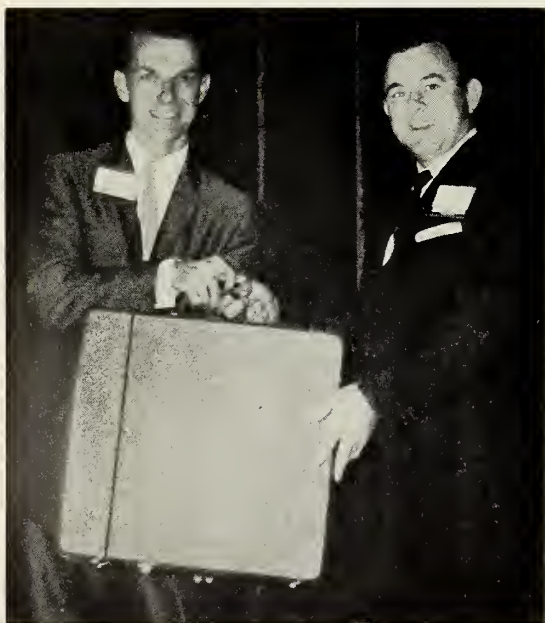
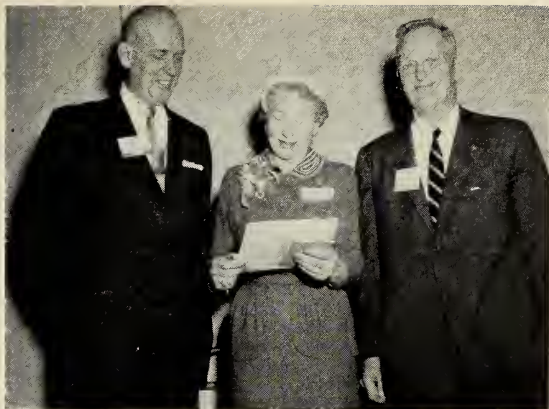


EXHIBIT WINNERS: Above, Brent Miller of Pfizer Labs accepts record player at drawing for technical exhibitors.

A TV SET is accepted by Gregg Henderson of St. Paul Insurance Company from ISMA field rep Howard Grindstaff.



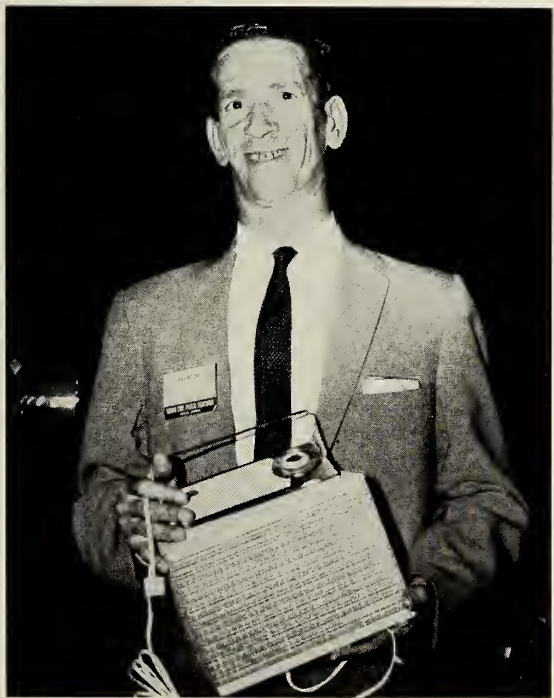


WOMEN BUSY, TOO

Mrs. Earl Bailey, Auxiliary pres., talks with new ISMA pres., Dr. Kenneth Olson, and Tom Hendricks of AMA.



REGISTERING AUXILIARY MEMBERS



THIRD WINNER of technical exhibitors is Harlan H. Farnsworth of Winthrop Labs.

Mrs.
Edmund
Clark
From
Florida



ALL THE WAY FROM TAMPA, Mrs. Clark (rt.) visited the ladies. She is 90 years old and one of the first aux. presidents. With her, Mrs. Robert D. Howell.



AUXILIARY LUNCHEON



DOE PARTY

Lady exhibitors have a party.



DR. O. T. SCAMAHORN
Represents 50-Year Club Members



Photo by Bass Photo Service

ANNUAL BANQUET

ISMA members, wives and guests dine to climax convention.



ERNEST T. MORCH, M.D.

Dr. Morch spoke for himself and fellow exhibitor, Edward E. Avery, M.D., of Northwestern U. School of Medicine. Dr. Morch is from the U. of Chicago.

SCIENTIFIC EXHIBIT WINNERS

Three winners were chosen from among the many scientific exhibits. Dr. Jack G. Weinbaum of Terre Haute presented the winners at the annual banquet. Only one not available was Louis Schneider, M.D., of Fort Wayne.



SCIENTIFIC PROGRAM

A mock case on drunk driving.

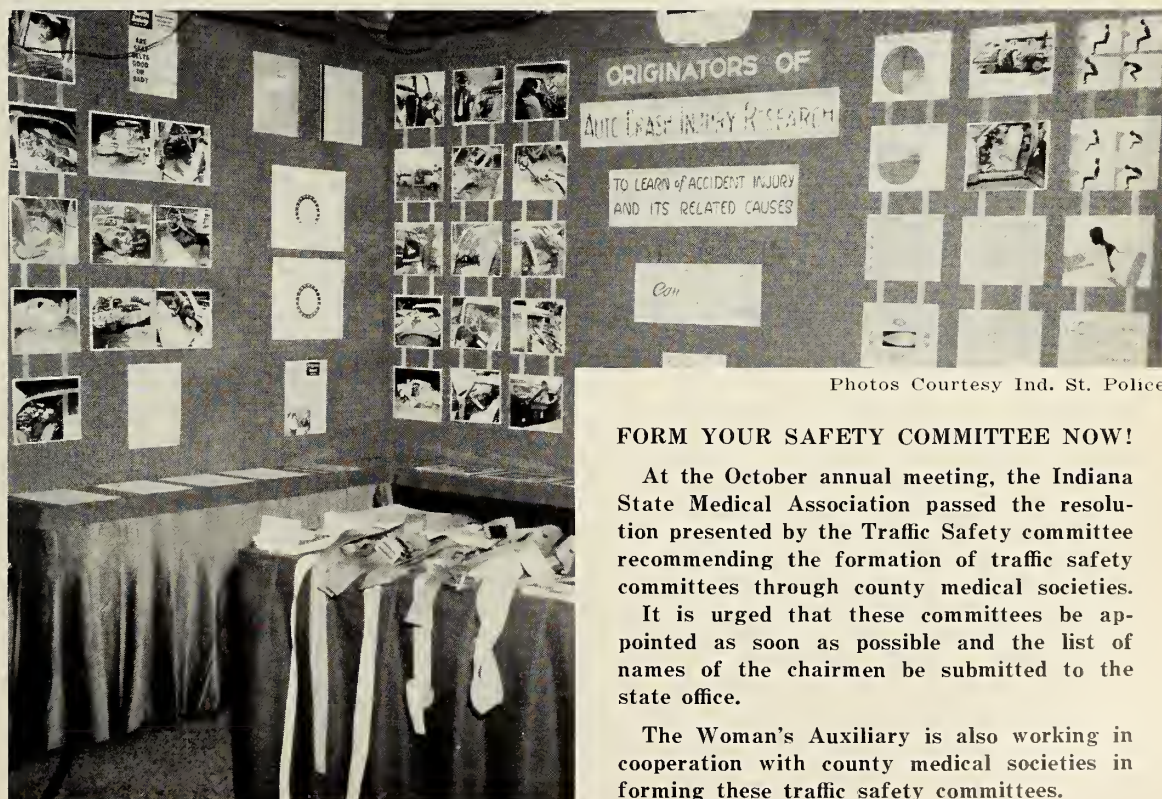


EARL MILLER, M.D.

Other scientific winner is from the Department of Radiology at I. U. Medical Center, Indianapolis.



Mrs. Robert P. Acher, Auxiliary member from Greensburg, discusses a safety program with Lt. Charles W. Harbison, director of safety education for the Indiana State Police Department, and Dr. Howard T. Hammel of Bedford, chairman, ISMA safety committee. Safety exhibit shown below.



Photos Courtesy Ind. St. Police

FORM YOUR SAFETY COMMITTEE NOW!

At the October annual meeting, the Indiana State Medical Association passed the resolution presented by the Traffic Safety committee recommending the formation of traffic safety committees through county medical societies.

It is urged that these committees be appointed as soon as possible and the list of names of the chairmen be submitted to the state office.

The Woman's Auxiliary is also working in cooperation with county medical societies in forming these traffic safety committees.



Claude Dollens, M.D.

Physician of the Year 1958

Chosen as Indiana's Physician of the Year at the 1958 annual convention of the Indiana State Medical Association was Dr. Claude Dollens of Oolitic.

Dr. Dollens was born in 1880 in a small community, Trinity Springs, Martin County, as one of seven children. He obtained a teachers' license from Normal College, Danville, and taught school for five years. But the call of medicine beckoned to him.

He gave up his teaching profession and entered medical school at Central College of Physicians and Surgeons, Indianapolis, and graduated from Purdue with his M.D. May 1, 1907.

Dr. Dollens then became a horse and buggy doctor at Avoca, Ind., Lawrence County. He moved to his present location in Oolitic in September, 1913 where he still practices general medicine.

He has practiced medicine for 50 years, during which time he has delivered nearly 5,000 babies and recently began on the third generation. Not only a good GP, he has participated in county and state medical business, serving as president of the Lawrence County Medical Society and, for several years, being a delegate to the State Association.

Dr. Dollens has taken active interest in the community about him, serving as Lawrence County health officer and president of Lawrence County Tuberculosis and Health Association for many years. He is active in the Bedford Kiwanis Club and has been a sustaining member for 38 years with nearly 25 years of perfect attendance.

Journal congratulations to Dr. Claude Dollens whose 50 years in medicine have upheld the tradition of a profession dedicated to serving humanity, the curing of the ill and prevention of disease.

A. W. Cavins, M. D.

Terre Haute

POISONS—AND MORE POISONS

Reports come in from here and there indicating great interest in the prevention and treatment of accidental poisoning. Here is a sample from Wisconsin, published in the *Wisconsin Medical Journal*, October, 1958.

POTENTIALLY dangerous chemicals used in homes a generation ago could be counted on the fingers of one hand. Today, dozens of such substances can be found in every home. As physicians know, they include various types of cleaning powders and liquids, fertilizers, insecticides, beauty aids, and petroleum products as well as medicines like aspirin, barbiturates,

and tranquilizers. These substances have such an important place in modern living that it is not surprising that accidental poisoning occurs so frequently.

WHILE NO actual record of the number of cases each year in Wisconsin is available, some idea of the size of the problem of accidental poisoning may be estimated from the Milwaukee experience in 1956. There the poison information center reported that 826 cases of poisoning were treated and 9 persons died during the one year. The number of cases treated at home were unknown. Estimates for the state thus approach 5,000 cases annually. In 1956, 44 deaths, and, in 1957, 32 deaths were reported as due to accidental poisoning.

THE PROBLEM of poisoning may be considered both from the aspect of prevention and from that of treatment following ingestion of the noxious substance. The second is currently receiving a lot of attention over the state with the establishment of the Wisconsin Poison Information Center at the University Hospitals in Madison in April, 1958. This center provides information on poisons 24 hours a day, seven days a week. Through its services any private physician or emergency room personnel at a hospital may learn by phone the ingredients and antidotes of poison-containing preparations consumed by anyone, anywhere in the state. Information and treatment centers at hospitals have been in operation in Milwaukee for over two years and are also established in Kenosha and in Green Bay. Help in setting up such centers is available from the National Clearinghouse for Poison Control, an agency of the U. S. Public Health Service, through the State Board of Health.

THE ACTUAL PREVENTION of poisoning is a problem for everyone interested in safety and especially important for parents because the



The Fireplace

The fireplace came into its own in early Germany. The goddess of domesticity in the home was Hearth. At the beginning of the winter solstice, which starts at the time of the Christmas season, homes were decked with evergreens to welcome the coming of the goddess. An altar of flat stones was set up and a fire of fir boughs was lit as the family gathered about the altar. The story says Hearth came down through the smoke to guide the wise in foretelling the fortunes of those gathered for the feast. Hearth's altar is now the hearth stones of today's home. This is one reason Santa Claus comes down the chimney rather than entering through a door.

largest number of accidental poisoning cases occur in children under 5. This could be expected when we think of the natural growth patterns of children. They love to explore, climb, handle, and taste things but are without experience to judge what is safe or unsafe. The toddler still in the early exploratory phase carries everything to his mouth. When they stop to think about them, most people know these things but they may need special reminders. The family physician is the key person to extend such reminders.

FOR EXAMPLE, all adults and especially parents need to be reminded that drugs and household substances containing poisonous chemicals, whether labeled as such or not, should be kept out of reach of children, preferably under lock and key. Some emphasis on the natural curiosity and climbing ability of the growing youngster may help to determine safe places.

SOME OTHER RULES for prevention will bear repeating: always store nonedible products in original containers and not in unlabeled bottles, familiar cups, or glasses; destroy medicines that have served their purpose, do not just throw them into a wastebasket or trash pile where children can find them easily; never give

or take medicine in the dark. Parents need to be cautioned especially about giving medicine to children in more than the prescribed dosage or giving flavored or brightly colored medication and referring to it as candy. Sometimes "candy pills" become so attractive that children will search for more.

EVEN VERY SMALL children can learn not to taste or eat unknown substances. This is a part of growing up and should be well understood long before they go to school.

WHEN POISONING occurs immediate medical attention may be essential, preferably within the first 20 to 30 minutes after ingestion of a possibly poisonous substance. Then the services of the poison information center could be very important. With the increasing number of dangerous substances coming into our homes today these centers are likely to be called on more and more frequently.—CARL N. NEUPERT, M.D.,

State Health Officer.

At the Indianapolis meeting of I.S.M.A. in October there was an exhibit on poisonous substances in articles of daily use, in relation to legal regulation of same, as to labelling and registration. All such efforts certainly merit support from the medical profession.



Of course, women like "Premarin"

Therapy for the menopause syndrome should relieve not only the psychic instability attendant the condition, but the vasomotor instability of estrogen decline as well. Though they would have a hard time explaining it in such medical terms, this is the reason women like "Premarin."

Doctors, too, like "Premarin," because it really relieves the symptoms of the menopause. It doesn't just mask them — it replaces what the patient lacks — natural estrogen.

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Deaths . . .

Sewell B. Coulson, M.D., 80, one of Shelby county's oldest practicing physicians, died October 22 at his Waldron home. He had been seriously ill with a heart condition for three weeks.

A native of Sullivan, Dr. Coulson graduated from the old Physicians and Surgeons College of Indianapolis in 1903. He practiced in Jackson Hill, Hymera and Indianapolis before going to Waldron many years ago.

He was a WWI veteran and member of Victory Post 70, American Legion. He was a member of the Waldron Methodist Church, Waldron Masonic Lodge and Order of Eastern Star, Scottish Rite and Shrine of Indianapolis, Shelby County Medical Society, ISMA and AMA.

Chester A. Stayton Sr., M.D., 69, Indianapolis radiologist and an assistant professor of radiology at I. U. School of Medicine, died October 8 at Methodist Hospital, Indianapolis.

He was born at Centerton, received his B.A. at I. U. in 1913 and his M.D. in 1915. He served his internship at what is now Indianapolis General Hospital.

Dr. Stayton was a captain in the Army Medical Corps in 1917 and served through 1919, after which time he joined the U. S. Public Health Service as a surgeon. He continued with PHS until 1925, serving in Indianapolis and Cincinnati. He had practiced radiology in the Capitol City from 1925 until his death.

He was director of Region Four of the American Cancer Society and past vice-president of the society's Indiana Division.

The doctor was a member of the Indianapolis Medical Society, ISMA, AMA, American Radium Society, a fellow in the American College of Radiology, member of Radiological Society of North America, member and past president of the Indiana Roentgen Society and Diplomate of the American Board of Radiology.

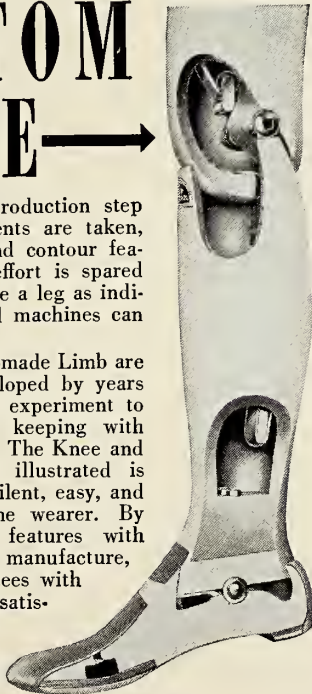
He was a member of St. Paul's Episcopal Church, Mystic Tie Lodge, F and AM, Paul Coble Post, American Legion, Kiwanis Club and Columbia Club.

In addition, Dr. Stayton was a staff member of St. Francis, Methodist, Community and Witham (Lebanon) Hospitals, founder and former editor of the Indianapolis Medical Society *Bulletin*, and a member of Phi Beta Pi Medical Fraternity.

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NEWS NOTES—from State and Nation

ISMA President-Elect An Active Association Worker

Dr. Earl W. Mericle of Indianapolis was elected unanimously to the office of President-elect by the House of Delegates during the Annual Convention. A graduate of Indiana University School of Medicine in 1934, Dr. Mericle



EARL W. MERICLE, M.D.

has practiced psychiatry since 1940. He has always been active in the many medical organizations of which he is a member. He is a past-president of the Indianapolis Medical Society and has been president of the medical staffs of Indianapolis General and Methodist Hospitals.

He is especially well known and honored by his work as chairman of the State Medical Association Committee on Public Relations. He has also served as delegate to the American Medical Association.

Dr. Mericle has long been interested in the public health aspects of mental health. He is a

member of the Professional Advisory Committee for the Indiana Association for Mental Health and the Mental Health Long Range Planning and Building Commission for the State of Indiana.

Dr. Mericle is a veteran of World War II, having served for more than four years with the 4th Armored Division with 21 months overseas service in the European Theater.

Bruggeman Foundation Formed

First president to be elected by the Bruggeman Medical Foundation, Inc., was Edward G. McArdle, M.D. The foundation was recently formed in memory of the late Dr. H. O. Bruggeman for medical research at St. Joseph Hospital, Ft. Wayne.

Other officers elected at the organizational meeting were: Dr. Paul L. Stier, vice-president; Sister M. Odillia, St. Joseph administrator, treasurer; Sister M. Adelinda, hospital bookkeeper, secretary, and Dr. Louis A. Schneider, director of St. Joseph's pathology department, executive director.

Dr. Bruggeman's medical library containing more than 500 volumes has been donated to the hospital's library.

The Bruggeman Medical Foundation was set up in May.

Hoosier Elected to National Post

Joseph E. Walther, M.D., of Indianapolis was elected as a governor of the American College of Gastroenterology at the annual meeting held in October at New Orleans. There are 15 governors of the College.

New president of the organization is Dr. Frank J. Borrell of New York City, and president-elect, Dr. Joseph Shaiken of Milwaukee.

Continued

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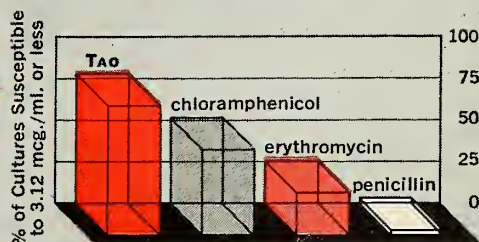
CLINICAL RESULTS

	adults	children	all Staph infections
Cured	172 (80%)	148 (89%)	71 (88%)
Improved	28 (13%)	8 (5%)	7 (9%)
Failure	17 (7%)	11 (6%)	3 (3%)

Types of infecting organisms: The majority of identified etiologic microorganisms were Staph. aureus and Staph. albus. Tao has its greatest usefulness against organisms such as: staphylococci (including strains resistant to other antibiotics), streptococci (beta-hemolytic strains, alpha-hemolytic strains and enterococci), pneumococci, gonococci, Hemophilus influenzae.

even
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Per cent of "antibiotic-resistant" epidemic staphylococci cultures susceptible to Tao, erythromycin, penicillin and chloramphenicol.¹



well
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REACTIONS:

(a) adults	(b) children
Total—9.2% (20 out of 217)	Total—0.6% (1 out of 167)
Skin rash—1.4% (3 out of 217)	Skin rash—none
Gastrointestinal—7.8% (17 out of 217)	Gastrointestinal—0.6% (1 out of 167)

There was complete freedom from adverse reactions in 94.5% of all patients. Side effects in the other 5.5% were usually mild and seldom required discontinuance of therapy.

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stability in gastric acid • rapid, high and sustained blood levels • high urinary concentrations • outstanding palatability in a liquid preparation

Dosage and Administration: Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg. q.i.d.; to 500 mg. q.i.d. in more severe infections. For children 8 months to 8 years of age, a daily dose of approximately 30 mg./Kg. body weight in divided doses has been found effective. Since Tao is therapeutically stable in gastric acid, it may be administered at any time, without regard to meals.

Supplied: Tao Capsules—250 mg. and 125 mg.; bottles of 60. Tao for Oral Suspension—1.5 Gm.; 125 mg. per teaspoonful (5 cc.) when reconstituted; unusually palatable cherry flavor; 2 oz. bottle.

References: 1. English, A. R., and Fink, F. C.: Antibiotics & Chemother. (Aug.) 1958. 2. English, A. R., and McBride, T. J.: Antibiotics & Chemother. (Aug.) 1958. 3. Wennersten, J. R.: Antibiotic Med. & Clin. Therapy (Aug.) 1958. 4. Celmer, W. D., et al.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 476.



First Indiana Open-Circuit Surgery Telecast Made

South Bend, Ind.—Indiana's first open-circuit telecast of a surgical operation highlighted a week-long dedication recently of two multi-million dollar additions to two South Bend hospitals.

WSBT-TV, the South Bend Tribune station, in cooperation with the St. Joseph County Medical Society and the county's hospital development association, televised the removal of a gall bladder and appendix on an hour-long program during prime viewing hours Tuesday night, September 9.

Dedication Week ceremonies were for the official openings of wings added to the Memorial and St. Joseph hospitals in South Bend.

To keep the emphasis on the dedication of both hospitals and the teamwork involved in an operation—and due to medical ethics—the identity of the patient, operating room medical personnel and the hospital used has not been publicly disclosed.

For television technical reasons involved, St. Joseph Hospital facilities were used for the telecast. Dr. George F. Green was the performing surgeon, Dr. William E. Martinov was 1st assistant, Dr. Charles H. Proudfit was 3rd assistant and Dr. John E. Krueger was anesthesiologist.

Dr. Merle E. Whitlock worked with the TV director suggesting which pictures to use off the monitors in the WSBT-TV remote unit parked outside the hospital.

Dr. Dan D. Stiver worked with Joe Boland, WSBT sports and special events director, in the scrub room. There, he and Boland viewed a monitor set and described the progress of the operation.

The program opened with a scene of the operating room as the operation began. No closeups were taken of the initial incision. Boland, not appearing on camera, explained the purpose of the show and what would follow.

Then, the scene changed to the huge studio at the WSBT Broadcast Center. There, Mort Lin-

der, from the Linder-Scott Public Relations Associates, who handled the dedication week, interviewed Dr. Dunlap for background information.

During other studio segments of the program, Joseph Tierney, Tribune medical writer, interviewed Sister M. Nazarita, C.S.C., administrator of St. Joseph Hospital, and Mr. Richard W. Treckner, Memorial administrator.

For the televised portions from the hospital, WSBT-TV used one camera situated on a platform in a corner of the operating room, one in the scrub room and a small "Vidicon" camera that was attached to a boom between the operating table lights. The latter was used for close ups of the opening and the actual removal of the bladder and appendix.

Joe Boland, who is best known as an ex-Notre Dame star and line coach, and as a nationally-known football sportscaster, registered surprise when he learned that the appendix would also be removed. He quipped, "Well, we're getting a doubleheader of some kind."

Indiana's Governor Handley, who delivered an opening address at the hospitals several days

later, said that he had wished he had known of the proposed operation so that he could have saved his gall bladder for it.

ISMA Members Invited to Attend New Orleans Graduate Medical Assembly

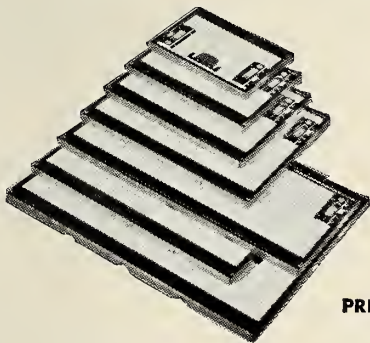
Members of ISMA are invited to attend the New Orleans Graduate Medical Assembly which will meet March 2-5, 1959 at the Roosevelt Hotel in New Orleans.

Fifty-four informative discussions on many topics of current medical interest will be presented in addition to clinicopathologic conferences, symposia, round-table luncheons, medical motion pictures and technical exhibits. The speakers are nationally known and have been selected because of their experience and aptitude for graduate teaching.

The registration fee is \$20.00. A clinical tour of Mexico is planned to follow the meeting. Details may be obtained by addressing Maurice E. St. Martin, M.D., Secretary, 1430 Tulane Ave., New Orleans 12.

Continued to 1712

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Panmycin (tetracycline) equivalent to tetracycline hydrochloride125 mg.
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Usual adult dosage is 2 capsules q.i.d.

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For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 20 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.





NORMAN F. MILLER, M.D.

Michigan Cancer Authority at I.U.

Dr. Norman F. Miller, an authority on cancer and other diseases of women, opened the year's series of George A. Ball Visiting Professorships at the Indiana University School of Medicine the week of November 10.

Dr. Miller is Bates Professor of Diseases of Women and Children at the University of Michigan School of Medicine and also has headed the Department of Obstetrics and Gynecology for a number of years. He has served as president of the American Gynecological Society and as a director of the American Board of Obstetrics and Gynecology.

During his week on the Medical Center campus, Dr. Miller participated in clinics, ward rounds and conferences with medical students and staff. In addition he was a guest speaker for the Indianapolis Medical Society meeting on Tuesday evening and participated in the program of the Indiana Obstetrical and Gynecological Society meeting at the Medical Center.

The George A. Ball Visiting Professorships in Surgery were established five years ago by the James Whitcomb Riley Memorial Association and the Indiana University School of Medicine as a joint memorial to Mr. Ball, prominent

Mead Johnson Annual Report Cited

Mead Johnson & Company has been cited for having the best annual report in the pharmaceutical industry in 1957.

The citation was made by Financial World Magazine which conducts an annual survey to select the best annual reports in business and industry.

The nutritional and pharmaceutical firm received a Bronze Oscar signifying its achievement at an awards dinner October 27 in New York City.

The Mead Johnson report, a review of the year's activities by D. Mead Johnson, president of the firm, was considered along with some 5,000 other reports of firms in 100 industrial classifications.

Ob-Gyn Exams Scheduled

The next scheduled American Board of Obstetrics and Gynecology examinations (Part II), oral and clinical for all candidates will be conducted at the Edgewater Beach Hotel, Chicago, by the entire Board May 8-19, 1959. Formal notice of the exact time of each candidate's examination will be sent him in advance of the examination dates.

Candidates who participated in the Part I examinations will be notified of their eligibility for the Part II examinations as soon as possible.

Current Bulletins of the American Board of Obstetrics and Gynecology, outlining the requirements for application, may be obtained by writing to the secretary: Robert L. Faulkner, M.D., 2105 Adelbert Road, Cleveland 6, Ohio.

Arthritis Course Scheduled

The first Chicago Post-graduate Course in Arthritis and Related Conditions to be given full-time has been scheduled for Feb. 19-21, 1959 at Thorne Hall, Northwestern University, Lake Shore Drive at Superior St., Chicago. Tuition: \$50. Faculty from all Chicago medical schools and six nationally known guest lecturers. Write Frank R. Schmid, M.D., secretary, 303 East Chicago Ave., Chicago 11.

Muncie industrialist and philanthropist. The visiting professorship has been held by a number of leading surgeons from the United States and from England and Sweden.

Annual Clinical Conference

CHICAGO MEDICAL SOCIETY

MARCH 2, 3, 4 and 5, 1959

Palmer House, Chicago

Daily Half-hour Lectures by Outstanding Teachers and Speakers on subjects of interest to both general practitioner and specialist.

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Medical Color Telecasts

Teaching Demonstrations

Instructional Courses

Scientific Exhibits worthy of real study and helpful and time-saving Technical Exhibits

The Chicago Medical Society Annual Clinical Conference should be a **MUST** on the calendar of every physician. Plan now to attend and make your reservation at the Palmer House.



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Women in the News:

Layman Honored By AMA Delegates

Mrs. Charles W. "Mama" Sewell of Otterbein, Ind., was honored by AMA's House of Delegates at the San Francisco meeting for her work in health improvement.



MRS. SEWELL
Honored by AMA

The Citation for Distinguished Service, which was presented to her by Dr. Gunnar Gundersen, AMA president, is given annually to a "distinguished layman who has served to advance the ideals of American medicine and who has contributed notably to the public welfare."

Mrs. Sewell is a founder of AMA's Council on Rural Health, former staff member of Purdue's home economics extension staff and former state chairman of the Associated Women of the American Farm Bureau Home and Community department. A widow still operating a farm near Otterbein, she has been active in helping rural areas to help themselves to better health since 1913.

The French celebrate Christmas Eve with traditional white wine to wash down raw oysters consumed before the full seven-course dinner following midnight mass.

Mrs. Gastineau Named To National Post

For the first time the Woman's Auxiliary to the Indiana State Medical Association has been honored by having a Hoosier elected as a national president, her term of office to begin next year.



MRS. GASTINEAU
National Officer

Mrs. Ethel Gastineau, who has been extremely active in auxiliary work both on the local and the national scene for a number of years, was named president-elect of the National Auxiliary to

AMA at the San Francisco AMA meeting.

Mrs. Gastineau was a charter member of the Indianapolis Auxiliary in 1927 and has held many jobs since, including secretary, treasurer and, in 1942-43, that of president. She was state president in 1944-46 and has helped organize several auxiliaries as well as stepping out as a leader in many other facets of auxiliary work.

As far as the national picture goes, Mrs. Gastineau has been attending conventions since 1935 when she was a delegate. She was director 1950-52, AMEF 1952-56, vice president 1956-57 and first vice president 1957-58.

After graduating from Normal College she became an Indianapolis school teacher in physical education in the 7th and 8th grades.



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*The Journal of the Indiana State Medical
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MEDICAL ESSAY CONTEST

for

Interns and Residents of Indiana Hospitals

During the intern and resident year of 1958-59 The Journal is sponsoring a medical essay contest open to interns and residents of all hospitals in Indiana. The subject matter will be limited to clinical experience observed primarily in the teaching hospital of the author. Presentations may contain up to 4,000 words and preferably should be illustrated with clinical pictures, graphs or tables.

A first prize of \$100.00, a second prize of \$50.00 and an honorable mention will be awarded. All entries will be eligible for consideration for publication in The Journal.

Manuscripts will be judged by a prize award committee selected by the Editorial Board of The Journal and by the Dean, Indiana University School of Medicine.

Manuscripts should be prepared in accordance with the specifications outlined on the masthead page of The Journal.

Entries will be received in accordance with instructions to be published later, and must be submitted prior to May 1, 1959.



Continued



Photo by Bass Photo Service

OVER SIX HUNDRED Indiana high school and college coaches attended the 1958 Coaches-Physicians Conference on Athletic Injuries. Harry Stuhldreher, assistant to Vice-President, United States Steel Corporation, one of Notre Dame's famed "Four Horsemen," was the banquet speaker.

An Indianapolis surgeon and consultant to the Arizona Commission of Indian Affairs, Dr. Thomas B. Noble, spoke at the Indianapolis Optimist Club luncheon recently on the subject, "The Significance of the Hopi," according to the *Indianapolis News*.



HARRY STUHLBREHER
Banquet Speaker



Dr. Harold Hulpieu, professor of Pharmacology at the Indiana University Medical Center, and Ernst Kopmann, student research fellow there, presented a paper, "Potentiating Effect of Alcohol on Tranquilizers and Other Central Depressants," at a recent meeting of the National Pharmacology Society in Ann Arbor, Mich.

Dr. Thomas Shields, Richmond, was named vice-president of the Indiana Academy of Ophthalmology and Otolaryngology. Dr. John Flick was named president-elect.

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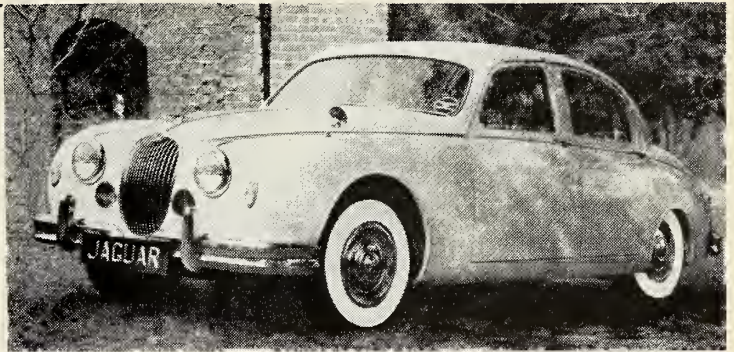
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Merry Christmas! Now how on earth can anyone get the real, old fashioned Christmas spirit a week before Thanksgiving? I should

be able to accomplish this feat what with the rain, for, after five years in San Francisco, rain means Christmas or Christmas means rain or whatever. But, somehow, the old reactions come back in Indiana locale and it's hard to visualize a Christmas mood in the middle of November when this column is being written.



The column should be full of angels and Santas and sparkling words to match the gifts under a multi-colored Christmas tree.

And speaking of Christmas trees, have the odd-colored trees become as popular here as in California? Somehow, I must have retained just a bit of my Hoosier flavor for I never could go for a tree other than a real living green tree in my home. I like the smell of pine needles which is ruined when they are sprayed with paint. Somehow that pine odor is part of Christmas. Whoever heard of nature growing an all-pink tree?

Of course, the California locale in the lowlands, especially in the south, fits the original Christmas better than our Hoosier land with its snow (or does it snow anymore?)

Which brings to mind the thought that . . . how many of us manage to lose the *real* meaning of Christmas in the rush for gifts and ornaments and a tree, in the hurrying and scurrying, in cooking a huge dinner and overeating and groaning our way through the rest of the day? Commercialism, the selling of those gifts that ultimately wind up in bright wrappings under a laden tree, has become a big business; and it seems each year old Santa appears a little sooner imploring us to buy and buy and buy.

As we shop in irritating crowds and wrap gifts in the middle of a busy night and write cards at odd moments, do we really stop to think of Christmas, the celebration of the birth of Christ? When we are making the office party rounds, I reckon we usually manage to get in some pretty good "spirits," but do we sometimes get so lost in having a good time that we forget what it's really all about?

Just asking.

Wrapped in tinsel. While I'm in such a sparkling, but thoughtful mood, I'd like to wish each and every one of you the very best of Holiday Seasons and the Happiest of New Years.

And I'd like to thank all the wonderful folks who have helped me these past six (seven)

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months including the ISMA staff, the doctors, their wives and last, but certainly not least, a wonderful bunch of printers and a mighty fine engraver. To you all the very best.

Into the Darkness. What with the sparkle of the Holiday Season, I hate to cast a shroud over the laughter and tinsel, but a reminder, please. Every year the Season that should be the happiest of the year brings darkness into the lives of hundreds of families from auto accidents.

It's a dangerous time of year as well as one of fun. The streets will be wet or icy, the holiday hilarity perhaps a little too "high," and driving becomes a thing that takes all our concentration to make a safe journey, whether for a few blocks or a few hundred miles!

A car becomes a dangerous weapon that puts Wyatt Earp's gun to shame, makes the once savage Indians seem more like angels with wings. I sometimes think our brave forefathers would turn tail and run at the modern apparitions of death we have devised on our highways . . . but they are only apparitions of death when mishandled by the humans behind the



wheels. Wyatt Earp certainly never loaded his gun, then looked down the muzzle and pulled the trigger to see if it was loaded according to the best principles of the day! That's exactly what we do when we fail to concentrate on our driving and fail to observe the principles of common courtesy on the highways.

And, incidently, don't forget to warn your friends, your patients, yourself to make that last drink a coffee break!

Candid cameraman. The candid cameraman that covered the convention wants to apologize to the Executive Committee. Now it's supposed to be pretty hard to double expose on a Rollie, but this "cameraman" did! Took two pictures of the committee, both looked pretty good; but both were on the same negative! Still don't know how this "impossible" feat was accomplished.

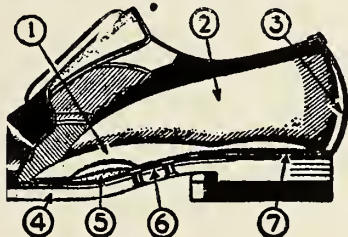
Who goofed? On the October cover we had a picture of Robert D. Swhier teaching his young son the fine art of target shooting.

In our explanation inside the book we pointed out that it is dangerous to set up a target with a woods behind where someone might suddenly pop out and become an unintended target.

Then we received a letter from Mr. Swhier. From the letter we certainly agree that Mr. Swhier is an expert in his field both from the number of years he has been shooting and from his affiliations, and from the fact he is a certified instructor. He also explains that the type of rifle being used by his son has little oomph and, if by chance the boy missed the target,

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the bullet would fall harmlessly just behind the target.

But, we stand behind our caution about setting up targets with a wooded area behind! Not everyone is an expert as the gentleman in question and lots of amateurs go out target shooting without knowing even the fundamentals of gun safety. Hence the number of hunters killed every year! They *thought* they knew what they were doing.

Our words of caution were not directed at Mr. Swhier but at the amateurs who *think* they are expert. And I think that takes in the majority of us!

Anyone for target lessons?

Modesty, spelled E-G-O (not Id). Can't help but mention a note from Alice Washburn Crabb, an ex-Hoosier who now lives in Phoenix and who received a copy of *The Journal*. And we quote, "We ex-Hoosiers became 'homesick' just looking at the lovely front cover color plate."

(Incidentally, same issue referred to above re: targets.)

Headline teaser: "AMA Radio Series Plugs Health Care for Dolls." From AMA

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News Release. (No comment needed on this one. Draw your own conclusions.)

Food for Thought. From *AMA News*: "Physicians in East Germany have been ordered by Communists to reduce sickness rate among workers in industrial plants. MD's are being held responsible by Government for lag in industrial output."

Think this one over, doc! Doesn't that sort of thing make you want to take a little more active part in our own government and protect the people's rights as well as Medicine?

Back to Christmas. The Auxiliary to Vanderburgh County Medical Society has come up with a unique idea to raise money for AMEF even if the card sellers might not agree. They've been asked not to exchange cards but to donate the money they'd normally spend on cards to AMEF. Then a complete list of participants in the project will be printed in their news letter, *The Vein*.

Although mentioned in the "Our Cover" description, I want to give further thanks to both Letterman Army Hospital, San Francisco, and artist Miki Wilson Gibson for the cover drawing AND for the little Santas and angels that dot this issue of the *Journal*. It is my hope that Miki will contribute more original work to the *Journal* in the future (it just takes a long time getting ideas going by mail between Indianapolis and Hawaii!).

A good laugh cures many ills Dept. Again culling a few gems from *Brevities* published by Glen L. Campbell Printing, Inc. (If any of you have any good ones, please send them to the *Journal* for this department.)

If you could kick the person most responsible for your troubles, you wouldn't be able to sit down for six months.

The easiest way to make ends meet is to get off your own.

A word to the wise guy is insufficient.

A six-year-old was taken to church for the first time. After she returned home, her uncle asked her how she liked church.

She answered, "I liked the music okay but the commercial was too long."

(Shades of TV!)

So anyhow, a good New Year to you all!

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References: 1. Spies, T. D., et al.: J.A.M.A. 159:645, 1955. 2. Spies, T. D., et al.: Postgrad. Med. 17:1, 1955. 3. Gelli, G., and Della Santa, L.: Minerva Pediat. 7:1456, 1955. 4. Guerra, F.: Fed. Proc. 12:326, 1953. 5. Busse, E. A.: Clin. Med. 2:1105, 1955. 6. Sticker, R. B.: Panel Discussion, Ohio State M. J. 52:1037, 1956.

Schering

County Societies

Richard M. Oliver, M.D., attending dermatologist at St. Luke's Hospital, Chicago, spoke on "Treatment of Some Common Tumors of the Skin" at the October 7 meeting of the **Fort Wayne (Allen) County Medical Society**.

Held at the Shrine Club, 87 persons attended. Next meeting was scheduled for November 4, same place.

Boone County Medical Society held its November 4 meeting at the Witham Memorial Hospital, Lebanon. Thirteen members were present to hear William M. Mount, M.D., of Crawfordsville, discuss "Allergy."

Next meeting was scheduled for December 2.

Clark County Medical Society met October 21 at the Brown Hotel for dinner and dancing.

Clayton Scroggins of Clayton Scroggins Associates spoke on "A Professional Management Case History" before 15 members of the **Fayette-Franklin County Medical Society** October 14 at Connersville Country Club.

At the same meeting site, the society met again November 11 to hear Mr. Robert Knotts of Muncie discuss "Braces and Orthopedic Appliances."

Next scheduled meeting was for December 9 for election of officers.

"Medical Economics" was the subject presented by Richard Kilbourne before 10 members of **Fountain-Warren County Medical Society** November 6 at the Attica Hotel, Attica.

Next scheduled meeting was December 4, same place.

Twenty-eight members were at the **Knox County Medical Society** meeting October 21 at the Grand Hotel. The teaching staff from Vincennes School of Nursing presented the program of the evening.

Fifty members attended the **Kosciusko County Medical Society** meeting held October 21 at Petro's in Warsaw. L. E. Converse of Blue Shield was speaker of the evening.

"Differential Diagnosis of External and Toxic Dermatoses," was the paper presented

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by Dr. James H. Mitchell, Professor Emeritus, University of Illinois, before 30 members of **LaPorte County Medical Society** October 21. The dinner meeting was held at Kingsbury Ordnance Plant.

Next meeting was scheduled with the 13th District November 19.

Thirteen members were present for the **Lawrence County Medical Society** meeting held November 5 at Dunn Memorial Hospital, Bedford.

December 3 was scheduled as the next meeting date.

A business meeting was held October 28 at The Trails by 38 members of the **Tippecanoe County Medical Society**.

Next scheduled meeting was for November 11, same place.

"Respiratory Insufficiency and Carbon Dioxide Narcosis" was subject of Dr. John B. Hickam, chairman and head of the Department of Internal Medicine, I.U., at the October 1 meeting of **Wells County Medical Society**. This was the 11th Annual Fall Clinical Conference sponsored by the Society, held at the Dutch Mill Restaurant, Bluffton, with 29 members and guests attending.



Christmas Bells

In the rules of the church, a day begins at sundown. The evening service on Christmas Eve, therefore, is the "First Vespers" of Christmas Day. The festive season is heralded by the chiming of church bells. Throughout all the year on Sunday morning the quiet of the Sabbath is broken by the call of the bells, calling followers to church. On Christmas Eve and Christmas Morn the bells tell their story in song of the birth of Christ, and sing out their praise throughout the land.

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Davis Clinic Expands

The Davis Clinic at Marion has announced the association of two more physicians and a new laboratory.

Drs. Jack G. Oatman, neuropsychiatrist, and Harrison M. Langrall, internist and diagnostician, have been added to the staff. A radioactive isotope lab has been added to the x-ray and radium department.

Dr. Oatman obtained his M.D. at the U. of Michigan and is a member of the American Board of Psychiatry and Neurology. Dr. Langrall has an M.D. from Johns Hopkins, an M.S. in medicine from the U. of Minnesota and is a Mayo Clinic Fellow in internal medicine.

HOLIDAY HAZARDS

1. Drinking Drivers—a big factor in December deaths.
2. Darkness deals danger and destruction.
3. December is deadliest month for pedestrians.
4. When temperatures go down, crashes go up and up.

Indiana State Board of Health

DIVISION OF COMMUNICABLE DISEASE CONTROL

A. L. MARSHALL, JR., M.D., *Director*

MONTHLY REPORT - OCTOBER 1958

Disease	Oct. 1958	Sept. 1958	Aug. 1958	Oct. 1957	Oct. 1956
Animal Bites	784	448	653	300	213
Chickenpox	104	29	22	189	158
Conjunctivitis	41	37	38	23	12
Diphtheria	4	0	1	1	56
Dysentery, Unspecified	14	21	15	48	36
Impetigo	175	225	159	71	53
Infectious Hepatitis	17	11	12	14	24
Infectious Mononucleosis	19	6	14	7	3
Influenza	753	559	248	35672	45
Measles (Rubeola-Rubella)	171	89	81	59	183
Meningitis, Meningococcal	4	2	3	8	1
Meningitis, other	15	20	27	14	7
Mumps	87	45	70	157	69
Pertussis	147	155	109	47	18
Pneumonia	138	87	62	129	64
Poliomyelitis	39	33	35	32	45
Streptococcal Infections	372	250	179	80	116
Tinea Capitis	67	75	11	43	27
Vincent's Infection	7	1	1	4	18

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Society Reports

INDIANA STATE MEDICAL ASSOCIATION

EXECUTIVE COMMITTEE

October 12, 1958

Roll call showed the following present: Don E. Wood, M.D.; M. C. Topping, M.D.; Kenneth L. Olson, M.D.; Guy A. Owsley, M.D., and O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of *The Journal*; Robert Hollowell, attorney, and James A. Waggener, executive secretary.

Membership Report

Number of members Oct. 10, 1958	4,161*
Number of members Oct. 10, 1957	4,092
Gain over last year	69
Number of members Dec. 31, 1957	4,149
*Includes 68 in military service (gratis)	
156—\$10 members (residents and interns)	
393—senior members	
52—members, dues remitted by Council	
1—honorary member	
Number who have paid AMA dues:	
October, 1958	4,017**
October, 1957	3,944
Gain	73

** Includes 660 exempt members (gratis)—394 prior to 1/1/58; 266 so far this year.

Headquarters Office

The secretary reported on the letters received from the management survey firms. Upon motion of Drs. Owsley and Wood no action is to be taken until all of the firms contacted have been heard from.

Treasurer's Office

The report of the treasurer was referred to the Council upon motion of Drs. Wood and Owsley.

Legislative Matters

Dr. Wood, chairman of the Commission on Legislation, discussed the bill which would give unlimited staff privileges to all licensed physicians in all tax supported and tax exempt hospitals, and upon motion of Drs. Olson and Owsley the Executive Committee is to recommend to the Council that this bill be opposed by the Association.

1958 Annual Convention, Murat Temple Indianapolis, October 12-15, 1958

The sale of exhibit space was noted and approved, as was the plan for the prize drawings.

Organization Matters

Request for the Association to contribute \$25.00 to the Farm-City Week Committee was turned down.

Minutes and new Bylaws of the North Central

District Blood Bank Clearing House were noted and ordered filed.

The amendment to the Bylaws of the Indiana Association of Medical Assistants was approved on motion of Drs. Olson and Sicks.

The committee was informed about the forthcoming hearing before the State Hospital Licensing Council on November 12 wherein an osteopath is suing the White County Hospital for privileges or revocation of the license of the hospital by the Hospital Council.

The Request of the Indianapolis Diabetes Association for use of the Association's mailing list was approved on motion of Drs. Wood and Sicks.

The request of Dr. Robert Rang for the Association to supply a speaker on "Infection Control in Hospitals" was approved on motion of Drs. Olson and Wood with the understanding that the speaker would supply a copy of his paper for publication in *The Journal*.

The Journal

Upon motion by Drs. Owsley and Sicks, the Committee moved recognition of the improvement in *The Journal*.

Medical Defense

Upon motion by Drs. Owsley and Wood the proposed revision of Chapter XXVII, Section 3, of the Bylaws, was to be referred to the Council for reference to the House of Delegates.

Future Meetings

November 2 to 6, 1958—Southern Medical Association, New Orleans. Permission was granted the executive secretary to attend this meeting.

October 17-19, 1958—Board of Directors, Indiana State Chamber of Commerce, French Lick. On motion of Dr. Olson, taken by consent, Dr. Wood was authorized to attend this meeting.

November 21-22, 1958—Fifth Annual Conference of Mental Health Representatives of State Medical Associations, Chicago. On motion of Dr. Wood, taken by consent, the chairman of the Subcommittee on Mental Health is to be authorized to attend this meeting.

There being no further business the Committee adjourned, to meet again at 4:00 p.m., Wednesday, November 12, 1958.

EXECUTIVE COMMITTEE

November 12, 1958

Roll call showed the following present: Don E. Wood, M.D., chairman; Wendell E. Covalt, M.D.; Kenneth L. Olson, M.D.; Earl W. Mericle, M.D.; Guy A. Owsley, M.D., and O. W. Sicks, M.D.

Frank B. Ramsey, M.D., editor of *The Journal*; Robert Hollowell, attorney, and James A. Waggener, executive secretary.

Guests: James M. Leffel, M.D.; A. C. Offutt, M.D.; R. S. Saylor and James Herod of Blue Shield.

Membership Report

Number of members November 10, 1958	4,175*
Number of members November 10, 1957	4,118
Gain over last year	57
Number of members December 31, 1957	4,149
*Includes 68 in military service (gratis)	
160—\$10 members (residents and interns)	
393—senior members	
52—members, dues remitted by Council	
1—honorary member	
Number who have paid AMA dues:	
November, 1958	4,021**
November, 1957	3,944
Gain	77

**Includes 660 exempt members (gratis)—394 prior to 1/1/58; 266 so far this year.

Treasurer's Office

The report of the treasurer was approved on motion of Drs. Mericle and Covalt.

Headquarters Office

The secretary reported on the regional meetings at district level, conducted by the field secretaries on behalf of the Commission on Legislation.

The secretary presented contracts on Medicare, one covering the omission of drugs as a payable item, and the other conforming to the new regulations of Medicare which became effective October 1. The contracts were approved and the President was authorized to sign, on motion of Drs. Owsley and Mericle.

1959 Annual Convention, Indianapolis

Dr. James M. Leffel appeared before the Executive Committee for a discussion of the 1958 meeting and plans for 1959.

Upon motion of Drs. Owsley and Covalt it was decided to begin the convention with the first session of the House of Delegates on Tuesday morning, with reference committee meetings on Tuesday afternoon, and adjourn the convention at noon on Friday, with the sporting events to be held Friday afternoon, and the final session of the House of Delegates on Friday morning. It was also voted to have two full days of scientific program on Wednesday and Thursday, and the annual banquet is to be held on Wednesday night, and the major entertainment program on Thursday night.

Organization Matters

Mr. R. S. Saylor, executive vice-president of Blue Shield, and Mr. James Herod, enrollment director of Blue Cross-Blue Shield, appeared before the committee and explained the difficulties they were encountering in trying to keep the physicians' group on a break-even basis. They were of the opinion that many persons are enrolled in the physicians' group who are not eligible. They desire to conduct a re-enrollment program for all physicians through the Association in order to delete those ineligible persons from this group. On motion of Drs. Mericle and Owsley this matter is to be

referred to the Commission on Medical Economics and Insurance.

Dr. A. C. Offutt, secretary of the Indiana State Board of Health, appeared before the committee to again discuss the polio immunization situation and the desire of the Board of Health to have the Association conduct a survey of its members regarding the percentage of individuals immunized as a result of the educational campaign. A survey by the Association was approved on motion of Drs. Olson and Mericle.

Request of the Indiana Academy of General Practice for use of the Association mailing list to inform physicians of the Academy meeting in March was approved by consent.

Letter from Indiana University inviting participation of the Association in a conference concerning codification of the school laws of the State of Indiana was read. On motion of Drs. Olson and Covalt, Dr. Ramsey, editor of *The Journal*, is to see that the Association is represented by two members of the Editorial Board at a meeting scheduled on Thursday, November 20, 1958, at the Student Union Building, I. U. Medical Center, Indianapolis, for discussion of this matter.

Letter from Purdue University inviting attendance at the opening of Purdue's Adult Education Center was noted, but no action was taken.

Request of Dr. P. T. Lamey on behalf of the State Board of Medical Registration and Examination for the Association to finance publication of a roster of all physicians licensed by the State Medical Board, with the assumption that the money would be refunded if the Board were successful in obtaining the funds from the State was turned down by consent.

Indiana Interprofessional Health Council. It was taken by consent that the members of the Executive Committee shall constitute the membership of the Committee on Indiana Interprofessional Health Council.

Legislative Matters

National: The chairman informed the committee of some of the issues to come before Congress.

Local: A memorandum of the successful candidates for the state legislature was distributed to members of the committee.

Letter from the Fort Wayne Medical Society president, congratulating the Association on the grass roots meeting on legislative issues was read.

The chairman explained the proposed bill to finance nursing education, pointing out that the bill provides for an appropriation of \$100,000.00 per year to the Indiana University School of Nursing for financing scholarships for advanced training, and other issues which probably will appear in the 1959 legislature, including the chiropractic issue.

The committee reviewed the policy decisions made by the 1958 meeting of the House of Delegates.

The Journal

The editor discussed the reprinting of the article published in *The Journal* written by Albert Stump concerning the need for anatomical material by the Indiana University School of Medicine for distribution to the public press. This was approved on motion of Drs. Owsley and Mericle.

Medical Defense

Legal counsel. Discussion was held in regard to the employment of additional legal counsel for the Association, as requested by the Council. Upon motion of Dr. Owsley, taken by consent, Mr. Hollowell was requested to bring his recommendation to the Council through the Executive Committee chairman.

Future Meetings

The AMA Fifth Annual Conference on Mental Health, November 21 and 22, 1958, Chicago. By consent, Dr. Mericle was to determine if Dr. Clifford Williams was planning to attend this meeting, and if so, that he make a report to the Association.

Organization meeting of the commissions of the Association on November 23 was called to the attention of the committee.

The Annual Joint Conference between the Council on Industrial Health of the AMA and the state chairmen, to be held in Cincinnati, February 16, 1959.

There being no further business the committee adjourned, to meet again at 3:00 p.m., Wednesday, December 10, 1958, at the Columbia Club.

THE COUNCIL (Indianapolis Session, 1958)

The Council convened at 3:10 p.m., Sunday, Oct. 12, 1958 in the Harrison Room, Columbia Club, Indianapolis, Ind., with Dr. Guy A. Owsley, the chairman, presiding. Roll call showed the following present:

COUNCILORS

First District—William B. Challman, Mount Vernon
Second District—J. H. Crowder, Sullivan
Third District—John M. Paris, New Albany (alternate AMA delegate)
Fourth District—J. E. Dudding, Hope
Fifth District—Robert K. Webster, Brazil; V. Earle Wiseman, Greencastle, alternate councilor
Sixth District—Harry P. Ross, Richmond; W. R. Tindall, Shelbyville, alternate councilor
Seventh District—Ralph V. Everly, Indianapolis
Eighth District—Guy A. Owsley, Hartford City; Gordon B. Wilder, Anderson, alternate councilor and AMA delegate
Ninth District—Kenneth O. Neumann, Lafayette
Tenth District—Ralph C. Eades, Valparaiso, alternate councilor
Eleventh District—Max R. Adams, Flora
Twelfth District—Maurice E. Glock, Fort Wayne
Thirteenth District—G. O. Larson, LaPorte

OFFICERS

M. C. Topping, Terre Haute, president
Kenneth L. Olson, South Bend, president-elect
O. W. Sicks, Indianapolis, treasurer

JOURNAL

Frank B. Ramsey, Indianapolis, editor

DELEGATES AND ALTERNATES TO A.M.A.

Wendell C. Stover, Boonville, delegate
Earl W. Mericle, Indianapolis, delegate
Walter L. Portteus, Franklin, alternate
James W. Denny, Indianapolis, alternate

GUESTS

Emmett B. Lamb, Indianapolis, chairman, Commission on Public Health
Arthur P. Tiernan, Evansville, executive secretary, Vanderburgh County Medical Society

EXECUTIVE COMMITTEE

Don E. Wood, Indianapolis, member Executive Committee, and chairman, Commission on Legislation
Robert Hollowell, attorney
James A. Waggener, executive secretary

On motion of Drs. Paris and Neumann, minutes of the meeting of July 20, 1958, were approved as printed in the September, 1958, *Journal*.

REPORTS OF OFFICERS

DR. TOPPING, president: Members of the Council, and Guests: It has been my privilege to serve the Council for two terms as councilor and during the past year as president of the Association. Within a few days I will have completed my term of office and hope to retire to the pleasant anonymity of private practice. I want the Council to know of the great personal satisfaction I have obtained not only in the past year but also during the preceding six. This has been derived not so much from what I have done, myself—which is little—but from my associations with you gentlemen and the Executive Committee. No more dedicated group could possibly be found within the ranks of organized medicine no matter by what method they are selected.

The report of the Council as published in *The Journal* is comprehensive, well written, and bespeaks the vast amount of work that has been accomplished and the enormous amount of business that has been transacted by the Council during the year, in addition to its obvious preoccupation with the building program of the Association. I do not believe a better report has ever been submitted, and I am proud of it.

Thank you for the many courtesies that have been extended me during the past year.

I wish to make special mention of the services of one man. This Association has been singularly blessed with his presence and I hope it will continue to avail itself of it for many years. Probably no one other than the president is in a position to appreciate the work, enthusiasm, the unselfish devotion and the untiring efforts in our behalf that are freely given by the executive secretary. Thank you, Jim!

Journal. Dr. Ramsey, editor, had no special report.

The chairman of the Council announced, for the information of the Council, that "the Executive Committee took note of the new format of *The Journal* and expressed its appreciation to the editor. Also, it was brought out at that time that

Dr. Ramsey has been made a Fellow in the Organization of Journal Editors."

On motion of Dr. Paris, seconded by several councilors, the Council expressed its appreciation to Dr. Ramsey for his splendid work.

DR. SICKS, treasurer, reported a total of \$261,000.00 in investments in the General Fund and \$26,000.00 in the Medical Defense Fund; cash on hand, \$20,483.00.

"Now, I wish to bring out some facts here and endeavor to show you which way we are going. At present we have six bank accounts in three different banks. We take in between \$125,000 and \$130,000 a year in dues and exhibits.

"It is a kind of a battle. The first few months of the year we are flush and it is a problem of investing the money in short-term bills, etc., to get as much interest as we can. Then the last few months of the year are our lean months and then we begin taking it out and putting it in the General Fund so we can spend it on the Convention and otherwise.

"In 1954 the dues were reduced. In 1957 Senior Membership was reduced from age 75 to 70. That entailed the loss of over \$8,000.

"In 1957 the dues were increased by \$10, which brings in \$34,910 to the A.M.E.F. Fund. Now, that has to be deducted from our over-all show here at the last of the year.

"In 1958 the probable shortage over last year will run somewhere between fifteen and twenty thousand dollars. You wonder why.

"All of you have had an increase in your mileage pay.

"There are Science Exhibits and Science Fairs.

"We have Coaches' Dinners, many more dinners than we had when I first came into office.

"I signed checks today for about five or six thousand dollars for entertainment at your convention.

"All wages in the office were increased this year.

"Another statement I might make: There are thirty-nine states which have more operating dues funds than Indiana.

"Our total assets as of today are \$272,575. This time last year they were \$286,328.00 and we have about two and a half months to go, during which time there will be no income.

"I just want to show you how we stand."

Following discussion by Drs. Paris, Crowder, Challman, Mericle, Everly, Glock and Neumann, on motion of Drs. Crowder and Dudding the Council voted to recommend to the House of Delegates that annual dues in the Indiana State Medical Association be increased \$10.00 per year, starting Jan. 1, 1959.

DISTRICT MEETINGS

The councilors reported district meetings scheduled as follows for the remainder of 1958 and for 1959:

First District—

Second District—Sullivan, —, 1959

Third District—New Albany, May 6, 1959

Fourth District—Madison, May 6, 1959

Fifth District—Terre Haute, —, 1959

Sixth District—New Castle, May 7, 1959

Seventh District—Plainfield, Nov. 19, 1958

Eighth District—Portland, —, 1959

Ninth District—Monticello, May 21, 1959

Tenth District—, —, 1959

Eleventh District—Logansport, May 20, 1959

Twelfth District—Fort Wayne, May 20, 1959

Thirteenth District—Michigan City, Nov. 19, 1958

UNFINISHED BUSINESS

1. **Convention Arrangements and Scientific Exhibit.** In the absence of Dr. James M. Leffel, chairman of Convention Arrangements, and Dr. Jack Weinbaum, chairman of Scientific Exhibits, the executive secretary reported on the entertainment program that had been arranged and called attention to the fact that one of the largest scientific exhibits in the history of the Association could be seen on the second floor, in the Egyptian Room, of the Murat Temple.

2. **Student Loan Fund.** Dr. Ross, chairman, reported that the Student Loan Fund has a balance of \$198.27, that ten applications are on file at the present time to process, and the committee is awaiting the pleasure of the House of Delegates in regard to appropriation of additional funds for loans.

3. **Medicare.** The secretary announced that the changes in Medicare regulations, effective Oct. 1, 1958, had been mailed to each member of the Association.

4. **Building Committee.** Dr. Paris, chairman of the special Building Committee of the Council (consisting also of Drs. Challman, Glock, Vye and Neumann), reported that the committee had had one meeting and a lot of correspondence and had concluded that "there was perhaps a majority or at least a large segment of the membership that believed that a building of our own would be a good idea.

"We consider the question from: Shall we buy something that is already built? Shall we build something for ourselves? Or shall we try to rent something that is already built and available for rent?

"Renting a building, for instance, the Indiana State Teachers' Association building, if we would take a floor of that building, which is approximately 7200 or 7500 square feet, it will cost us about \$35,000 a year, between \$33,000 and \$35,000 a year, in rent. Now multiply that by ten and we have the cost of a building.

"If we start out and build something, we have a tentative sketch of a building that has been made. I think this has been shown you before but it is here if anybody wants to look at it. It would be 7200 square feet. There is an estimated price of \$23 a square foot plus the price of the ground which would be about \$300,000.

"Now, we have no site in mind. We have looked at sites. A neighborhood site up off Fall Creek

Boulevard on Southerland Avenue has been offered to us. It is in a declining neighborhood and is not very attractive. There is a house in the 3100 block of North Meridian Street, fifty years of age, priced at \$200,000.00, on a good-sized lot.

"Then, of course, we have the prospect of the 3333 North Meridian building, which is built and empty at the moment and is for sale.

"So, after a lot of talk, we decided we would do three things:

"We would bring in a resolution which is as follows:

WHEREAS, the special Committee of the Council, in its study, has found that a large segment of the membership of the Indiana State Medical Association believe a headquarters building is desirable and,

WHEREAS, the building in which we are assembled is a suitable one for our needs, therefore be it

RESOLVED, that the House of Delegates authorize the Council to negotiate a price for this building with the owners and that the Council be authorized to begin these negotiations by making a firm offer of \$—— (blank), and be it further

RESOLVED, that the Council report the results of this negotiation to the House at its final session.

"In my original note I authorized the officers of the Indiana State Medical Association, and I think that that is proper. They would be the proper group that should be negotiating unless they want to ask the Council to appoint a committee to do so.

"Now about the number of dollars: This building started out at \$600,000 or thereabouts in price. A group from Evansville had made a firm offer for that building in the low four hundred thousand dollars which evidently the realtors did not think was a firm offer, but it was a firm offer, and they are going to haggle on this. That is what I would propose to do if I were doing it. I would like to start as far away from them as we can in dollars and see if we can come to somewhere in the neighborhood of \$400,000 or \$425,000 for the price of that building. It is still standing there, hasn't been sold. The sign is up on it. It is for sale and we plan to move the House of Delegates in there tonight after the meal and let them look at the building and see what it looks like to them. That is why I say, 'The building in which we are assembled'.

"The second resolution then is this:

WHEREAS, the special Committee of the Council, in its study, has found that a large segment of the membership of the Indiana State Medical Association believe a headquarters building is desirable and,

WHEREAS, it has been expressed by some members that we carry a large surplus and are a non-profit corporation, therefore be it

RESOLVED, that a sum of \$250,000 be ap-

propriated from our surplus fund for the purchase of a suitable site and the erection of a headquarters building for use by the Association and that the above amount be used to pay for the site and construction of a building without necessity of borrowing funds, and be it further

RESOLVED, that a committee of five members of the House of Delegates be appointed by the Council for the purpose of carrying out the provisions of this resolution.

"It has been suggested we also add to this resolution, the second one, that the \$250,000 be appropriated to purchase a building or to purchase something presently available."

CHAIRMAN OWSLEY: Now, Gentlemen, at the July meeting of the Council a vote was taken and, of those members present, you voted to continue this project and, as a result of that, this special committee was appointed and Dr. Paris has reported to you the activities of that committee.

Now, the purpose of this resolution is to get the approval or disapproval of the Council on going before the House tonight and presenting this proposition of:

Number one, 3333 North Meridian;

Number two, building our own building on another site;

Or, purchasing something, if available.

Now, that's the alternative suggestion.

DR. PARIS: Or, number three, continue the study.

Following discussion by Drs. Crowder and Glock, Dr. Eades moved that the report of the Building Committee be accepted. Motion seconded by Dr. Challman.

The amount of \$250,000, in the second resolution, was discussed by Drs. Olson, Paris, Dudding, Glock, Sicks, Challman, Neumann and Larson, and on motion of Drs. Paris and Ross the Council voted to change the amount in the next to the last paragraph to \$100,000, making this paragraph read:

RESOLVED, that a sum of \$100,000 be appropriated from our surplus fund for the purchase of a suitable site and the erection of a headquarters building for use by the Association and that the above amount be used to pay for the site and construction of a building without necessity of borrowing funds, and be it further - - -

The chairman called attention to the necessity of rewording the entire paragraph "so that it doesn't sound as though that pays for the whole structure because we obviously couldn't get anything for \$100,000.00 if that paid for all of it."

On motion of Dr. Ross, seconded by several, the Council approved of the arrangements to serve dinner to the House of Delegates at the Columbia Club and then repair to 3333 North Meridian Street, for inspection of the building, and for the first meeting of the House of Delegates.

5. Liaison Committee between Council and Blue

Shield. Dr. Challman, chairman, (Drs. Larson and Paris, members), reported that several attempts to set a date for a joint meeting of the governing bodies of Blue Shield and Blue Cross and the Council Liaison Committee had been unsuccessful, and that such a meeting will be held as soon as a suitable time and place can be found.

6. **Special Committee on Recodification of Mental Health Laws.** Dr. Mericle, chairman, (members, Drs. Philip Reed, Clifford L. Williams, and J. W. Denny), reported that his committee had been working with the committee of the Mental Health Commission and that all necessary work prior to the convening of the legislature had been done. "Presently, all we are going to do is ask the affirmation of all laws that now exist."

7. **Report on Proposed Legislation.** Dr. Wood, chairman of the Commission on Legislation, reported on anticipated national and local legislation, as follows:

a. More bills pertaining to health will be introduced in next session of Congress. It will take money to protect the rights of medicine and to fight socialized medicine.

b. An act has been prepared to carry out the wishes of the House of Delegates regarding citizenship requirements for a license in the State of Indiana. This act will also include the admission of foreign physicians for training. It has been prepared so that it will give foreign students a temporary permit for a year, with privileges of renewal up to five years.

c. **Radiation bill sponsored by Indiana State Board of Health.** This bill would establish a commission to govern the radiation laws throughout the State.

d. **Forensic Science Bill,** which would establish a Department of Forensic Science to aid and assist the coroners throughout the State in their problems.

e. The nursing profession will have a bill to get more funds.

f. The optometry problem.

g. The mental health problems, about which Dr. Mericle reported.

h. The Free Choice of Physician Bill, commonly known as the Noble Bill.

i. Bill from the chiropractic group, for a separate board to administer their problems.

NEW BUSINESS

1. **AMA Conference on Aging.** The following report by Dr. Emmett B. Lamb, chairman of the Commission on Public Health, was approved by consent, and Dr. Lamb was instructed to proceed with his plans as outlined:

"This was referred to the Commission on Public Health by the Council, I believe, rather late in the year. It seemed to be rather a command performance at the request of the American Medical As-

sociation. This conference apparently had been planned and each state was asked to send delegates. Forty-six states were represented with a varied number of delegates.

"I attempted to comply with the request of the Council and appoint a sub-committee, and it seems as if our Commission felt we had pretty well completed a year's work and were coasting on through the fall meeting, and I finally gave up and took advantage of the opportunity and went up, myself; that I did.

"I believe you have received in brief my summary and I will just call attention to two or three things.

"First, the program was rather stereotyped. It started off first with the attitude, it seemed to me, namely, 'We are keeping people living longer to do what?' Fifteen million people, I believe, past 55, and the fact that three million of them were indigent. So there was an appeal immediately following that, at least on the part of certain segments, for funds, and they talked in such large figures that it didn't click with me.

"In general, however, the thing simmered down and it admitted there was immediate need to observe this problem. It was also thought that organized medicine should take the lead and have a good vantage point, first as an opportunity and then as a necessity.

"It recommended that there should be an immediate program of publicizing and emphasizing our course and we should do it through the organized medical structure. Attempt should be made to coordinate all the agencies and it was finally agreed that the ultimate work for those of our older citizens had to be done at the local level and it was repeatedly emphasized that it should be down through the State Medical Organization and into the County Medical Society structure.

"Now, assuming that you wanted this to stay in the Commission of Public Health, I have these recommendations:

"First, in an early meeting after the State Convention, have that Commission to go over this—and I have more literature available than I have been able to read.

"Next, the official appointment of a sub-committee to work with the AMA on this problem.

"For that committee then I have suggested that the first thing to do is to make a survey in Indiana to see the need and the facilities. Next, an attempt under our Medical Society leadership to coordinate the agencies that have an interest in this. And lastly, let's chart our course and know where we stand before we ask for any funds."

2. **Matters referred to Council by Executive Committee.** Dr. Topping reported for the Executive Committee in the absence of Dr. Clauser, chairman, who was ill.

a. **Physicians Right to Work Bill.** The committee of the Council appointed to study this bill,

consisting of Drs. Topping, Glock, Webster, Ross and Olson, in concurrence with the recommendation of the Executive Committee, recommends opposition to this bill, the so-called Noble Bill, if it is presented to the legislature this year in its present form. On motion of Drs. Paris, Everly and Glock, the Council accepted this recommendation and the Commission on Legislation is to be instructed to oppose this legislation.

b. **Better Business Bureau Membership for 1959.** On motion of Drs. Ross and Challman, the Council authorized the payment of \$150.00 membership fee in the Better Business Bureau for 1959.

c. **Filing County Society Constitution and By-laws in the State Headquarters Office.** On motion of Dr. Everly, seconded by several councilors, the Council adopted the recommendation of the Executive Committee that a resolution be presented to the House of Delegates mandating all county medical societies to file copies of their Constitution and Bylaws with the state headquarters office not later than Jan. 1, 1960, upon penalty of losing their representation in the House of Delegates.

d. **Legal Counsel.** On motion of Drs. Ross and Challman, the Council approved the recommendation of the Executive Committee that Mr. Robert Hollowell be retained as senior counsel for the Association and that a contract covering Mr. Hollowell's employment be established.

e. **Proposed Change in Chapter XXVII, Section 3, of the Bylaws, governing medical defense, as follows,** was approved for submission to the House of Delegates on motion of Drs. Dudding and Paris:

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure any physicians sued, or against whom claim is made, a fair and full presentation of his defense, the committee shall have power to enter into an agreement with such physician to furnish him funds with which to employ and pay one attorney of his choice, and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense; provided also that the attorney selected by the physician must be of good reputation and standing in his profession; and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement; provided further that the Executive Committee shall set a limit to the amount which may be so claimed.

On motion of Dr. Topping, seconded by several, the report of the Executive Committee was adopted as a whole.

3. **Election of members to Trust Committee of Indiana Medical Education Foundation.** According to the records no election was held in 1956 to replace Drs. J. William Wright and Maurice V. Kahler whose terms expired Oct. 31, 1956.

On motion of Drs. Challman and Eades, all members, with the exception of Dr. J. William Wright (deceased), were re-elected to succeed themselves.

Membership of the Trust Committee as of Oct. 12, 1958, therefore is as follows:

	Term expires
Maurice V. Kahler, Indianapolis	Oct. 31, 1959
Lawson J. Clark, Indianapolis	Oct. 31, 1959
Don E. Wood, Indianapolis	Oct. 31, 1960
Roy Geider, Indianapolis	Oct. 31, 1960
James W. Denny, Indianapolis	Oct. 31, 1961
Roy V. Myers, Indianapolis	Oct. 31, 1961

4. **Election of JOURNAL Editors.** On motion of Drs. Neumann and Challman, the present editor of *The Journal* and four associate editors were re-elected for 1959, as follows:

Editor—Frank B. Ramsey, Indianapolis

Associate Editors—

A. W. Cavins, Terre Haute
Lall G. Montgomery, Muncie
David A. Bickel, South Bend
Stephen L. Johnson, Evansville

5. **Resolutions to be introduced in the House of Delegates** were not discussed, on motion of Drs. Eades and Everly.

6. **Breakfast meetings of Council.** The secretary reminded the Council that it had voted to have a breakfast meeting each morning during the annual convention and announced that these meetings would be held at 7:30 a.m. in the Harrison Room, Columbia Club.

DATE FOR MIDWINTER COUNCIL MEETING

On motion of Dr. Larson, seconded by several, the Council set Sunday, Jan. 18, 1959 for the midwinter meeting of the Council.

There being no further business, the Council adjourned to meet again on Wednesday, Oct. 15, 1958 in the Basement Dining Room, Murat Temple, immediately following adjournment of the House of Delegates.

THE COUNCIL

(Indianapolis Session, 1958)

SECOND MEETING

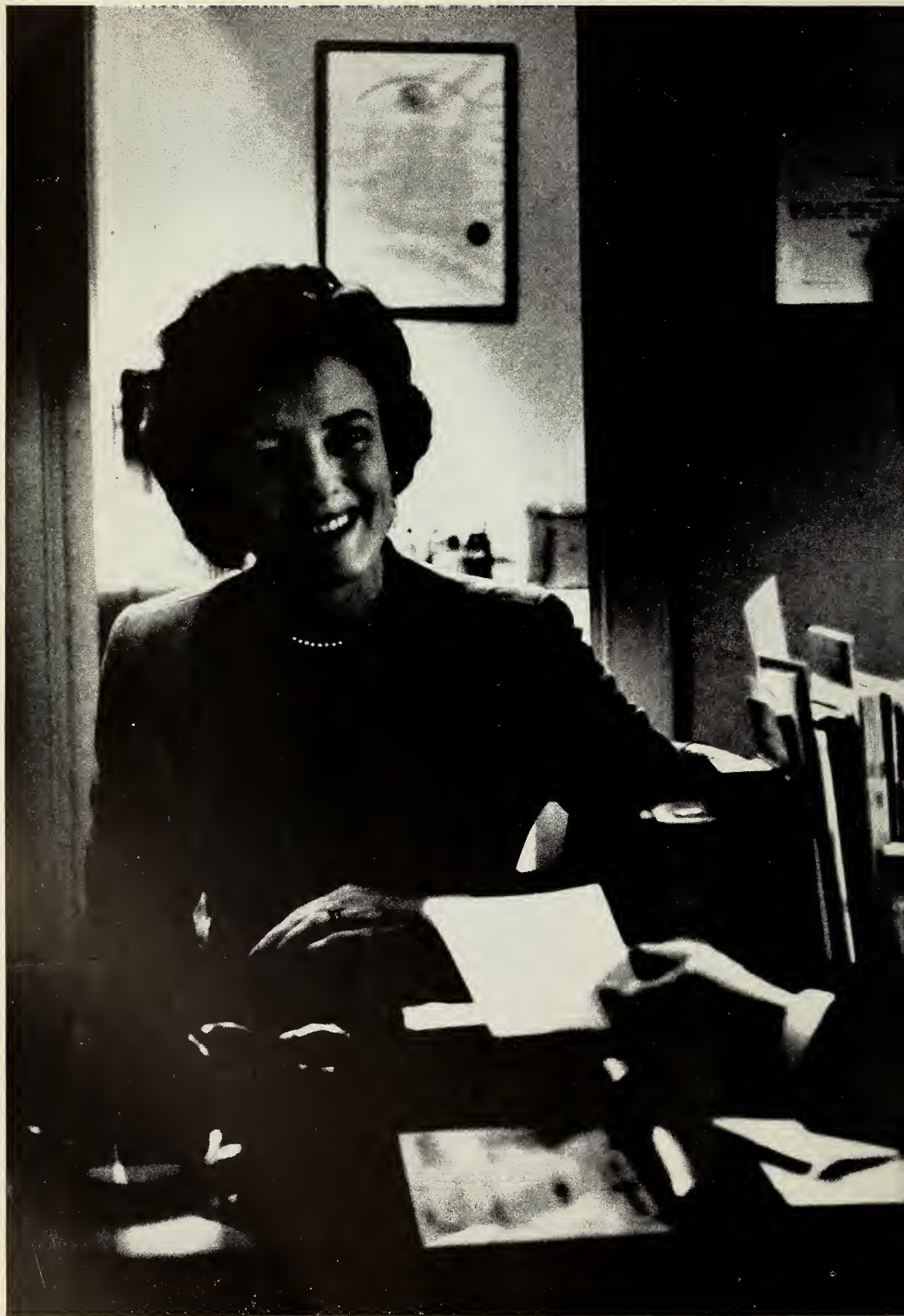
The Council met for its second meeting immediately following adjournment of the House of Delegates, Wednesday afternoon, Oct. 15, 1958 in the Basement Dining Room of the Murat Temple, Indianapolis, with Dr. Guy A. Owsley, chairman, presiding.

Ten councilors, the president-elect, the treasurer, the editor of *The Journal* and the executive secretary were present.

ELECTIONS FOR 1958-59

1. **Executive Committee Members.** On motion of Drs. Challman and Larson, Dr. Don E. Wood, Indianapolis, was re-elected and Dr. Wendell E. Covalt, Muncie, was elected members of the Executive Committee for the ensuing year.

2. **Chairman of Council.** On ballot vote, Dr. Guy A. Owsley, Hartford City, was re-elected chairman of the Council for 1958-59.



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1. Highest tetracycline serum levels
2. Most consistently elevated serum levels
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And now in practice

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COSA-TETRACYN*

GLUCOSAMINE-POTENTIATED TETRACYCLINE

CAPSULES

(black and white)
250 mg., 125 mg.
(for pediatric or long-term therapy)

ORAL SUSPENSION

(orange-flavored)
125 mg. per tsp. (5 cc.)
2 oz. bottle

NEW! PEDIATRIC DROPS

(orange-flavored) 5 mg. per drop, calibrated dropper,
10 cc. bottle

COSA-TETRASTATIN*

glucosamine-potentiated tetracycline with nystatin
Antibacterial plus added protection against monilial super-infection

CAPSULES (black and pink) 250 mg. Cosa-Tetracyclin (with 250,000 u. nystatin)

ORAL SUSPENSION 125 mg. per tsp. (5 cc.)
Cosa-Tetracyclin (with 125,000 u. nystatin), 2 oz. bottle

COSA-TETRACYDIN*

glucosamine-potentiated tetracycline-analgesic-antihistamine compound

For relief of symptoms and malaise of the common cold and prevention of secondary complications

CAPSULES (black and orange)—each capsule contains: Cosa-Tetracyclin 125 mg.; phenacetin 120 mg.; caffeine 30 mg.; salicylamide 150 mg.; buclizine HCl 15 mg.

REFERENCES: 1. Carlozzi, M.: Antibiotic Med. & Clin. Therapy 5:146 (Feb.) 1958. 2. Welch, H.; Wright, W. W., and Staffa, A. W.: Antibiotic Med. & Clin. Therapy 5:52 (Jan.) 1958. 3. Marlow, A. A., and Bartlett, G. R.: Glucosamine and leukemia, Proc. Soc. Exp. Biol. & Med. 84:41, 1953. 4. Shalowitz, M.: Clin. Rev. 1:25 (April) 1958. 5. Nathan, L. A.: Arch. Pediat. 75:251 (June) 1958. 6. Cornbleet, T.; Chesrow, E., and Barsky, S.: Antibiotic Med. & Clin. Therapy 5:328 (May) 1958. 7. Stone, M. L.; Sedlis, A., Bamford, J., and Bradley, W.: Antibiotic Med. & Clin. Therapy 5:322 (May) 1958. 8. Harris, H.: Clin. Rev. 1:15 (July) 1958.

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NEW BUSINESS

1. **Employment of assistant attorney.** On motion of Dr. Dudding, duly seconded, the Council authorized the Executive Committee to interview several candidates for the job of assistant attorney of the Indiana State Medical Association at its November meeting and to report back to the Council at the January meeting.

2. **1959 Scientific Program.** On motion of Drs. Glock and Neumann, the Council directed the headquarters office to send a questionnaire, with return postal card, just as soon as possible, to each

member of the Association soliciting suggestions and recommendations as to the type of scientific program the members would like to have at the next annual convention.

3. **Convention Dates.** On motion of Drs. Larson and Challman, the executive secretary was instructed to secure dates for the 1959 and 1960 conventions on a Tuesday, Wednesday and Thursday in October.

There being no further business, the meeting was adjourned.

MEMO TO: I.S.M.A. Members

The JOURNAL is interested in full-length scientific papers and case reports for early publication. This is an open invitation to you to submit such work. Each paper is given careful consideration.

A few regulations regarding publication of papers are printed on the Contents page.

This announcement is made following a decision to increase the number of scientific papers published if sufficient material is available.

House of Delegates Proceedings

Indianapolis Session

October 12-15, 1958

The House of Delegates convened for dinner at 6 p.m. in the Ballroom of the Columbia Club, Indianapolis, Ind., Sunday, Oct. 12, 1958 with the president, Dr. M. C. Topping, Terre Haute, presiding.

Dr. Harry P. Ross of Richmond gave the invocation at the opening of the first meeting of the House during the 109th annual session.

Announcement was made that the House of Delegates would repair to 3333 North Meridian Street, Indianapolis, following dinner, for the transaction of business.

The business meeting of the first meeting of the House of Delegates was called to order at 3333 North Meridian Street, Indianapolis, at 7:55 p.m. by President Topping.

The second meeting of the House of Delegates, during the 109th annual session, was called to order by President Topping, at 1:30 p.m., Wednesday, Oct. 15, 1958 in the basement dining room of the Murat Temple, Indianapolis, Ind.

Credentials Committee Report

It was taken by consent at both meetings that the attendance slips signed by the delegates would constitute the roll call. Dr. William E. Amy, chairman of the Reference Committee on Credentials, reported 103 delegates, six past presidents, 11 councilors, the president-elect, the treasurer and the editor of *The Journal*, present at the first meeting.

Present for the second meeting, as reported by Dr. Amy, were 105 delegates, seven past president, 12 councilors, the president-elect, the treasurer and the editor of *The Journal*.

According to Chapter IV, Section 3, of the Bylaws, 50 delegates constitute a quorum. The House of Delegates, therefore, was declared open and ready for the transaction of business.

The president read Chapter XXX, Section 1 of the Bylaws, and Article XIV of the Constitution regarding amendments to the Bylaws and Constitution.

IN MEMORIAM

The House stood in silent tribute to the memory of the following physicians who had served as members of the House of Delegates or in an official capacity in the Association, and who had passed away since the 1957 annual convention:

WILLIAM D. ASBURY, Terre Haute. Member of Committee on Physicians' Welfare, 1914-1915; member of Committee on Medical Economics, 1916; secretary of Vigo County Medical Society, 1920.

JAMES W. BAXTER, JR., New Albany. Member of Committee on Establishment of Board of Certifi-

cation for the General Practice of Medicine, 1946; member of Committee on Crippled Children Services, 1949.

CLYDE C. BITLER, New Castle. Member of Auditing Committee, 1942 through 1944.

CHARLES S. BOND, Richmond. President of the Indiana State Medical Association in 1895; member of the Committee on Public Policy and Legislation 1909-10; member of Committee on Pathology, 1911-12; delegate to the AMA 1912-1914.

CHARLES S. BOSENBURY, Coral Gables, Fla. Formerly of South Bend, Ind. Secretary of St. Joseph County Medical Society, 1908-1910; member of Diphtheria Committee, 1930-31.

DON BOWERS, Indianapolis. Member of Committee on Physical Therapy, 1941 through 1946; member of Committee on Control of Cancer, 1945; member of Committee on Cancer, 1950.

HENRY O. BRUGGEMAN, Fort Wayne. Member of Committee on Tuberculosis, 1908-09; member of Committee on Public Policy and Legislation, 1909-10, 1914-15, 1922 and 1924; member of Committee on Scientific Exhibit, 1916; member of Committee on Automobile Insurance, 1925; chairman of Surgical Section, 1928; member of State Board of Health Liaison Committee to Deal with Social Security Act, 1939; member of Permanent Study Committee on Health Insurance, 1941.

CARROLL A. BURROUGHS, Frankfort. Secretary of the Clinton County Medical Society, 1944-45.

JOHN M. BYRNE, Delphi. President of Carroll County Medical Society, 1955; delegate from Carroll County, 1955.

RALPH B. COCHRAN, Washington. Secretary of the Knox County Medical Society, 1931-33; delegate from Knox County, 1938.

BEAUMONT S. CORNELL, Fort Wayne. Vice-chairman, 1934, and chairman, 1935, Medical Section.

FASQUALE G. DAMIANI, Peru. Secretary of the Miami County Medical Society, 1956-57.

EARLE O. DANIELS, Marion. Vice-chairman of the Medical Section, 1917; secretary of the Grant County Medical Society, 1918; member of the Committee on Public Policy and Legislation, 1922; chairman of the Medical Section, 1925; member of the Committee on Diabetes, 1952.

FRED C. DENNY, Madison. Secretary of Jefferson County Medical Society, 1912-1915.

NESLEN K. FORSTER, Pacific Palisades, Calif. Formerly of Hammond, Ind. Member of the Council, 1935-1938 and 1942-1944; chairman of the Permanent Study Committee on Health Insurance, 1939-1943; president of Indiana State Medical Association, 1945; member of Budget Committee, 1944-1946; member of Council on Medical Service and Public Relations, 1945-46; member of Committee on Indiana Inter-Professional Health Council, 1945; Associate Editor of *The Journal*, 1946-47; member of Scholarship Committee, 1947; alternate delegate to the AMA, 1947.

LOUIS E. FRITSCH, Evansville. Member of Committee on Public Policy and Legislation, 1922, 1925, 1927-1929, 1933-1935; delegate from Vanderburgh County, 1934-1937.

FRANK M. GASTINEAU, Indianapolis. Secretary of the Medical Section, 1927; member of the Committee on Publicity, 1936-1941, and 1957; member of Committee on Rehabilitation Services, 1945;

- member of Medical Advisory Committee for Vocational Rehabilitation, 1946; chairman of Committee on Venereal Disease, 1950, 1954, 1956-57; member of Committee on Mental Health and Alcoholics Study, 1954-1956.
- JAMES P. GILLIATT**, Salem. Secretary of Washington County Medical Society, 1949-1951; member of Committee on Conference of County Medical Society Officers, 1951 and 1953; president of Washington County Medical Society, 1954.
- ALFRED S. GIORDANO**, Sarasota, Fla. Formerly of South Bend, Ind. Member of Committee on Diphtheria Prevention, 1932; secretary, 1934, vice-chairman, 1935, and chairman, 1936, of Section on Medicine; delegate from St. Joseph County, 1934-1946 and 1949-1952; alternate delegate to the AMA, 1939-1951; member of Committee on Scientific Exhibit, 1936-1940; member of Committee on Pneumonia, 1939-1942; member of Committee on Control of Cancer, 1945-46; member of Veterans' Care Committee, 1946; member of Committee on Scientific Work, 1950-1952.
- VACHELLE E. HARMON**, South Bend. Member of Committee on Industrial Health, 1941-1943.
- CLIFFORD H. JINKS**, Indianapolis. Member of Committee on State Fair, 1937; delegate from Marion County, 1950-1952; member of Committee on Public Relations, 1955-56.
- EDGAR F. KISER**, Indianapolis. Member of Committee on Industrial and Civic Relations, 1921; member of Committee on Medical Education, 1926; member of Editorial Board, 1939-1941; historian, 1942-43; member of Committee on Necrology and History, 1944; vice-chairman, Centennial Celebration Committee, 1945-1949; member of Committee on Chronic Illness, 1951; president, Indianapolis Medical Society, 1937.
- VICTOR F. KLING**, Michigan City. Secretary of LaPorte County Medical Society, 1949; delegate from LaPorte County, 1954-1956; member of Committee on County Medical Society Officers' Conference, 1954-55; member of Committee on Medical Care Insurance, 1956-57.
- HUGH A. KUHN**, Hammond. Vice-chairman, Section on Ophthalmology and Otolaryngology, 1931-1933; member, 1950-1952, and chairman, 1953, of Committee on Hard of Hearing; co-chairman, Committee on Public Policy and Legislation, 1954; member of Committee on Veterans Affairs and Rehabilitation, 1956-57; member of Committee on Conservation of Hearing, 1957.
- JOHN LANSFORD**, Redkey. Delegate from Jay County, 1936-1939.
- FRANK M. LYNN**, Peru. Secretary of the Miami County Medical Society, 1919; delegate from Miami County, 1944 and 1946.
- JOHN A. MACDONALD**, Indianapolis. Member, 1910-11, 1914-15, and chairman, 1916-17, of Committee on Scientific Work; member of Committee on Medical Research and Postgraduate Work, 1911-12; secretary of Medical Section, 1914-1917; alternate delegate to the AMA, 1924-25; member of Bureau of Publicity, 1927-1929; President of Indianapolis Medical Society, 1930.
- CHARLES O. McCORMICK SR.**, Indianapolis. Member of Committee on Control of Cancer, 1945; member, 1950-1954, and chairman, 1955-1957, Committee on Maternal and Child Health; vice-chairman, 1951, and chairman, 1952, Section on Obstetrics and Gynecology.
- RAYMOND J. MODJESKI**, Hammond. Delegate from Lake County Medical Society, 1950-1952, 1954-1957; member of Committee on Medical Education and Hospitals, 1954.
- BEN B. MOORE**, Indianapolis. Member of Committee on Study of Health Insurance, 1934-1936; delegate from Marion County, 1935-36, 1942-1944; president of Indianapolis Medical Society, 1940; member of Study Committee on Aid to Needy Physicians, 1941-42; member of Bureau of Publicity, 1943-1947; member of Committee on Convention Arrangements, 1946, 1950, 1952; member of Council on Medical Service and Public Relations, 1946.
- CLEORIE E. MUNK**, Kendallville. Secretary of Noble County Medical Society, 1921-1925; delegate from Noble County, 1934, 1937, 1945 and 1947.
- ALLEN C. NICKEL**, Bluffton. Delegate from Wells County Medical Society, 1949-1950.
- HARRY C. O'DELL**, Farmersburg. Secretary of Sullivan County Medical Society, 1927-28.
- JOHN M. PALM**, Brazil. Secretary of Clay County Medical Society, 1938-1941; 1946-1948, 1952-1956; delegate from Clay County, 1948-49, 1952-1956; member, Committee on Secretaries' Conference, 1938; member, Committee on Prevention of Traffic Accidents, 1939-40; member, Committee on Public Policy and Legislation, 1946-1948; member, Committee on Veterans Affairs and Rehabilitation, 1950-1953; member, Committee on Military Manpower, 1953-1956; president of Clay County Medical Society, 1957.
- DAVID W. ROBERTSON**, Deputy. Member of Committee on Inebriety, 1909-10.
- JOHN S. ROBISON**, Winchester. Secretary of Randolph County Medical Society, 1920-1926 inclusive; member of Military Committee, 1924; delegate from Randolph County, 1939-1943, 1947 and 1949.
- GARLAND D. SCOTT**, Sullivan. Delegate to AMA, 1931-1935; member of the Council, 1928-1930; member of Committee on Business Instructional Course, 1933.
- JAMES F. SPIGLER**, Terre Haute. Member of Committee on Tuberculosis, 1953 and 1955.
- CHESTER A. STAYTON SR.**, Indianapolis. Secretary of the Indianapolis Medical Society, 1928-1932; member of Committee on Secretaries' Conference, 1928-29, 1931-32; member, Registration Committee, 1933; chairman 1939-1943, and 1946-1950, and member 1944-45, Committee on Control of Cancer; delegate from Marion County 1934 and 1946.
- FRED W. TERFLINGER**, Logansport. Member of Committee on State Medicine, 1913-14; member of Committee on Health and Public Instruction, 1914-15; member of Committee on Health, Public Instruction and Medical Publicity, 1916.
- CHARLES E. THOMAS**, Leesburg. Secretary of Kosciusko County Medical Society, 1917-1919; delegate from Kosciusko County, 1936.
- ROBERT D. TURNER**, Muncie. Secretary of Delaware-Blackford County Medical Society, 1940-41.
- ROBERT W. WILKINS**, Fort Wayne. Member of Committee on Scientific Exhibit, 1939; member of Board of Appeals on Patient-Physician Relations, 1953-1955.
- MATTHEW WINTERS**, Indianapolis and Bloomington. Member of Committee on Lye Burns in Children, 1933-1936.
- J. WILLIAM WRIGHT SR.**, Indianapolis. Member, 1933, 1937-38, and co-chairman, 1939-1950, 1953-1956 of Committee on Public Policy and Legislation; ex-officio member, Committee on Inter-Professional Health Council, 1939-1946, 1949-50, 1952 and 1954; member of Council on Medical Services and Public Relations, 1945 and 1946; ex-officio member, Committee on Medical and Nursing School Scholarships, 1947-1950, and 1952; president of Indianapolis Medical Society, 1947; delegate from Marion County 1948-1950; presi-

dent-elect, 1951, and president, 1952, of the Indiana State Medical Association; chairman, Liaison Committee with Indiana Association of Licensed Nursing Homes, 1954; member of Board of Appeals on Patient-Physician Relations, 1955; member, Indiana Inter-Professional Health Council, 1955.

The following memorial to ALBERT STUMP, Indianapolis, attorney for the Indiana State Medical Association for the past thirty-three years, was read:

IN MEMORIAM

Albert Stump was born February 24, 1888, on a farm in Noble County, Indiana. He graduated from Indiana University with an A.B. degree in 1912, and from the University of Chicago in 1917, with the degree of Juris Doctor cum laude. He was a special lecturer for the University of Wisconsin for two years and has also lectured widely throughout Indiana to medical and bar association groups in their conventions.

He became interested in the field of law pertaining to hospitals and to the practice of medicine. He has been the regular lecturer on medical jurisprudence in Indiana University School of Medicine for more than thirty years. During that time he was active in the drafting and passage of medical practice and hospital laws. He has contributed extensively to professional and trade journals throughout the country and has written many articles intended to protect the public against incompetence in the care and treatment of the sick. As attorney for the Indiana State Medical and Hospital Associations, he participated in organizing the Indiana Blue Cross and Blue Shield Plans for providing medical and hospital care insurance.

He is survived by his widow, Susan Thro Stump; a daughter, Margaret Matchett, Chicago; a son, Robert Stump of Lawrence, Kansas; and a son, Thomas Stump, M.D., of Indianapolis.

MINUTES OF THE MEETINGS

held at French Lick, October 6-9, 1957, were approved as printed in the December, 1957, *Journal*, on motion of Dr. Wendell C. Stover, seconded by several delegates.

INTRODUCTION OF GUESTS

MR. HENRY LAMKIN, Indianapolis, president, Indiana Student AMA.

G. B. SALTONSTALL, M.D., Charlevoix, Michigan, president of the Michigan State Medical Association.

FRANK H. MAYFIELD, M.D., Cincinnati, president-elect of the Ohio State Medical Association.

MR. ASA BARNES, Louisville, Regional Director of the Miners' Welfare Fund.

MR. JOSEPH P. SANFORD, Louisville, executive secretary of the Kentucky State Medical Association.

PHYSICIAN OF THE YEAR

Dr. Claude Dollens, Oolitic, was elected "Physician of the Year" for 1958.

1958 REFERENCE COMMITTEES APPOINTED

The chairman announced the appointment of reference committees for the 1958 session as follows:

Sections and Section Work

Wendell A. Shullenberger, Indianapolis (Marion), Chairman

William R. Clark, Fort Wayne (Allen)

Thomas D. Armstrong, Michigan City (LaPorte)

Marvin McClain, Scottsburg (Scott)

D. J. Steele, Greencastle (Putnam)

Rules and Order of Business

O. T. Scamahorn, Pittsboro (Hendricks), Chairman

Charles E. Moon, Center Point (Clay)

Milton H. Omstead, Petersburg (Pike)

A. E. Stouder, Kempton (Tipton)

I. E. Huckleberry, Salem (Washington)

Medical Education and Hospitals

John W. Beeler, Indianapolis (Marion), Chairman

J. C. Richter, LaPorte (LaPorte)

Charles P. Schneider, Evansville (Vanderburgh)

Francis L. Land, Fort Wayne (Allen)

Frank Green, Rushville (Rush)

Legislation

James V. White, Terre Haute (Vigo), Chairman

Raymond E. Nelson, South Bend (St. Joseph)

Otis R. Bowen, Bremen (Marshall)

Dennis S. Megenhardt, Indianapolis (Marion)

E. T. Edwards, Vincennes (Knox)

Public Relations

Walter L. Portteus, Franklin (Johnson), Chairman

Wendell C. Stover, Boonville (Warrick)

Philip J. Rosenbloom, Gary (Lake)

Harry P. Ross, Richmond (Wayne-Union)

O. T. Scamahorn, Pittsboro (Hendricks)

Hygiene and Public Health

Paul D. Crimm, Evansville (Vanderburgh), Chairman

Norman M. Silverman, Terre Haute (Vigo)

Ralph V. Everly, Indianapolis (Marion)

Harry R. Stimson, Gary (Lake)

Louis C. Bixler, South Bend (St. Joseph)

Amendments to Constitution and By-Laws

Glen Ward Lee, Richmond (Wayne-Union), Chairman

Roscoe L. Sensenich, South Bend (St. Joseph)

Joseph E. Dudding, Hope (Bartholomew-Brown)

Russell J. Spivey, Indianapolis (Marion)

C. Philip Fox, Washington (Davies)

Reports of Officers

William B. Challman, Mount Vernon (Posey),
Chairman
Ralph C. Eades, Valparaiso (Porter)
F. R. N. Carter, South Bend (St. Joseph)
Lowell I. Thomas, Indianapolis (Marion)
P. T. Lamey, Anderson (Madison)

Credentials

William E. Amy, Corydon (Harrison-Crawford),
Chairman
Clarence G. Kern, Lebanon (Boone)
Robert M. Seese, Delphi (Carroll)

Insurance

Maurice E. Glock, Fort Wayne (Allen), Chair-
man
Wm. Harry Howard, Hammond (Lake)
Truman E. Caylor, Bluffton (Wells)
Harold Ochsner, Indianapolis (Marion)
Walter M. Stout, New Castle (Henry)

Miscellaneous Business

Henry J. Rusche, Evansville (Vanderburgh),
Chairman
Donald E. Wood, Indianapolis (Marion)
Jack E. Shields, Brownstown (Jackson)
Howard S. Williams, Indianapolis (Marion)
Robert K. Webster, Brazil (Clay)

REPORTS OF OFFICERS REFERENCE COMMITTEE

The following matters were referred to the Reference Committee on Reports of Officers. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal of the Indiana State Medical Association*.

President's address
President-elect's address
Address of President of Woman's Auxiliary
Executive Secretary (page 1224)
Treasurer (pages 1225-1230).
Chairman of Council (pages 1230-1238)
Councilors' reports (pages 1238-1245)
Executive Committee (pages 1246-1252)
Journal Editor (pages 1252-1253)
Delegates to AMA (pages 1032-1038, August, 1958, *Journal*)

PRESIDENT'S ADDRESS

The address of the president, Dr. M. C. Topping, is printed elsewhere in this issue of *The Journal of the Indiana State Medical Association*. This address was referred to the Reference Committee on Reports of Officers.

PRESIDENT-ELECT'S ADDRESS

DR. KENNETH L. OLSON, president-elect, presented the following address, which was referred to the Reference Committee on Reports of Officers:

Dr. Topping, members of the House of Delegates, ladies and gentlemen:

I am here with mixed feelings for on the one hand I am greatly honored and flattered but on the other hand I wish I were out there with the rest of you and now, since I have no more hands, I might as well get started and hope that you will consider what I say well enough to help me all you can this coming year.

Each year the President-Elect is on the program to speak to you about his plans for the coming year. In proposing certain changes or advances it does not mean that we have failed in the past, but that, like all things that are alive, we must keep on the move to improve or we become stagnant and die. It is with this background that I propose the following for the coming year and this does not mean that other ideas may not be accepted and studied.

After serving as an officer in various capacities in this organization for several years I would first like to say that the affairs of your association are in good order. Any suggestions I propose as a change are intended as means of keeping pace with the great advances in Medicine, Science, Pharmacy, and human relations. Any good organization must keep alive by changing its mechanisms and even varying its ideas, but at the same time, it is not necessary to change its basic philosophy. We should practice medicine and conduct ourselves with a conscience that doctors historically have always done.

Organizations need study and mechanizations of ideas such as industry is now going through in automation. This automation of our organization I hope will give us better public relations and improve our stature and efficiency. We retain knowledge of 10% of what we hear, 50% of what we see and 90% of what we do. I hope this organization will continue to expand its members of doctor's to produce and enjoy the giving of the best medical care in the world.

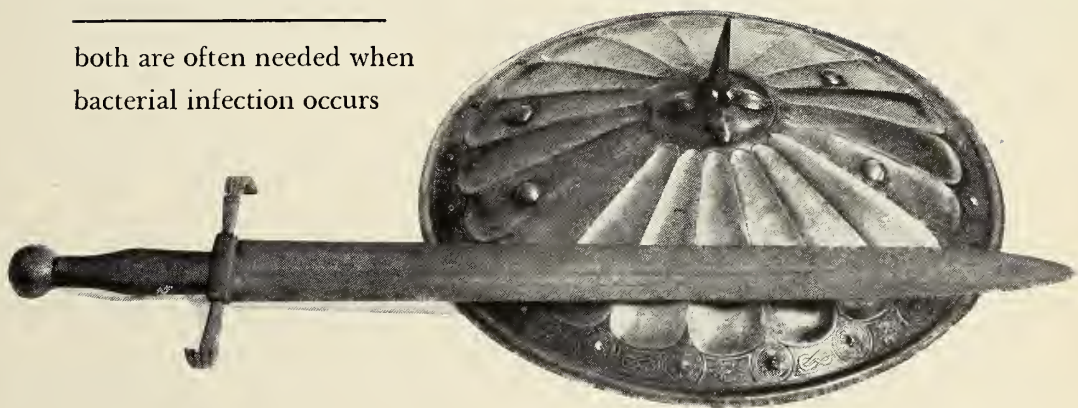
The purposes of the Indiana State Medical Association as outlined by the constitution and by-laws are as follows:

"The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education and to secure the enactment and enforcement of just medical laws; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life."

It seems to me that in outlining a program for the ensuing year that I should follow the purposes

- prompt, aggressive antibiotic action
- a reliable defense against monilial complications

both are often needed when bacterial infection occurs



for a direct strike at infection

Mysteclin-V contains tetracycline phosphate complex

It provides a direct strike at all tetracycline-susceptible organisms (most pathogenic bacteria, certain rickettsias, certain large viruses, and *Endamoeba histolytica*).

It provides the new chemical form of the world's most widely prescribed broad spectrum antibiotic.

It provides unsurpassed initial blood levels — higher and faster than older forms of tetracycline — for the most rapid transport of the antibiotic to the site of infection.

for protection against monilial complications

Mysteclin-V contains Mycostatin

It provides the antifungal antibiotic, first tested and clinically confirmed by Squibb, with specific action against *Candida* (*Monilia*) *albicans*.

It acts to prevent the monilial overgrowth which frequently occurs whenever tetracycline or any other broad spectrum antibiotic is used.

It protects your patient against antibiotic-induced intestinal moniliasis and its complications, including vaginal and anogenital moniliasis, even potentially fatal systemic moniliasis.

MYSTECLIN-V

Squibb Tetracycline Phosphate Complex (Sumycin) and Nystatin (Mycostatin)

Capsules (250 mg./250,000 u.), bottles of 16 and 100. Half-strength Capsules (125 mg./125,000 u.), bottles of 16 and 100. Suspension (125 mg./125,000 u. per 5 cc.) 60 cc. bottles. Pediatric Drops (100 mg./100,000 u. per cc.) 10 cc. dropper bottles.

SQUIBB



Squibb Quality — the Priceless Ingredient

'MYSTECLIN-V', 'SUMYCIN', and 'MYCOSTATIN' ARE SQUIBB TRADEMARKS

of this association as I have just read from our constitution.

The first purpose was to organize the medical profession which has been done, but study and revision is necessary from time to time. It has seemed to me that a closer liaison between the individual member, the county society, and district society could be attained. The activities of the field secretaries has helped some, but there is room for further improvement. The commission system apparently works better and brings problems of the same character into a closer organization and perspective. There are some transition problems, but these will iron out. When I was a county medical society secretary I always had the feeling that the state association could offer and give more and better help in the every day problems and to present programs and ideas about local problems that seemed common to every society. After being active in the state affairs, I find there is another side in that the problems are mostly better solved locally, but I am still not satisfied and feel there must be better ways of communication and initiation of leadership from the state society. We should have better liaison and understanding between all groups and areas of the state, and I hope to help our organization accomplish this.

The second part states that the association is to extend medical knowledge and advance medical science. We have the usual media available consisting of our *Journal*, scientific programs at our annual meeting, a very excellent tape recording library and the newsletter. All of the avenues of communication have been greatly improved the past few years. We do need more scientific articles for our *Journal* which has been a serious problem. I am sure some means will be devised to stimulate many of us doctors to write about interesting cases, important phases of disease and scientific studies. The *Journal* needs the help of all of us and those who participate will become better doctors and derive a stimulating satisfaction that comes only with some sort of scientific achievement. It makes one feel as if he belongs to that honored scientific medical world by contributing something to our profession.

Our association should be more active in sounding the alarm and promoting defenses against such things as protection of the people from tetanus and polio and unexpected spread of infection as has occurred with the staphylococcus. These are only samples of many other things, including poison warnings and prevention.

You should all be aware of our excellent tape recording library which you may use as often as you wish by just writing the state society office. Why not try this the next time you take a vacation or are sick in bed or convalescing? I am sure you will be well pleased.

We should be interested in the hazards of radiation realizing that we should not incite further unnecessary fears to which the public has been over-alarmed.

As an illustration of this, a retired doctor partner of mine is one of the pioneers in radiology and is now living at over 80 years of age and has had over 50 years of exposure to small doses of radiation. Does this mean that we can attribute his long life to small doses of x-ray and radiation over many years? Of course we do not believe this to be true. We must use all the precautions possible to reduce the radiation dose to patients, doctors and personnel to a minimum. Our state association through our radiologic section should submit to the membership suggested guides for checking all the x-ray equipment in our state to prevent unnecessary exposure to the patients. This guide should include a recommendation that all x-ray equipment should be checked by a physicist or a qualified person. I believe a thorough study and a positive action should be made to reduce medical radiation exposure.

The third reason for our being is to evaluate the standard of medical education. We have actively supported medical education by our contributions to the American Medical Education fund since its beginning. We have supported and proposed that an increase in enrollment of the Indiana medical schools be done. The old school was designed for 86 students which became antiquated, inadequate and too small. Several years ago, the Indiana State Medical Association petitioned the legislature for a larger medical school. As a result, we now have a new building designed to eventually accommodate 200 students per class. As we know, this new school has been recently opened for use and should, with our fine faculty, give us one of the best medical schools in the country. We will continue to promote good and adequate medical education. We have established a liaison committee with a similar committee of the medical school to help each group solve similar and conflicting problems. I hope that we will be able to promote the desire for more medical school graduates to seek their internships in hospitals in Indiana.

The fourth purpose is that we should seek to secure the enactment and enforcement of just laws. We have and will continue to endeavor to be fair and sincere in proposing and opposing laws that might affect the health of the people of this state. We have promoted and supported many public health laws and other laws that will help bring about better medical care to the patient and public. In the next legislature we will be supporting and opposing legislation as we deem wise. We will, among other things, support the barring of fluoroscopy in the field of shoe fittings. I personally would like to see a change in the coroners law by the establishment of a forensic science laboratory to bring about more efficient and accurate operation and a more medical scientific approach to the problems encountered by the coroner.

From the public health standpoint, the most important of the proposed laws of the next general assembly will be the usual bill to allow the chiro-

for depression

Deprol[†]

*Clinically confirmed
in over 2,500
documented
case histories^{1,2}*

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- Deprol* ▶ acts promptly to control depression
without stimulation
- ▶ restores natural sleep
 - ▶ reduces depressive rumination and crying

DOCUMENTED SAFETY

Deprol is unlike amine-oxidase inhibitors

- ▶ does not adversely affect blood pressure or sexual function
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- ▶ produces no liver toxicity
- ▶ does not interfere with other drug therapies

Deprol is unlike central nervous stimulants

- ▶ does not cause insomnia
- ▶ produces no amphetamine-like jitteriness
- ▶ does not depress appetite
- ▶ has no depression-producing aftereffects
- ▶ can be used freely in hypertension and in unstable personalities

Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 3 tablets q.i.d.

Composition: Each tablet contains 400 mg. meprobamate and 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl).

Supplied: Bottles of 50 scored tablets.

1. Alexander, L.: Chemotherapy of depression—Use of meprobamate combined with benactyzine (2-diethylaminoethyl benzilate) hydrochloride. J.A.M.A. 166:1019, March 1, 1958. 2. Current personal communications; in the files of Wallace Laboratories.

practitioners a separate license board. It is unfortunate that we have to spend the time to oppose this year after year, but it is our duty as outlined by our constitution and as honorable citizens.

I would like to point out that the expectancy of life has increased from about 27 or 28 years of age in Caesar's time to 40 years of age in 1900 and to about 70 years of age today. The greatest increase has been in the last 25 years. Medicine may not take all the credit for we have better food, clothing, and housing, but none of these would stop the ravages of disease so the fact remains that improved medical care is largely responsible for this achievement. Just think of all the lives saved by vaccination alone, which has been consistently opposed by the cults of medicine like chiropractors. The conquering of disease has not depended on whether the patient was rich or poor for Queen Anne was the mother of 17 children, yet all of them died before she did.

The many advances in surgery and anesthesia and the development of antibiotics have occurred within our own memory. Some of the earliest pioneers in the field of radiology are still living. Modern medicine and medical knowledge available to a patient today is tremendous. It is only the scientifically trained medical practitioner who has the knowledge of all of these treasures that mean so much to human beings and can tap those resources and channel them to a suffering patient. The physician uses these resources without bias or prejudice. It is our responsibility to guard the public against the futile, unproven dogmas to which non-scientific medicine subjects the public. The errors in logic of the human mind are astonishing and, therefore, the experience of a testimonial may be entirely false by concluding that because one event happened after another the second was caused by the first.

Years ago someone who had a headache put the rattles of a rattle snake into his pocket and the headache disappeared. This became for generations a cure for headache. Another false idea was that if one has gas pains they would disappear if one walked through the shadow of a spire of a church. The originator became the leader of that type of cult. The various other things thought to cure were fantastic and numerous but with the dawn of scientific study these have largely been refuted. The chiropractic cult started in a similar way by the laying on of hands to release vital forces and restore health by a man without medical training. This cult has tried to give an aura of respectability to a pseudo-scientific vocabulary. In about 1925 chiropractic colleges were all over Indiana. An Indianapolis newspaper conducted an investigation of such schools at about that time. Its investigator enrolled in one of those schools and graduated on the day of his enrollment.

It is completely baffling to understand how anyone could believe all human disease results from subluxation of vertebrae while at the same time hogs and cattle died of diseases which are known

to be contagious among animals. These can be controlled by attacks on the bacteria that cause them and not by manipulation of the spine of the hog, cow or other animals. These cultists are opposed to antibiotics and surgery. None of the cults have contributed to the conquest of disease except that they have borrowed from and used the therapy of regular medicine to which they are theoretically opposed. The regular school of medicine with all its great scientists and scientific discoveries is available to all without prejudice and has no secrets. Any discovery that has been proved wrong has been discarded. A cultist could not proclaim errors in his field or he would be out of business.

This is not true of regular medicine and, therefore, foundations for research have been set up for research in regular medicine. The cults increase their sphere of activity to include some of regular medicine's discovery, but have contributed nothing. Cultists employ any means in their effort to convince the ill that they can cure. We all can recall the advertising of Brinkley, Hoxey and Sears with false testimonials of good health after their treatments when the patient had been dead for some time. This effort of cultists to obtain patients is directed toward people who are suffering and need good care of regular medicine. It can be shown that testimonials or proclaimed cures often appear in the same paper carrying the death notice of the patient. The voice of protest of a quack is a testimonial.

The Attorney General of the United States has to investigate and give opinions on the various medical cures offered by quacks and cultists charged with using the mails to defraud. He has stated that he has found that no matter how fraudulent the method or worthless the treatment, an unlimited number of so called testimonials can be produced. It is our duty with our close contact with the truth of disease and backed by scientifically proven medicine not to allow these campaigns of cultism to continue to confuse and mislead the public in their search for relief from misery and pain. The theory upon which cultists with no real medical training have been licensed to represent themselves as capable of effecting a cure is based on the utter fallacy that this is necessary to give the world medical freedom. Legislators are being persuaded to vote for a separate chiropractic board on the theory that the person who is sick should be allowed to get whatever kind of treatment he wants. The legislator is responsible for erecting every safeguard to protect the public. To allow the public to become victims of unqualified practitioners in any field is unthinkable. It is too much to ask the average layman to make a wise choice for his own treatment and diagnosis among all who claim some method of treatment.

Regular medicine is the only place where the whole field of medicine without advocacy of any particular theory as against another is practiced. If we need more doctors let us have another medi-

cal school that will teach good scientific medicine such as is now done in Indiana University and it must be part of a university to be successful. The people of Indiana deserve the best, not second rate, medicine. The younger people who study for medicine should have teachers of top scientific brains and let us not have these students stumble through the jungles of quackery in the search of cures that are not there. The chiropractors do not need a separate examining board to allow more unsuitable practitioners, but rather their activities should be abolished altogether, or at least curtailed.

The osteopaths this year have disavowed their original theory of claiming that manipulation alone will cure disease. They have found regular medicine necessary in their education and practice and in raising their standards of education. They now qualify for unlimited license in this state by the legislature. Let us not flood our state with unqualified, untrained practitioners to prey upon our unsuspecting public. If we need more doctors let us get them by the best means possible and not subject our people to unsound practices and undue suffering. Let the legislature appoint a committee of highly respected and honorable people such as the presidents of Indiana and Purdue Universities and possibly the presidents of a few private colleges to study this matter and report their recommendations. The legislator should not decide this issue under the pressure of special interest groups.

We in the medical profession have a double obligation to the world. One is to continue as in the past to wage a fight against disease and untimely death. The other is to acquaint the public with the facts so thoroughly that cultism of every kind will disappear. This is the battle for the truth and when the public knows the truth the five billion dollars spent each year on worthless drugs and quacks, will find its way into purchasing needed essentials in the public's household. We hope deaths and suffering such as exposed in Chicago recently can be prevented and I hope our license board will be given sufficient funds to act more positively and have the support of our courts in prosecuting medical frauds.

Let us not get doctors into the medical profession coming from the basement or back door. There are no short cuts to become an adequate doctor and do it yourself kits will not work in the medical field. The unlicensed faked doctor and the series of articles in a Chicago newspaper on quacks, most of whom are unlicensed cultists, show how much damage can be done by this sort of terrible attempt at medical practice. You cannot create a physician by legislation.

Does anyone seriously believe that any cancer, diabetes, or heart disease has been cured by spinal manipulation?

Your legislature committees and your state association officers need the help of all of you in the legislature to promote good bills for medical care and to prevent passage of bills that would en-

danger the health of our people. Anyone who has contact with members of the state legislature or officials of the executive branch of the state government please let us know you. We want an efficient organization. If you have some pet bill or are encouraged by some other group to use your influence in bills dealing with health, please, before you make your commitment, find out how your state association feels about it and why. Then do as you please.

The fifth purpose of the Indiana State Medical Association as outlined in the constitution and by-laws is to promote friendly intercourse among physicians. In my earlier years of general practice in a town of 617 people, our only local paper was a weekly edition. The editor had a rather red nose that varied in brightness with the amount of alcoholic drinks he consumed. If he was sober enough, the paper came out on Thursday, but if not, a delay of a day or two occurred. He always described a wedding in these words: "the bridegroom was resplendent in a three-piece serge suit, a five course repast was served to the guests, and social intercourse was enjoyed by all." We doctors rant and rave, at times, at each other as has happened recently over a proposed building program, but we can always get together if any one tries to tamper with our basic philosophies or principles of medical ethics, or tries to interfere with our rendering service to humanity in a just and honest manner. When we are together, we, too, in the words of this editor, "can enjoy social intercourse."

The sixth factor is to protect our members against imposition, which seems to become more and more important with the entry of the third party. We must be alert to prevent the third party controlling the actions and duties of doctors. The doctor must maintain freedom to practice the best medicine he knows without dictation from a third party. It is the presence of the third party that has us concerned. Quality of medical practice cannot be maintained when any third party including a lay administrator or corporation lays down the rules of medical practice. We all know the courts have ruled that it is illegal for a corporation to practice medicine.

The seventh purpose is to enlighten and direct public opinion in regard to the great problems of medical care and public health. In regard to this public information section I would like to suggest that this association study and consider the possibility and advisability of implementing a program throughout the state one week each year called The Medical Science Week. We might ask the Governor to declare such a week each year to help stimulate programs of information of what is being done in Indiana and the nation to bring about better health to the people and encourage people to protect their health with the increased knowledge given them. It is by the education of the people that many problems of health can be more adequately solved.

We have encouraged rural health conferences

and Indiana is fortunate in having one of its own, Doctor Crockett, head this program nationally.

We are primarily interested in medical and patient care in or out of the hospital but we are also aware and concerned about the socio-economics of illness. We have done much by organizing Blue Shield to help prepay the cost of illness. We have encouraged all people to have prepaid medical and hospital insurance.

In regard to hospitals I would like to point out that there are now $4\frac{1}{2}$ hospital beds per 1,000 population and over the past 10 years the number of beds have increased with the population to keep up with the growth. Up to the start of 1958 there were 26 new or replaced hospitals built since 1946—at the same time some other hospitals, mostly small ones, have closed. The medical staff organization has shown a very decided improvement so that only 4 hospitals with over 50 beds have no medical staffs. Of course, all hospitals should have actively functioning medical staffs and that will be our goal. It is only through a good medical staff organization that improved care of the patient can result. The medical staff should have its own constitution and by-laws and should be responsible for the care of the patients for the doctor is the only one qualified to determine what is necessary and adequate medical care. Doctors and lay boards and administrators of hospitals have been working in closer harmony than in any time in the past which will result in better patient care. There are still a few glaring instances of lay boards and/or administrators at opposing sides with doctors in the management of hospitals. These must be corrected and will with tolerance and patience by all of us. One hospital board I know of refused for two years to permit an active medical staff from having a constitution and by-laws of its own. This created suspicions and unhappiness, mainly by the stubbornness and lack of information by one member of the lay board. This situation has been corrected but only with exceedingly great patience and honesty of the doctors concerned. We doctors have a duty to see that we study and implement ways of improving patient care and we must not take this phase for granted. Complexities have arisen with the expanded use of medical science so that the simple patient-doctor relationship has been altered so that we must investigate and improve our usefulness. All of this takes effort, but that is where we doctors have experience and the know-how to go forward and we will find that great satisfaction that comes from aiding the sick and stimulating others in the same endeavor. We are interested in hospital costs, but I am sure that hospitals are run as efficiently as possible for the services given. One cannot expect hospital rates to remain the same year after year when their cost of food, materials and most of all the wages and salaries of employees are increased along with other peoples' wages and salaries. Each new wage contract in the auto and steel industry adds a little more. Why shouldn't

hospital employees and nurses be given raises, also, and there are now about two or more employees for each patient. No one segment of our economy can have an increase in wages and salaries and not effect others. Whether one approves or disapproves of salary or wage increase is not the point, but we can't point our finger at one element in the whole picture. If abuses are present, then let them be corrected. I am sure no matter who runs or governs hospitals the rates cannot always be the same and the degree and quality of services must have effect on its charges. If there is any way the medical profession can help we will be glad to offer our services. We must be diligent to watch that we do not make medical costs and procedures too expensive. Needless hospitalization for diagnostic procedures should be discouraged for those that can be done outside of the hospital. The expense of the room and hospital services are added to the diagnostic procedure cost when done in a hospital. This over-utilization of the hospital services is no doubt a factor in the rates of hospital insurance. Patient's stay in the hospital must also be watched closely so that a patient is not allowed to stay any longer than necessary. These are a few things that we can do to lower the cost of medical care rather easily.

Voluntary prepaid insurance of both medical and hospital is of great importance to us all. We are interested in promoting all good insurance and especially our own Blue Shield which was organized and operated by us in contrast to the Blue Cross which is the hospitals plan. We have no direct connection with the Blue Cross board, but we do have with Blue Shield. Blue Shield, as everything else has, has its faults, but on the whole it has done a great job for medicine in promoting and stimulating other insurance companies to better coverage. I hope that we can agree to find a way to transfer all medical coverage including pathology and radiology to the Blue Shield plan while the patient is in a hospital so that Blue Cross will only cover hospital services and Blue Shield will cover all the medical services as was promised at the organization of Blue Cross. We now have better liaison between our state medical association and Blue Shield by creation of a liaison committee this past year. It is the only insurance company in which we doctors have a voice in its operation and policies. We must make Blue Shield work for the best interest of our patients.

We must continue to study to try to solve the plight of the aging in the medical and socio-economics fields. We now have and will continue to have active committees of doctors working on this very rapid increasingly important project. The number of persons in the United States aged 65 and over increases about 2,000 a day. This aging problem really is the result of better medical care and so we must assume great responsibility for improving the care of these increasingly large numbers of people.

if you were to examine these patients



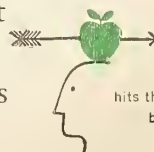
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We should continue to improve our relations with the public and other groups of citizens including labor organizations who are becoming more and more interested in medical and hospital care. In some areas of the state such as South Bend the county medical society has met with the Studebaker union members regularly for about 10 years. At first there were many areas of misunderstanding on both sides, but as time has passed the relations have been excellent and no one on either side thinks the other is some monster trying to take everything away. It is amazing what can be accomplished by sitting down to talk with other groups.

Recently I have been asked, "Is the state medical association necessary?" I believe it is very vital to all of us. We can make our association what we want for we have talent that is supreme. I hope we can improve our methods of finding and using the talents. We want doctors with enthusiasm and we need to establish a goal of greater deeds and ideas for improved medical and patient care. If we are effective and fulfill our purpose for being as I have outlined, we will receive all the support and financial help to build a greater society and even maybe a building of our own to show off our talents and activities in a dignified and splendid manner.

We have a nucleus of top quality to build the best organization in this state that is well known for organization excellence. If we are strong we will remain free; if we falter, the government or some other group will take us over and tell us what to do, which will ultimately stifle progress. Let us have the drive and foresight to give of ourselves unselfishly for the cause of good medical and patient care with the best of service of dedicated people that we are and have been traditionally. We must remember that it is not what we did in the past that counts for as much as what we are doing now and what we intend to do in the future. Progress means life and I hope we continue to not only be alive, but eager and radiant in our successes. Our purposes of our constitution and in a very meaningful way concludes by this statement: "So that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life."

WOMAN'S AUXILIARY PRESIDENTIAL ADDRESS

MRS. EARL W. BAILEY, Logansport, president of the Woman's Auxiliary to the Indiana State Medical Association, addressed the House of Delegates as follows, her report being referred to the Reference Committee on Reports of Officers:

President Topping, Distinguished Guests and Members of the House of Delegates:

In the second article of the bylaws to the

Woman's Auxiliary to the Indiana State Medical Association it states:

The objects of this Auxiliary shall be:

1. To unite in one organization the wives of members of the Indiana State Medical Association.
2. To promote mutual understanding and cultivate friendly relations among families of physicians.
3. To unite with similar auxiliaries of the other states in the Woman's Auxiliary to the American Medical Association.
4. To support the aims and purposes of the medical profession and to extend its influence in organizations which promote health improvement and health education.
5. To assist in the state meetings of the Indiana State Medical Association.
6. To participate in any endeavor, on request, of the Indiana State Medical Association.

Reviewing these points shows that the Auxiliary is a working unit under our parent organization, the Indiana State Medical Association. With the guidance of our advisors we hope to carry out the objects to the best of our ability.

The priority projects of the Indiana State Medical Association and the National Auxiliary are American Medical Education Foundation, recruitment for the paramedical careers, *Today's Health*, safety and legislation.

The National Auxiliary theme for this year is "Safeguard Today's Health for Tomorrow." What better way to safeguard health than to work diligently on these projects?

Last year the Auxiliary contributed \$126,466.68 nationally for the American Medical Education Foundation. Indiana Auxiliary contributed \$9,605.47, making this \$3.61 per member. Under the able leadership of Mrs. Wendell Stover, immediate past-president of the auxiliary, we hope to increase this to \$5.00 per member this year.

Recruitment for the paramedical fields is participated actively by all the county auxiliaries. The Auxiliary sponsors Future Nurses clubs, field trips to hospitals, speakers and financial aid to students. Indiana last year gave scholarships and loans amounting to \$8,349.93. Mrs. R. E. Nelson of South Bend is our State Auxiliary chairman for this project. Saint Joseph County gave 17 nursing scholarships, had 14 nurses clubs in the high schools and has a medical technician in training.

Today's Health, the magazine for the public, has increased in circulation due to the great effort of our state chairman, Mrs. Robert Reed of Mishawaka. Last year 32 counties in Indiana won recognition in the national contest. We hope to increase the subscription total this year by definitely placing the magazine in every doctor's and dentist's office in each town and city.

Legislation, in any form, effects us all in some

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direct or indirect way. This is election year; we must be well informed and exercise our prerogatives as citizens and vote. To know the candidates and their platforms, to understand the needs of the Medical Profession, is to keep reading. The *A.M.A. News* gives us much information, also the Washington Letter in our own *Indiana Journal*. Mrs. Otis Bowen of Bremen will send pertinent material to the auxiliaries on legislation.

Traffic safety has been well covered by our state chairman, Mrs. Robert Acher of Greensburg. With the cooperation of the state police, city police, schools and parents, the program has had outstanding interest and results. The Presidential Committee on Safety had representatives from various industrial groups, P.T.A., Federated Clubs, woman's clubs, Medical Association and many others. This great interest shown proves that each and every one has a mutual concern in safeguarding today's health. Much has been done to eliminate accidents and educate the public. Mrs. Acher has received several national commendations and other states have asked for her method of reaching the auxiliary interest.

Mrs. Frank Hogle of the Logansport State Hospital has our Mental Health or Rehabilitation program well outlined.

Civil Defense chairman, Mrs. Paul Evans of Indianapolis, reports a good program, but a certain amount of apathy among the members.

Mrs. E. S. Rifner, Community Health chairman, reports many counties had booths at the county fairs which they obtained from the AMA office. The public enjoyed these booths; they were interesting and educational, especially the one on calories and diet.

Public Relations, which has been changed to Community Service Committee under the chairmanship of Mrs. George Wagoner of Delphi, is in full swing with the auxiliary members participating. The members work in their own community by serving voluntarily in P.T.A., Red Cross, Blood Bank and other groups.

Our own publication, *Hoosier Doctor's Wife*, is a newsy paper containing county, district and state news to keep the members informed on Auxiliary activities.

We are proud to offer this report and it is a privilege to serve the Woman's Auxiliary to the Indiana State Medical Association.

It is the fervent desire of each Auxiliary member to do her best in any project offered by the Indiana State Medical Association. I am sure that by your guidance and encouragement we will have an active and successful year.

Reference Committee Action

DR. WILLIAM B. CHALLMAN, chairman, presented the following report, which on motion of Drs. Challman and James M. Leffel, was adopted:

These reports and addresses were reviewed by the Reference Committee on Reports of Officers and approved. The Committee wishes to commend the officers of this Association for the excellent work done in the past year.

Sections and Section Work Committee

DR. WENDELL A. SHULLENBERGER, chairman, presented the following report, which was adopted on motion made by Dr. Shullenberger, and seconded by several delegates:

The Committee has no report inasmuch as no matters were referred for its consideration.

The members of the reference committee wish to commend the section officers and others responsible for the excellence of the scientific programs presented by the various sections.

Miscellaneous Business Committee

The following matters were referred to the Reference Committee on Miscellaneous Business. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal* of the Indiana State Medical Association. The resolutions introduced before the House and referred to this committee are printed herewith.

Commission on Convention Arrangements (no printed report)

Commission on Governmental Medical Services (1257-1260) and the following supplementary report presented by Dr. Glen Ward Lee, chairman:

Mr. President, I would like to call your attention to the fact that the statistical data on immunizations furnished by studies made by the State Board of Health is in your envelope. The reason for putting that in there is that we thought it might be advisable to call the attention of the various counties to where they stand proportionately to other counties in the immunization of the pre-school group, and perhaps we can stimulate interest in improving the immunizations performed, we hope, in your own private offices.

Commission on Inter-Professional Relations (page 1268)

Special Resolution No. 2 on Headquarters Building from the Council

Special Resolution No. 3 on Headquarters Building from the Council

Resolution No. 18. FILING COPIES OF COUNTY SOCIETY CONSTITUTION AND BY-LAWS WITH STATE HEADQUARTERS

Recommendation of Council that 1959 convention be held in Indianapolis instead of French Lick, as voted by House of Delegates.

Reference Committee Action

DR. HENRY J. RUSCHE, chairman, presented the following report:

This committee had six items of business referred to it.

Convention Arrangements

The Commission on Convention Arrangements did not have a written report; however, the committee reviewed the scientific program, the scientific exhibits, the commercial exhibits and the entertainment program. We would like to commend the Commission on their work. We would like to suggest that future commissions try to encourage more doctors from throughout the state to prepare papers for presentation at the state meeting. We recommend that everyone entering the convention and all its meetings be identified by appropriate badges.

(DR. RUSCHE'S MOTION FOR ADOPTION OF THIS SECTION OF THE REPORT WAS DULY SECONDED AND CARRIED.)

DR. RUSCHE continued with the report of the Reference Committee on Miscellaneous Business:

Governmental Medical Services

This committee also reviewed the report of the Commission on Governmental Medical Services. We wish to commend the commission on their accomplishments in a very broad and difficult field. We wish to emphasize that portion of their report concerning medical programs of the State Department of Public Welfare and urge future commissions and those county societies without a contract to continue their efforts. We also urge the county societies to enter into similar contracts with the township trustees and urge the State Commission to give all support possible in arranging these contracts.

WE RECOMMEND THE ADOPTION OF THIS REPORT.

(DR. RUSCHE'S MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Inter-professional Relations

We reviewed the report of the Commission on Inter-professional Relations and wish to commend the commission on the fine work done regarding delicate situations. We urge their continuing study of the inter-professional relationships with the osteopaths, optometrists and chiropractors.

We recommend that action be taken to secure an increased number of physician representatives on the Indiana Hospital Licensing Commission.

We recommend continuation of the Joint Committee for Improved Patient Care and recommend that any report of any activities of said committee be reviewed by our association prior to release to the public. We do not approve of the establishment of any out-patient clinics in conjunction with this study.

We would like to commend the pharmaceutical

and biological manufacturers for their continued interest and support of the great medical problems confronting the public.

WE RECOMMEND THE ADOPTION OF THIS PORTION OF THE REPORT.

(DR. RUSCHE'S MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Society Constitution and By-laws

RESOLUTION NO 18

Introduced by: THE COUNCIL OF THE INDIANA STATE MEDICAL ASSOCIATION

Subject: FILING COPIES OF COUNTY SOCIETY CONSTITUTION AND BYLAWS WITH STATE HEADQUARTERS

WHEREAS Section 15, Chapter XXV, of the Bylaws of this Association provides:

Sec. 15. Each component society shall have its own Constitution and Bylaws, not in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association, a copy of which shall be filed with the Executive Secretary of this Association; and furthermore, the Executive Secretary shall be notified at once of any changes or amendments that may be made from time to time.

AND WHEREAS a number of County Societies have not complied therewith;

IT IS THEREFORE RESOLVED: That any County Society failing to file its Constitution and Bylaws with the Executive Secretary of the Association by January 1, 1960, shall not be eligible to be represented in the House of Delegates until such society complies with said Section 15, Chapter XXV, of the Bylaws of this Association.

Reference Committee Action

DR. HENRY J. RUSCHE, chairman, presented the following report:

Resolution No. 18, submitted by the Council, concerning filing of copies of county society Constitution and Bylaws with State Headquarters. This resolution is designed to bring about compliance with Section 15, Chapter XXV, of the Bylaws of this Association. This committee recognizes that the drafting of a Constitution and Bylaws is no easy task and requires considerable time. We also realize that this could place quite a hardship on some counties. Therefore, we recommend the adoption of this resolution with the provision that the State Headquarters send to each county copies of a model Constitution and Bylaws which may be modified to meet local requirements, so long as it does not conflict with those of the State Association or the American Medical Association; and that any county who becomes ineligible under this resolution be given a special notice by the executive secretary three (3) months prior to suspension of their eligibility.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF OUR REPORT.

(DR. RUSCHE'S MOTION SECONDED, PUT TO VOTE AND CARRIED.)

DR. RUSCHE continued with the report of the Reference Committee on Miscellaneous Business:

1959 Convention Site

We received for consideration the resolution recommending the change in location of the 1959 convention from French Lick to Indianapolis. Your committee realizes that an Indianapolis meeting places a hardship on Marion County physicians and wives, but we believe that in view of the economic situations connected with a French Lick meeting and the financial status of the Association, we recommend that the 1959 meeting be held in Indianapolis. We further recommend that responsibility of program arranging be shared by other counties and their auxiliaries.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Headquarters Building

SPECIAL RESOLUTION NO. 2 ON HEADQUARTERS BUILDING, from the Council

WHEREAS, the special committee of the Council, in its study, has found that a large segment of the membership of the Indiana State Medical Association believe a headquarters building is desirable, and

WHEREAS, the report which you have received shows the continuing loss in purchasing power of our surplus funds, and

WHEREAS, there has been expressed by some of the members a concern that we carry too large a surplus as a non-profit corporation,

BE IT FURTHER RESOLVED, that a Committee of five members of this House be appointed by the Council for the purpose of carrying out the provisions of this resolution,

NOW THEREFORE BE IT RESOLVED, that a sum of \$100,000 be appropriated from our surplus funds to be applied toward the purchase of a building or construction of a new building to house the ISMA.

SPECIAL RESOLUTION NO. 3 ON HEADQUARTERS BUILDING, from the Council

WHEREAS, the Council of the Indiana State Medical Association has devoted many hours concerning a new headquarters, and

WHEREAS, no final solution has obtained,
NOW THEREFORE BE IT RESOLVED, that the Council of the Indiana State Medical Association be instructed to continue its study of the new headquarters building.

Reference Committee Action

DR. RUSCHE chairman, presented the following report:

Discussion concerning Special Resolutions Nos.

2 and 3 from the Council regarding purchasing or buying a building was very interesting. In addition to hearing from several members of the Building Committee, those of us who either had not been to the State Headquarters for a long time, or not at all, went to the offices in the Hume Mansur Building Monday afternoon. It is our unanimous opinion that there is a crying need for more space.

It is the belief of your reference committee that three basic facts have not been determined. We believe that we must first determine if the membership of this Association wants an office building of its own. Secondly, if the membership desires a building of its own, they should also state if they want one only to meet their own needs, or if they wish to have one large enough to rent a portion of it. Third, and finally, if they do desire a building, then we believe a survey by a qualified business consultant should be made to determine if we can afford it.

Should the House of Delegates vote in favor of a building, your reference committee recommends that special Resolution No. 2 providing for the appropriation of \$100,000 from our surplus funds, to be applied toward the purchase of a building or construction of a new building to house the Indiana State Medical Association, be disapproved.

If a building is desired, we recommend that Special Resolution No. 3 be amended to read as follows:

NOW THEREFORE BE IT RESOLVED that a special committee of the House of Delegates be appointed to continue the study of the new headquarters building. This committee is to consider all aspects of building, buying and owning a building, or continuing to rent, such as:

1. Do intangible aspects offset the extra expense?
 - a. Place to meet—Commissions and Council.
 - b. Place for the Auxiliary.
 - c. Prestige.
 - d. Impression on those we are trying to influence—legislators, union leaders, civic leaders, etc.
2. Suggested floor plans with estimated construction costs.
3. Probable sites, with asking prices.
4. Other buildings available and their asking prices, and probable cost of remodeling.

It is recommended that this committee meet with realtors within adequate time prior to the 1959 meeting to accomplish suggestions 3 and 4. This information is to be disseminated to the entire membership by special ISMA News Bulletin prior to August 1, 1959.

Your reference committee wishes to call to the attention of the House of Delegates that at their October 1957 meeting they authorized the building committee of the Council to purchase land. We recommend that this authority be rescinded.

We wish to commend and thank the Building Committee for their efforts on this matter. We also wish to thank everyone who appeared before the committee to help us in our discussions.



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December 1958 1753

We recommend that the House of Delegates at this time express a definite opinion if they want to continue the investigation.

Mr. President, I move the adoption of this portion of the report. (Motion duly seconded.)

Following discussion by Drs. John M. Paris, Robert VanBokkelen, Jack E. Shields and Maurice E. Glock, Dr. Rusche's motion for adoption of this section of the report was put to vote and carried.

(Dr. Rusche's motion for adoption of the report of the Reference Committee as a whole was seconded by several delegates and carried.)

On motion of Drs. Rusche and Glock, the House of Delegates voted to rescind the action taken at the October, 1957 meeting of the House of Delegates in which "the Council was authorized to spend money for the purchase of land for a new building."

MEDICAL EDUCATION AND HOSPITALS COMMITTEE

The following matters were referred to the Reference Committee on Medical Education and Hospitals. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal of the Indiana State Medical Association*. Resolutions introduced before the House and referred to this committee are printed herewith.

Commission on Medical Education and Licensure (pages 1268-1269)

Commission on Special Activities (page 1273)

Student Loan Committee (pages 1253-1254)

Resolution No. 9. CONCERNING MEDICAL REGISTRATION AND LICENSURE

Resolution No. 14. INVASION OF PRIVATE MEDICAL PRACTICE BY TEACHING HOSPITALS

Resolution No. 15. OUT-PATIENT CLINICS FOR NURSES TRAINING.

Resolution No. 20. APPROVAL TO SPONSOR LEGISLATION ON TEMPORARY MEDICAL EDUCATION PERMITS

Council recommendation that ADDITIONAL FUNDS BE ALLOCATED TO STUDENT LOAN FUND

Reference Committee Action

DR. JOHN W. BEELER, chairman, presented the following report:

Medical Education

The Reference Committee on Medical Education and Hospitals considered the reports of the Commission on Medical Education and Licensure, page 192 of the Handbook; the Commission on Special Activities, page 200 of the Handbook; the report of the Student Loan Committee, page 162 of the Handbook, resolutions 9, 14, 15 and 20, and the recommendation of the Council that additional funds be allocated to the Student Loan Fund.

Paragraph 2 in the report of the Commission on Medical Education and Licensure regarding the

appointment of a liaison committee between the Indiana State Medical Association and the Indiana University School of Medicine has already been formed by the Council, and this committee is already active.

Resolutions Nos. 9 and 20, both of which arise from action of the Commission on Medical Education and Licensure, will be discussed separately.

This reference committee feels that the work done by the Commission on Medical Education and Licensure has been most vital and we wish to commend the members for their thorough pursuit of the duties assigned to them.

Therefore, Mr. Chairman, I move the adoption of this portion of our report.

(Motion seconded, put to vote and carried.)

Special Activities

The report of the Commission on Special Activities was reviewed, and we recommend its acceptance without change. The reference committee thanks this Commission for its work. Mr. Chairman, I move adoption of this portion of our report.

(Motion seconded, put to vote and carried.)

Student Loan

Report of the Student Loan Committee. The committee considered the report of the Committee on Student Loan and the recommendation of the Council that additional funds be appropriated to the Student Loan Fund. At the present time there are applications on file from ten students. If all of these are approved, \$5,000.00 will be required. Your reference committee is in agreement with the Council that if the Student Loan Committee is to continue to function, additional money should be transferred from the General Fund, and we recommend that such a transfer of \$5,000.00 be made.

Your reference committee further recommends that the interest rate on student loans be changed from 3½% to 6%, with interest beginning immediately after the completion of the internship. This change would encourage more rapid repayment of loans which would further guarantee that the fund would be self-supporting in future years. We feel that this is necessary and vital, considering the financial situation of the State Medical Association at this time.

MR. PRESIDENT, I MOVE ADOPTION OF THIS PORTION OF OUR REPORT.

(MOTION SECONDED BY DR. R. B. DUBOIS; DISCUSSED BY DRS. HOWARD T. HAMMEL, ROBERT M. BROWN, AND ELTON R. CLARKE; PUT TO VOTE AND CARRIED.)

Medical Registration and Licensure

RESOLUTION NO. 9

Introduced by: COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Subject: CONCERNING MEDICAL REGISTRATION AND LICENSURE



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THEREFORE: Be it Resolved that the following recommendations be presented to the next regular meeting of the House of Delegates of the Indiana State Medical Association for their consideration and pleasure.

1. That a close liaison between the Indiana State Board of Medical Registration and the Indiana State Medical Association be maintained.
2. That members of the Indiana State Board of Medical Registration and Examination be encouraged to discuss their endeavors, their activities and their problems before county, district and state Medical Association meetings.
3. That members of the Indiana State Board of Medical Registration and Examination be requested to prepare a series of informative articles in regard to their duties and activities for presentation through the regular editions of *The Journal* of the Indiana State Medical Association.
4. That arrangements be made with the administration of the Indiana University Medical School and the Indiana State Board of Medical Registration and Examination to conduct lectures and discussions by members of the board before junior and senior medical students incident to the provisions of Medical Examination and Licensure and the problems of narcotic addiction.
5. That members of the Indiana State Medical Association serving as members of the Indiana State Board of Medical Registration and Examination be highly commended for the diligent and prudent manner in which they have performed their duties.
6. That there appears to be information which indicates the advisability of re-evaluation of attitudes and policies regarding examination and licensure of foreign medical school graduates.

Reference Committee Action

DR. JOHN W. BEELER, chairman, presented the following report:

Resolution No. 9, on page 104 of the Handbook, concerning Medical Registration and Licensure, was introduced by the Commission on Medical Education and Licensure, and your reference committee accepts the resolution as written, with the exception of paragraph 6. This paragraph has been covered in Resolution No. 20, and, therefore, we felt that it could be deleted. The reference committee felt that a special statement should be made concerning the fact that members of the State Board of Medical Registration and Examination have had to use funds from their own pockets for investigative procedures necessary in the carrying out of their duties, particularly relative to malpractice. We strongly urge that the Commission on Legislation take notice that the money being raised by registration is being put in the General Fund of the State of Indiana. We

hope that some legislative action can be taken to correct this practice.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Invasion of Private Medical Practice

RESOLUTION NO. 14

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: INVASION OF PRIVATE MEDICAL PRACTICE BY TEACHING HOSPITALS

RESOLVED: That such a plan, if put into effect in one teaching hospital, would become the foot in the door and pave the way for all hospitals to enter full scale into the practice of medicine in competition with the private practice of medicine, NOW BE IT FURTHER

RESOLVED: That the Vanderburgh County Medical Society is opposed to this un-American invasion of the field of private medical practice, and requests the Indiana State Medical Association to join in registering its opposition, and furthermore to call upon the American Medical Association to use every resource at its command to prevent such a program from being put into effect.

Reference Committee Action

DR. JOHN W. BEELER, chairman, presented the following report:

After much thought and reconsideration, the committee carefully studied Resolution No. 14 from the Vanderburgh County Medical Society. It points out a serious problem of increasing concern; namely, the Invasion of Private Practice by Teaching Hospitals. This is a most complicated matter and already has been studied by the House of Delegates to the A.M.A. Therefore, we recommend that this resolution be referred to the Commission on Medical Education and Licensure for further study.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED BY SEVERAL DELEGATES; DISCUSSED BY DR. HENRY RUSCHE; PUT TO VOTE AND CARRIED.)

Nurses Training

RESOLUTION NO. 15

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: OUT-PATIENT CLINICS FOR NURSES TRAINING

RESOLVED: That the Indiana State Medical Association in its 1958 House of Delegates meeting go on record as urging the American Medical Association to discourage the National Nursing Accreditation Society from virtually forcing hospitals to set up out-patient clinics for nurses training which provide medical care in competition with the private practice of medicine.

Reference Committee Action

DR. JOHN W. BEELER, chairman, presented the following report:

Resolution No. 15, introduced by the Vanderburgh County Medical Society. Subject: OUT-PATIENT CLINICS FOR NURSES TRAINING. The committee agrees with the principles presented by Resolution No. 15, but believes that as worded it is probably too broad. We therefore recommend that the resolution be modified and altered to read as follows:

WHEREAS, representatives of the Joint Commission on Accreditation are in some instances seeking to force all hospitals to have an out-patient department as a requirement for accreditation, which department frequently is neither desirable or needed and would serve no useful purpose in many hospitals, and further, would in many instances involve a hospital in what would be the equivalent of the corporate practice of medicine,

IT IS THEREFORE RESOLVED that this practice of the representatives of the Joint Commission on Accreditation is considered as against the better interests of the medical profession and should be modified, and that the delegates to the American Medical Association of this Association be instructed to present a resolution embodying these principles to the House of Delegates of the AMA, registering our opposition to this practice and attempting to obtain correction of these problems.

MR. PRESIDENT, I MOVE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Medical Educational Permits

RESOLUTION NO. 20

Introduced by: COMMISSION ON LEGISLATION OF THE INDIANA STATE MEDICAL ASSOCIATION

Subject: APPROVAL TO SPONSOR LEGISLATION ON TEMPORARY MEDICAL EDUCATIONAL PERMITS

WHEREAS, the State Board of Medical Registration and Examination is interested in having the two following bills presented to the Legislature, as follows:

1. A bill, supplemental to the Medical Practice Act of Indiana, which will provide the following:

Establish a Temporary Medical Educational Permit for foreign medical school graduates, which will allow the applicant to secure post-graduate medical education and training in an accredited teaching institution or hospital, the standards of which shall be acceptable to the State Board of Medical Registration and Examination.

Said bill would require applicants applying for such Temporary Medical Educational Permit to furnish proof of certification by the Foreign Council of Medical Education and other

credentials acceptable and satisfactory to the State Board of Medical Registration and Examination. Such permit would be granted for a period of one year, but subject to renewal, provided the applicant presented to the Board in writing a report from the educational institution in which he is serving, certifying satisfactory service.

The bill would provide fees for such Permit and that at the expiration or termination of training, the Permit should be surrendered to the State Board of Medical Registration and Examination. Penalties are provided.

The Federal Law relating to educational exchange visitors, known as Public Law 555, and the regulations of the Immigration and Naturalization Service and the Department of State, provide that no exchange visitor may apply for an immigrant visa or for a nonimmigrant visa or for adjustment of status to that of an alien lawfully admitted for permanent residence until it is established he has resided and been physically present in a co-operating country or countries for two (2) years following departure from the United States, with the exception of where waivers may be granted in certain exceptional cases. It is the opinion of the Board that this would require any such foreign medical school graduate, who had received post-graduate medical education in Indiana under such Temporary Medical Educational Permit, to return to his country following such post-graduate education and be away for a period of two (2) years before he could make application to return to this country with the status of that of an alien lawfully admitted for permanent residence, with the exception of exceptional cases where the Federal Law permits a waiver.

2. A bill which will be supplemental to the Medical Practice Act and provide that on and after July 1, 1959 any person applying to the Board of Medical Registration and Examination for a certificate for a license to practice the healing arts in any form or manner shall submit satisfactory proof that he is a citizen of the United States or Territorial possession, or that he has received his first citizenship papers, and

WHEREAS, it is desirable that the Indiana State Medical Association cooperate with the State Board of Medical Registration and Examination in the preparation of sponsoring of said bills,

BE IT THEREFORE RESOLVED, that it shall be the policy of this Association to cooperate with the State Board of Medical Registration and Examination in the preparation and sponsoring of bills embodying the above principles.

Reference Committee Action

DR. JOHN W. BEELER, chairman, presented the following report:

Resolution No. 20, introduced by the Commission on Legislation. Subject: APPROVAL TO SPONSOR LEGISLATION ON TEMPORARY MEDICAL EDUCATIONAL PERMITS. The reference

committee feels that this does not allow foreign graduates to practice in Indiana, nor does it in any way open up the Medical Practice Act, and therefore we recommend the passage of this resolution without change.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF THIS REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Mr. Chairman, I want to thank the members of this reference committee for their patient and thorough consideration of the large amount of material presented to them.

MR. CHAIRMAN, I MOVE THE ADOPTION OF THIS REPORT AS A WHOLE.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

LEGISLATION COMMITTEE

The following matters were referred to the Reference Committee on Legislation. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9 *Journal of the Indiana State Medical Association*. Resolutions introduced before the House and referred to this committee are printed herewith:

Commission on Legislation (page 1255)

Resolution No. 13. **PHYSICIAN MEMBERSHIP ON HOSPITAL BOARDS**

Resolution No. 16. **ESTABLISHMENT OF A DEPARTMENT OF FORENSIC SCIENCES IN THE STATE OF INDIANA**

Reference Committee Action

DR. JAMES V. WHITE, chairman, presented the following report:

The Reference Committee on Legislation met in the basement dining room of the Murat Temple on Oct. 13, 1958.

We first considered the report of the Commission on Legislation and recommend its approval. Your committee feels that the Commission on Legislation deserves the commendation and thanks of the State Association for its work throughout the year.

MR. PRESIDENT, I MOVE ADOPTION OF THIS SECTION OF MY REPORT.

(MOTION SECONDED BY DR. D. S. MEGENHARDT, PUT TO VOTE AND CARRIED.)

Physicians on Hospital Boards

RESOLUTION NO. 13

Introduced by: **PORTER COUNTY MEDICAL SOCIETY**

Subject: **PHYSICIAN MEMBERSHIP ON HOSPITAL BOARDS**

BE IT THEREFORE RESOLVED, that in all government-owned (city, county or state) general hospitals that the laws of Indiana regarding hospitals be re-codified and so unified that a doctor of medicine, duly licensed within the State of

Indiana, be placed legally on the board of control. Said doctor may be the annually elected Chief of Staff, President of the County Medical Society, or one elected by the doctors of the political unit served by the hospital for a term of service to be determined either locally or statewide and without regard to his political affiliations. His colleagues will know him for his ability to represent them and the profession as well as the hospital and community served better than anyone else.

BE IT FURTHER RESOLVED that the Reference Committee considering this resolution, view it profession-wise and not personally as this is a fundamental issue which may easily later be used as the wedge for the age-old divide and conquer technique leading to Socialized Medicine.

Reference Committee Action

DR. JAMES V. WHITE, chairman, presented the following report:

The committee next considered Resolution No. 13, from the Porter County Medical Society, the subject, "Physician Membership on Hospital Boards." The committee members were in unanimous agreement with the intent of this resolution. We have, however, couched it in different terms and recommend its adoption in the form here submitted.

RESOLUTION NO. 13

WHEREAS, certain laws relating to city and county hospitals prohibit physicians being members of the governing boards of such hospitals, and

WHEREAS, medical hospital services are becoming more and more complex, and the use of such services by the public is becoming constantly greater, and

WHEREAS, the need for professional medical opinion in the interpretation of these problems is becoming more and more evident,

BE IT THEREFORE RESOLVED, that the laws of Indiana pertaining to city and county hospitals which prohibit physicians being members of the governing boards thereof be amended to permit a physician or physicians as members of such boards.

BE IT FURTHER RESOLVED, that the Indiana State Medical Association go on record as favoring such legislation.

I MOVE THE ADOPTION OF THIS SECTION OF THIS REPORT.

(MOTION SECONDED BY DR. RALPH C. EADES, PUT TO VOTE AND CARRIED.)

Forensic Sciences

RESOLUTION NO. 16

Introduced by: **JENE R. BENNETT, M.D., DELEGATE FROM ST. JOSEPH COUNTY, ON BEHALF OF THE FORENSIC SCIENCES STUDY COMMITTEE**, representing the Indiana State Medical Association, Indiana Bar Association, Indiana University School of Medicine, Indiana University Law

School, Indiana Association of Pathologists, Indiana Coroners Association, Indiana Sheriffs Association and the Indiana State Police

Subject: **THE ESTABLISHMENT OF A DEPARTMENT OF FORENSIC SCIENCES IN THE STATE OF INDIANA**

THEREFORE, BE IT RESOLVED, that the 90th General Assembly be commended for its wisdom in authorizing, through the medium of House Resolution No. 20 (Weir-Rollins), the appointment of a subcommittee to study the need for a Department of Forensic Sciences in the state, and

BE IT FURTHER RESOLVED, that the Indiana State Medical Association approves in principle the report and recommendations of the Forensic Sciences Study Committee to the Legislative Advisory Commission, of which it is a subcommittee, and

BE IT FURTHER RESOLVED, that it be recommended to the 91st General Assembly that the report of the Forensic Sciences Study Committee be accepted, and appropriate legislation be enacted, and

BE IT RESOLVED, that the Indiana State Medical Association hereby urges the establishment at Indiana University, or elsewhere in the state, of a Department of Forensic Sciences in which forensic science facilities will be readily available to law enforcement agents and others, and a permanent records system be established.

Reference Committee Action

DR. JAMES V. WHITE, chairman, presented the following report:

Last considered was Resolution No. 16, introduced by Jene R. Bennett, M.D., delegate from St. Joseph County, subject: "The Establishment of a Department of Forensic Sciences in the State of Indiana." This resolution was favorably considered by the reference committee with a minor change in the language consisting of the insertion of the words "coroners, other" in the next to the last line, preceding the word "law." With this change the last resolve of the resolution reads as follows:

BE IT RESOLVED, that the Indiana State Medical Association hereby urges the establishment at Indiana University, or elsewhere in the state, of a Department of Forensic Sciences in which forensic science facilities will be readily available to *coroners, other* law enforcement agents and others, and a permanent records system be established.

I MOVE THE ADOPTION OF THIS SECTION OF MY REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

I MOVE THE ADOPTION OF THIS REPORT AS A WHOLE.

(MOTION SECONDED BY DR. D. S. MEGENHARDT, PUT TO VOTE AND CARRIED.)

PUBLIC RELATIONS COMMITTEE

The following matters were referred to the Reference Committee on Public Relations. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal* of the Indiana State Medical Association. Resolutions introduced before the House and referred to this committee are printed herewith.

Report of Grievance Committee

Commission on Public Information

Resolution No. 19. A.M.A. POSITION ON UNITED FUND

Resolution No. 21. LOCAL CANCER SOCIETY AGENCIES

Resolution No. 23. SUPPORTING FEDERATED GIVING

Reference Committee Action

DR. WALTER L. PORTEUS, chairman, presented the following report:

The Reference Committee on Public Relations had three resolutions, No. 19, No. 21, No. 23, and the reports of the Grievance Committee, printed on page 162 of the Handbook, and of the Commission on Public Information, on page 165 of the Handbook, with the subcommittee reports on Science Fairs, Publicity, State Fair Display, and Coaches' and Physicians' Conference on Athletic Injuries, referred to our committee on October 12, 1958.

The report of the Committee on Grievances, page 162, was reviewed and approved as printed. The reference committee wants to thank the committee for their work and urge them to continue their efforts in this vital field of public relations.

MR. CHAIRMAN, I MOVE THE ADOPTION OR THIS PORTION OF OUR REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

The report of the Commission on Public Policy, as printed on pages 165 to 170 in the Handbook, was carefully reviewed, and we recommend the acceptance of the individual committee reports. The committee reviewed recommendations 1 and 2, and recommends their acceptance.

In recommendation No. 3 on page 169, we recommend the deletion of the part of the sentence starting, "Possibly as many as five or six persons" and substituting the following, "The number to be consistent with our financial position, as determined by the Executive Committee."

In paragraph 5 we substitute the word "encourage" for the word "foster," as the latter word connotes expense.

We compliment the committee on a job well done.

MR. CHAIRMAN, I MOVE THE ACCEPTANCE OF THIS PORTION OF THE REPORT.

(MOTION SECONDED BY DR. D. S. MEGENHARDT, PUT TO VOTE AND CARRIED.)

United Fund

RESOLUTION NO. 19

Introduced by: ALLEN COUNTY DELEGATION

Subject: A.M.A. POSITION ON UNITED FUND

RESOLVED, that the Allen County Medical Society on this date, October 7, 1958, go on record as not being in agreement with the American Medical Association's resolution and suggesting that the Indiana State Medical Association House of Delegates request that the AMA House of Delegates give further consideration of the basic AMA resolution at the December clinical meeting at Minneapolis, Minn., in November, 1958.

Cancer Society

RESOLUTION NO. 21

Introduced by: ELKHART COUNTY MEDICAL ASSOCIATION

Subject: LOCAL CANCER SOCIETY AGENCIES

RESOLVED, That the House of Delegates of the Indiana State Medical Association approve the action of local Cancer Society units, and be it further,

RESOLVED, That it is the firm belief of the Indiana State Medical Association that these local Cancer Society agencies should have the right to determine their own local policy, to retain their identity, and to act in the manner in which they individually deem best, in order to accomplish their basic purpose.

Federated Giving

RESOLUTION NO 23

Introduced by: ST. JOSEPH COUNTY MEDICAL SOCIETY

Subject: SUPPORTING FEDERATED GIVING

THEREFORE, BE IT RESOLVED, that the principle of federated giving be continued in those communities able to provide such efficient support.

Reference Committee Action

DR. WALTER L. PORTTEUS, chairman, presented the following report:

Resolutions No. 19, No. 21 and No. 23 were so similar in nature, the titles being as follows: No. 19, AMA POSITION ON UNITED FUNDS (Allen County); No. 21, LOCAL CANCER SOCIETY AGENCIES (Elkhart County); No. 23, SUPPORTING FEDERATED GIVING (St. Joseph County), that we felt, after considerable discussion, and in the interests of brevity, to present a single resolution as follows:

WHEREAS, the AMA House of Delegates in June 1958 approved the McClendon resolution, which has been interpreted as disapproving the inclusion of national voluntary health agencies in United Fund drives, and

WHEREAS, many communities, with the support and approval of the physicians of that com-

munity, have elected to combine their activities in a single fund-raising endeavor, therefore

BE IT RESOLVED, That this House of Delegates of the Indiana State Medical Association approve of local option in fund-raising, consistent with the best results for the comprehensive needs.

MR. CHAIRMAN, I MOVE THE ADOPTION OF THE REPORT.

(MOTION SECONDED.) DISCUSSED BY DR. FRANK H. GREEN.

(Dr. Frank H. Green's motion that this portion of the report of the Reference Committee on Public Relations be tabled was seconded by several delegates, but was lost on a standing vote.)

(This section of the report was discussed further by Drs. F. H. Green, O. T. Scamahorn, C. A. Nafe, Harry Murphy, Lee J. Maris, and James W. Crain, following which Dr. Portteus' motion for adoption of this section of the report was put to vote and carried.)

DR. WALTER L. PORTTEUS, chairman, continued with the report of the Reference Committee on Public Relations:

MR. CHAIRMAN, I MOVE THE ADOPTION OF THIS REPORT AS A WHOLE.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

The chairman wishes to express to the members of the Reference Committee his sincere thanks in accomplishing this report.

HYGIENE AND PUBLIC HEALTH COMMITTEE

The following matters were referred to the Reference Committee on Hygiene and Public Health. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal* of the Indiana State Medical Association. The resolution introduced before the House and referred to this committee is printed herewith.

Commission on Public Health (pages 1260-1263)

Resolution on TRAFFIC SAFETY, continued in report of Commission on Public Health

Commission on Voluntary Health Agencies (pages 1263 and 1264)

Resolution No. 1. USE OF PUBLIC WATER SUPPLY AS A VEHICLE FOR DRUGS

Reference Committee Action

DR. PAUL D. CRIMM, chairman, presented the following report:

Your Reference Committee on Hygiene and Public Health, consisting of Ralph Everly, Norman Silverman, Harry Stimson and Louis Bixler, took the following actions:

(1) Approved the report of the Commission on Public Health and commends it for its thoroughness in the resolution of its many problems.

(2) Approved the resolution on Traffic Safety.*

(3) Approved the report of the Commission

on Voluntary Health Agencies, and commends the Commission for defining its purposes for existence.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

*** Resolution on Traffic Safety**

THEREFORE BE IT RESOLVED, that the Indiana State Medical Association recommend to each local medical society that a Traffic Safety Committee be appointed, and that among their functions should be:

- I. Provide one program each year on traffic safety, utilizing their local Indiana State Police Traffic Officer or a suitable substitute, and to urge local service clubs and community groups to do likewise.
- II. Focus the widest possible attention on urgent traffic needs in their local communities.
- III. Ally themselves with local citizen organizations for support and promotion of traffic on a local level.
- IV. Promote and assist in the formation of new local citizen committees where indicated.

BE IT FURTHER RESOLVED, that the Indiana State Medical Association assist in the formation and function of these local committees by utilizing their field executives and compiling and mailing data to the duly appointed or elected local committee chairmen and supplying a mailing list to the Indiana State Police and the Indiana State Traffic Safety Director.

Public Water Supply

RESOLUTION NO. 1

Introduced by: **MADISON COUNTY MEDICAL SOCIETY**

Subject: **RESOLUTION ON THE USE OF PUBLIC WATER SUPPLY AS A VEHICLE FOR DRUGS**

BE IT RESOLVED: That the Madison County Medical Society condemns and opposes the addition of any substance to our public water supply for the purpose of affecting the bodies or the bodily or mental functions of the consumer and especially the principle of fluoridation of our local water supply, and

BE IT FURTHER RESOLVED: That copies of this resolution be transmitted to the Mayor, the Anderson City Council, the Madison County Dental Society, the Anderson Newspapers, Inc., and

BE IT FURTHER RESOLVED: That the delegates of the Madison County Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for their consideration.

Reference Committee Action

DR. PAUL D. CRIMM, chairman, presented the following report:

- (4) As to Resolution No. 1 regarding the use

of public water supply as a vehicle for drugs, which states that the experimentation of fluoridation of community water is a dangerous principle, we beg to state that the following organizations have endorsed the principle of fluoridation, namely, The American Medical Association, the U. S. Public Health Service, The American Dental Association, the National Research Council, the Commission on Chronic Illness, the College of American Pathologists, the American Veterinary Association, the American Public Health Association. Likewise the Council of the Indiana State Medical Association has approved and the delegates of the American Medical Association in their approval said this (quote): "Fluoridation of public water supplies should be regarded as a prophylactic measure for reducing tooth decay at the community level and is applicable when the water supply contains less than the equivalent of one part per million of fluorine" (end of quote).

In the discussion at our committee meeting it was revealed that 70 communities in Indiana have more than one part per million of fluorine in the normal water supply. In fact, the City of Sheridan has 4½ parts per million and the City of Lowell has 3 parts per million without harmful results over a long period of time.

In the last analysis we are not forcing this prophylactic measure on any community in Indiana. It is up to the local authorities to decide. We are only favoring the measure.

Mr. Chairman, in view of the vast quantity of scientific research performed in favor of fluoridation, we move that Resolution No. 1 be rejected.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

I MOVE THE ADOPTION OF THE ENTIRE REPORT.

(MOTION SECONDED AND REPORT ADOPTED AS A WHOLE.)

AMENDMENTS TO CONSTITUTION and BYLAWS COMMITTEE

The following matters were referred to the Reference Committee on Amendments to Constitution and Bylaws. All reports will be found on pages indicated in the September, 1958, Vol. 51, No. 9 *Journal* of the Indiana State Medical Association. The supplemental report of the Treasurer and the resolutions introduced before the House and referred to this committee are printed herewith.

Commission on Constitution and Bylaws (pages 1269-1273) and following resolutions contained in this report:

Resolution on **REDISTRICTING AND ORGANIZATION OF COUNCILOR MEDICAL SOCIETIES**

Resolution on **SPEAKER AND VICE-SPEAKER OF HOUSE OF DELEGATES**

Amendment to Bylaws concerning **REMISSION OF DUES**

Resolution No. 11 to REDEFINE COUNCILOR DISTRICTS OF THE INDIANA STATE MEDICAL ASSOCIATION

Resolution No. 17. AMENDMENT OF SECTION 3, CHAPTER XXVII, OF BYLAWS

Council recommendation that DUES BE INCREASED \$10.00 PER YEAR

Resolution No. 12 to DISCONTINUE COMPULSORY AMEF CONTRIBUTIONS

Supplemental report of Treasurer, which follows:

Dr. Topping and Delegates: As your Treasurer I thought I should bring you up to date on a few things which might enlighten you for what you are going to encounter later on in this convention.

We have at the present time six bank accounts in three banks. We handle approximately \$125,000 to \$130,000 a year. That comes from dues and from exhibits.

The first months of the year are our flush months. We finagle around and put our money in short-term bonds. Then the last months are the lean months and we have to take it out and put it in the General Fund, according to what Miss Kribs says.

Now to bring you up to date further than your Handbook would tell you:

Total assets as of today are \$295,910 in the General Fund.

The securities are \$261,000. The Medical Defense Fund is \$26,000 but there is a little "joker" in there. Last year you passed a law which said that a ten-dollar fee would be assessed for A.M.E.F. Deducting that, which amounts to \$34,910 from your \$261,000, leaves you \$226,090.

We have in the checking account, \$20,485, \$15,000 of which is in The Journal. The other is General Fund, Medical Defense Fund, Student Loan Fund and Petty Cash Fund.

This deduction of the A.M.E.F. Fund leaves us \$15,000 behind where we were this time last year. Now you might wonder what factors influence that:

In 1954, the dues were reduced.

This year all people in the Headquarters and the field men, salaries have been increased.

Everyone who attends a meeting, their mileage has been increased. We pay for mileage.

Convention entertainment, we signed checks today amounting to somewhere between five and six thousand dollars for entertainment.

Last year there was a reduction in the age group from 75 to 70. That took eight-thousand-dollars-plus.

Science Fairs, one year we spent \$7,000 to send the winners to the National Fair.

Thirty-nine states have more operating dues money than Indiana.

All this is going to amount to a deficit. In fact I feel like the two salesmen. One of them said to the other, "Are you making any sales?" He said, "Yep, I made two last week! Sold my car and my house!"

Councilor Districts

RESOLUTION NO. 11

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: REDEFINE COUNCILOR DISTRICTS OF THE INDIANA STATE MEDICAL ASSOCIATION

THEREFORE, BE IT RESOLVED, That the House of Delegates of the Indiana State Medical Association redefine the councilor districts so that each councilor represents approximately 300 members of the society, except that in any county society where there is a large membership which cannot be resolved by boundaries, such area shall be represented by one councilor for each 300 members and one group of district officers can function for such combined districts.

BE IT FURTHER RESOLVED, That councilor districts be redefined as follows:

FIRST DISTRICT—Posey, Vanderburgh, Warrick, Spencer, Perry, Gibson, Pike, Knox, Daviess-Martin—Members 330

SECOND DISTRICT—Parke-Vermillion, Putnam, Vigo, Clay, Sullivan, Greene, Owen-Monroe, Hendricks, Morgan—Members 299

THIRD DISTRICT—Dubois, Lawrence, Orange, Harrison-Crawford, Floyd, Clark, Scott, Washington, Jackson, Bartholomew-Brown, Decatur, Jennings, Jefferson-Switzerland, Dearborn-Ohio, Ripley—Members 294

FOURTH DISTRICT, FIFTH DISTRICT, SEVENTH DISTRICT—Marion County—Members 1,027

SIXTH DISTRICT—Johnson, Shelby, Hancock, Rush, Henry, Fayette-Franklin, Jay, Randolph, Wayne-Union—Members 261

EIGHTH DISTRICT—Madison, Delaware-Blackford, Grant, Wells, Adams—Members 326

NINTH DISTRICT—Porter, Starke, Jasper-Newton, White, LaPorte, Pulaski, Benton, Fountain-Warren, Tippecanoe, Montgomery—Members 299

TENTH DISTRICT—Lake County—Members 371

ELEVENTH DISTRICT—La Grange, Huntington, Marshall, Carroll, Clinton, Noble, Wabash, Fulton, Miami, Boone, Hamilton, Whitley, Kosciusko, Cass, Howard, Tipton—Members 331

TWELFTH DISTRICT—Allen, DeKalb, Steuben—Members 285

THIRTEENTH DISTRICT—St. Joseph, Elkhart—Members 324

(All figures are from membership report Dec. 31, 1957)

BE IT FURTHER RESOLVED, That implementation of this resolution be carried out in the following manner:

District 1. Present councilor to continue as elected to 1959, then district to reorganize to elect new councilor and district officers.

District 2. Present councilor to continue as elected

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*which patients
with noncalculous
gallbladder
disease
should undergo
surgery?*

Essentially those who are not relieved by a prolonged trial period of medical management.

Source—Lichtenstein, M. E.: GP 16:114 (Oct.) 1957.

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of biliary disorders*

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to 1960, then district to reorganize to elect new councilor and district officers.

District 3. Present councilor from 3rd district faces expiration of his term in 1958 and no replacement to be elected at that time. Councilor from 4th district to serve remaining portion of his term to 1959, thus representing the new district for one year. Then, at expiration of his term, the new district members shall meet to elect officers and a councilor.

Districts 4, 5, and 7. Elect councilor and district officers in 1958. Elect councilor in 1959 to replace present councilor elected from old 7th district. Elect councilor in 1960.

District 6. The councilor from the present 6th District faces expiration of his term in 1958. The district members shall reorganize to elect a councilor and district officers in 1958.

District 8. The present councilor from the 8th district to continue to expiration of his term in 1960. Then, the district members shall reorganize to elect district officers and a councilor.

District 9. The present councilor from district 13 to continue as elected to 1959. Then, the district members shall meet to reorganize and elect district officers and a councilor.

District 10. The present councilor from the 10th district to serve the remainder of his term to 1959. Then, the new district members shall reorganize to elect officers and a councilor.

District 11. The present councilor from the 11th district to continue the remainder of his term to 1960 as elected. Then, the new district shall reorganize to elect officers and a councilor.

District 12. Present councilor term expires in 1958. The new district members shall organize to elect district officers and a councilor in 1958.

District 13. To organize and elect officers and a councilor in 1958.

This plan of procedure will provide for 13 councilors at all times. Four will be elected in 1958, five in 1959, and four in 1960, at which time the councilors will represent the new districts as defined by this resolution.

BE IT FURTHER RESOLVED, That with the passage of this resolution that any councilor elections held in 1958 to fill vacancies in old Districts 3, 6, 9 and 12 be declared null and void and that each of these districts proceed as previously stated.

BE IT FURTHER RESOLVED, That each district elect alternate councilors but not during the year that a councilor is elected as defined in the Constitution. Each newly formed district shall de-

termine the proper procedure for that district to follow in election of Blue Shield Board members.

BE IT FURTHER RESOLVED, That when the membership in any district or county society increases to the point where there are 200 or more members not represented by a councilor on the basis of one councilor to each 300 members, the House of Delegates shall again reconsider redefining councilor districts.

Reference Committee Action

In the absence of Dr. GLEN WARD LEE, chairman, DR. RUSSELL J. SPIVEY presented the following report:

1. Resolution No. 11. The Committee is of the opinion there may be some justification for the thesis of electing councilors in a ratio to full dues-paying members of the state medical association, and although we are not opposed to change if it be for the good of the medical profession, still we feel because of historic ties and inter-relationships which have been built up between members of component county medical societies of councilor districts as they have existed through the years, that the councilor districts should be allowed to continue as they exist now. We therefore recommend Resolution No. 11 be rejected by this House of Delegates and that the president-elect direct a continuing study of the problem with particular consideration of proportional representation, by the Commission on Constitution and Bylaws.

MR. PRESIDENT, WE MOVE THE ADOPTION OF THIS PART OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Resolution on Redistricting and Organization of Councilor Medical Societies

BE IT RESOLVED, that the Bylaws of the Indiana State Medical Association be, and hereby are, amended by adding an additional chapter to be numbered Chapter XXVI, which additional chapter shall read as follows:

CHAPTER XXVI.—COUNCILOR DISTRICT MEDICAL SOCIETIES

SECTION 1. A Councilor District Medical Society, hereinafter called the District Society, shall be a society whose members consist of the members of the County Medical Societies in the Counties which constitute the Councilor District, provided such members of County Medical Societies have paid their membership dues in the District Society.

SECTION 2. The State shall be divided into thirteen (13) Councilor Districts with the boundary lines and numbers of each District to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second District—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton and White Counties.

Tenth District—Newton, Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

SECTION 3. Each District Society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one District Society shall exist within any one Councilor District. The authorized District Society in each Councilor District shall receive a charter from the State Association, and the Secretary of the District Society shall have custody of the charter.

SECTION 4. Each District Society shall organize by electing a President, a Secretary, and a Treasurer and a Councilor and Alternate Councilor as the current Councilor term and Alternate Councilor term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of Secretary and Treasurer may be held by the same physician. The Councilor shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

SECTION 5. The dues of the District Society, in an amount fixed by the District Society to meet the District Society needs, shall be collected by the Secretaries of the component County Societies and delivered to the Treasurer of the District Society. The Secretary of each District Society shall report to the office of the State Association the names and addresses of the members of his District Society, together with a copy of the minutes of each meeting of the District Society.

SECTION 6. Each District Society shall meet at least once each year at a time and place to be fixed by the District Society. On or before January 1st of each year each District Society shall notify

the headquarters of the State Association of the time and place of the annual District meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Council, the Councilor shall fix the time and place of the District meeting, and notice of such meeting shall be sent to the members of the County Medical Societies in such District.

SECTION 7. Whenever a District Society is to elect a Councilor and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such District Society not later than the first of March of the year in which the election is to occur.

SECTION 8. The District Society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the District of the meeting at least thirty (30) days prior to the date thereof.

AND BE IT FURTHER RESOLVED, that the remaining chapters of the Bylaws be renumbered, changing the number of Chapter XXVI to Chapter XXVII; Chapter XXVII to Chapter XXVIII; Chapter XXVIII to Chapter XXIX; Chapter XXIX to Chapter XXX; and Chapter XXX to Chapter XXXI.

Reference Committee Action

DR. RUSSELL J. SPIVEY presented the following report:

The part of the resolution contained in the report of the Commission on Constitution and Bylaws, page 195 of the Handbook, headed, "Chapter XXVI, Council District Medical Societies."

THE COMMITTEE RECOMMENDS THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED BY DR. D. S. MENGENHARDT, PUT TO VOTE AND CARRIED.)

Resolution on Speaker and Vice-Speaker of House of Delegates

BE IT RESOLVED, that Article IX, Section 1, of the Constitution of the Indiana State Medical Association be amended by inserting in Line 3 of Section 1, after the word "Treasurer" and before the word "and" the following words: "a Speaker and a Vice-Speaker of the House of Delegates";

BE IT FURTHER RESOLVED, that Chapter VI, Section 1, of the Bylaws of the Indiana State Medical Association be amended by deleting the first sentence of Section 1;

BE IT FURTHER RESOLVED, that Chapter VI of the Bylaws of the Indiana State Medical Association be amended by adding a new section, to be designated as Section 4, to read as follows:

"**SECTION 4.** The Speaker of the House of Delegates shall preside at all meetings of the House

of Delegates and shall appoint all Reference Committees. He shall organize and conduct the business of the House of Delegates, but shall not have a vote therein except in case of a tie. He shall be an officer of the Association with the right to participate in the discussion in the meetings of the Council and of the Executive Committee but without power to vote in either of such meetings. If the Speaker is absent or unable to perform his duties, the Vice-Speaker shall perform them."

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by renumbering the sections of Chapter VI of the Bylaws, so that the present Section 4 of Chapter VI shall be numbered Section 5 of Chapter VI, and that the present Section 5 of Chapter VI shall be numbered Section 6 of Chapter VI.

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by changing Section 4 of Chapter V to read as follows:

"SECTION 4. The President, President-elect, Treasurer, Speaker and Vice-Speaker shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect and Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates."

BE IT FURTHER RESOLVED, that the Bylaws of the Indiana State Medical Association be amended by substituting the word "Speaker" for the word "President" whenever the word "President" occurs in Sections 1 and 2 of Chapter XXIV of the Bylaws.

Reference Committee Action

DR. RUSSELL J. SPIVEY presented the following report:

3. The part of the report of the Commission on Constitution and Bylaws titled, "Speaker of the House of Delegates," involves an amendment to the Constitution which cannot be voted on until the next annual convention. As there is no purpose in changing the Bylaws until the Constitution is amended in regard to a Speaker of the House of Delegates, we present this part of the report and recommend it to be held over for vote until the next annual convention.

THE COMMITTEE RECOMMENDS THE ADOPTION OF THIS PORTION OF THE REPORT.

(Dr. Spivey read the above resolution, which was contained in the annual report of the Commission on Constitution and Bylaws.)

(DR. SPIVEY'S MOTION FOR ADOPTION OF THIS SECTION OF THE REPORT WAS SECONDED, PUT TO VOTE AND CARRIED.)

DR. SPIVEY: I might say that our committee felt that the question of men serving on reference committees who are not members of the House of Delegates came up, and we suggested that that be

amended in such a manner that, in the future, reference committees would consist of members of the House of Delegates.

Resolution on Remission of Dues

BE IT RESOLVED: That the last sentence of Section 12 of Chapter XXV of the Bylaws of the Indiana State Medical Association be deleted and replaced by the following:

"In the event the county society remits a member's dues for good cause, the secretary of the county medical society shall recommend in writing to the councilor of his district the remission of the state association dues of said member of the society, showing good cause why such recommendation should be granted. The councilor in turn may present the recommendation to the Council, which shall have the power to remit such dues."

Reference Committee Action

DR. RUSSELL J. SPIVEY presented the following report:

4. Part of Resolution of Commission on Constitution and Bylaws titled Remission of Dues, printed in Handbook, page 199.

This resolution to amend the Bylaws is for the purpose of improving the efficiency of the Council in dealing with such matters, and its adoption as printed is recommended.

WE RECOMMEND THE APPROVAL OF THIS PART OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

DR. SPIVEY continued with the report of the Reference Committee on Amendments to Constitution and Bylaws:

5. The report of the Commission on Constitution and Bylaws of the State Association as amended is approved by the committee and we wish to thank Dr. A. W. Cavins, chairman of the Commission, for his time and cooperation in appearing before us and explaining in detail the considerations which prompted his Commission in arriving at its conclusion.

The Commission should be commended for the very thorough manner in which it has performed its functions.

6. The request of the Council for an increase of \$10.00 in the dues of the state medical association to a total of \$50.00 was considered.

The following facts were noted:

a. The total funds of the state medical association are \$15,000 less than they were at this time last year.

b. This was brought about by the action of this House last year by reducing from 75 to 70 years, the age beyond which a member is no longer required to pay dues. This resulted in a loss of \$8,000 in income to the state association.

c. The mileage paid to official representatives of

the Association and members of Commissions has been doubled.

d. Salaries of all employees of the association have had to be raised.

e. The costs of entertainment at the state association convention is up to \$6,000.

f. The cost to the state association for sponsoring the Science Fairs has run as high as \$7,000 in one year.

g. The cost of rental space and all other costs of doing the business of the state association are up.

h. The cost of furnishing booths for scientific exhibits is up.

Because of these facts and because inflation and expanded operation will probably continue to push our operating costs up, as they already have, and the need is here now, the committee recommends that the state association dues be increased \$10.00, effective Jan. 1, 1959.

However, the committee believes the continued increases in expenditures for such items as entertainment at the state association conventions is unjustified and unwarranted and therefore recommends to the Executive Committee and the Council that greater stringencies be exercised in approving the expenditure of association funds.

It is further recommended when any future actions by the House are undertaken which will have a bearing upon the financial status of the state association, that an informative statement to such effect be called for, from the association treasurer, by the House before such action is finally passed.

Your Reference Committee moves that the dues of the Indiana State Medical Association be increased by \$10.00, to \$50.00 per annum, starting Jan. 1, 1959.

WE MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED BY DR. GUY A. OWSLEY, AND OTHERS; PUT TO VOTE AND CARRIED.)

Bylaws Amendment

RESOLUTION NO. 17

Introduced by: **THE COUNCIL OF THE INDIANA STATE MEDICAL ASSOCIATION**

Subject: **AMENDMENT OF SECTION 3, CHAPTER XXVII, OF THE BYLAWS**

RESOLVED, that Section 3 of Chapter XXVII of the Bylaws of this Association be amended to read as follows:

Sec. 3. This Committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presentation on his defense, the Committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and

pay one attorney of his choice and such other expenses as the Committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the Committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Reference Committee Action

DR. RUSSELL J. SPIVEY presented the following report:

7. Resolution No. 17 as presented in printed form by the Council on the floor at the first meeting of this House of Delegates, subject—"Amendment to Section 3 of Chapter XXVII of the Bylaws."

This amendment is for the purpose of improving the efficiency of the Executive Committee in dealing with Medical Defense.

The committee recommends the adoption of this resolution by the House.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

AMEF Contributions

RESOLUTION NO. 12

Introduced by: **CLINTON COUNTY MEDICAL SOCIETY**

Subject: **TO DISCONTINUE COMPULSORY AMEF CONTRIBUTIONS**

THEREFORE: We, the members of the Clinton County Medical Society, demand that this undemocratic and unnecessary assessment be rescinded and that this dangerous precedent not be employed by our State Association again.

Reference Committee Action

DR. RUSSELL J. SPIVEY presented the following report:

8. Resolution No. 12, presented by the Clinton County Medical Society, as printed on page 110 of the Handbook.

The Committee recognizes from the strong language embodied in this resolution that there must be extreme bitterness among the members of the Clinton County Medical Society against the assessment for A.M.E.F. It is also recognized that some individual dissatisfaction has been expressed about the state. However, as a whole, we believe the need for this action has been recognized and accepted by the profession of the state.

We do not look upon A.M.E.F. as a charity, as seems to be implied in the resolution, but rather, that it constitutes an act in compliance with Article II of the Constitution of the Indiana State Medical Association, to wit: *Purpose of the Association*. The purpose of the association shall be to federate

and bring into being one compact organization the medical profession of the State of Indiana, . . . ; to extend medical knowledge and advance medical science; to elevate the standard of medical education, etc.

It is the view and belief of the committee that the House of Delegates in passing the A.M.E.F. assessment was acting with due wisdom and accord with the Constitution of the state association.

It is our further opinion that this action is of a limited nature under the Constitution and, therefore, does not carry the "implication that any and all causes that the governing body of our association feel in need of support—can receive that support in like manner."

The committee therefore recommends the rejection of Resolution No. 12 by this House.

WE MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

The committee wishes to thank the many members of the Association who participated in the deliberations of this committee. We wish particularly to commend Doctor Pandolfo for his study and interest in Resolution No. 11.

WE MOVE THE ACCEPTANCE OF THIS COMMITTEE REPORT AS A WHOLE.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

DR. HARRY PANDOLFO: I wish to propose the following to help implement the recommendation of this committee: I would like to move that the Constitution and Bylaws Commission be directed to prepare an amendment to the Bylaws and present such an amendment to the next House of Delegates for consideration at that time, such amendment to provide that Councilor Districts remain geographically as they are but that a District be represented by one Councilor for each ——— (blank) number of dues-paying members, the exact number of members each Councilor shall represent to be determined by the Commission after their study of the problem.

(MOTION SECONDED BY DR. GUY A. OWSLEY AND SEVERAL DELEGATES.)

(The chairman called attention to the fact that the above motion was out of order unless the rules were suspended, whereupon a motion to suspend the rules was made, duly seconded, and lost on voice vote.)

INSURANCE COMMITTEE

The following matters were referred to the Reference Committee on Insurance. All reports will be found on the pages indicated in the September, 1958, Vol. 51, No. 9, *Journal of the Indiana State Medical Association*. The resolutions introduced before the House and referred to this committee are printed herewith:

Commission on Medical Economics and Insurance (pages 1264-1267)

Resolution No. 2. TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD

Resolution No. 3. REGARDING THE PRACTICE OF MEDICINE BY A CORPORATION

Resolution No. 4. TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD PLANS

Resolution No. 5. SEPARATION OF BLUE CROSS AND BLUE SHIELD

Resolution No. 6. PAYMENT OF MEDICAL CARE BY BLUE SHIELD

Resolution No. 7. PUBLICITY AND ADVERTISING CAMPAIGN ON BLUE CROSS AND BLUE SHIELD

Resolution No. 8. SELLING POLICIES OF BLUE CROSS-BLUE SHIELD

Resolution No. 10. BROADENING HEALTH INSURANCE BENEFITS

Resolution No. 22. STANDARD MEDICAL CARE INSURANCE FORM

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Your Reference Committee on Insurance met at 9:00 a.m., Monday, Oct. 13, 1958, in the basement dining room, Murat Temple. Members present were Wm. Harry Howard, Truman E. Caylor, Harold Ochsner and Maurice E. Glock. A good number of members of the Association and officers of Blue Cross and Blue Shield attended and were of much aid to the committee through full discussion of the problems under consideration.

Matters referred to the committee were:

1. Report of Commission on Medical Economics and Insurance.
2. Resolution No. 2 on Transfer of Professional Fees from Blue Cross to Blue Shield.
3. Resolution No. 3 Regarding the Practice of Medicine by a Corporation.
4. Resolution No. 4 on Transfer of Professional Fees from Blue Cross to Blue Shield Plans.
5. Resolution No. 5 on Separation of Blue Cross and Blue Shield.
6. Resolution No. 6 on Payment of Medical Care by Blue Shield.
7. Resolution No. 7 on Publicity and Advertising Campaign on Blue Cross and Blue Shield.
8. Resolution No. 8 on Selling Policies of Blue Cross-Blue Shield.
9. Resolution No. 10 on Broadening Health Insurance Benefits.
10. Resolution No. 22 on Standard Medical Care Insurance form.

The first item considered was the report of the Commission on Medical Economics and Insurance. This report was approved and we wish to thank

this commission for their efforts in the past year and for their excellent report.

I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Blue Cross-Shield: Professional Fees

RESOLUTION NO. 2

Introduced by: VIGO COUNTY MEDICAL SOCIETY

Subject: TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD

RESOLVED: that all professional fees be removed from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and be transferred to Blue Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed, or sooner if possible, and be it further

RESOLVED: that this resolution be delivered to the House of Delegates of the Indiana State Medical Association at its next meeting.

Corporation Medicine

RESOLUTION NO. 3

Introduced by: JOHN W. BEELER, M.D., DELEGATE FROM MARION COUNTY, ON BEHALF OF THE SECTION ON RADIOLOGY OF THE INDIANA STATE MEDICAL ASSOCIATION, AND THE INDIANA ROENTGEN SOCIETY

Subject: REGARDING THE PRACTICE OF MEDICINE BY A CORPORATION

THEREFORE BE IT RESOLVED: that all professional fees be removed from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and be transferred to Blue Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed or sooner, if possible, and be it further

RESOLVED: that this resolution be delivered to the House of Delegates of the Indiana State Medical Association at its next meeting.

(Passed at the annual meeting of the Indiana Roentgen Society, Incorporated, at Indianapolis, May 4, 1958.)

Blue Cross-Shield: Professional Fees

RESOLUTION NO. 4

Introduced by: JENE R. BENNETT, M.D., DELEGATE FROM ST. JOSEPH COUNTY MEDICAL SOCIETY, ON BEHALF OF THE INDIANA ASSOCIATION OF PATHOLOGISTS

Subject: TRANSFER OF PROFESSIONAL FEES FROM BLUE CROSS TO BLUE SHIELD PLANS

RESOLVED, that the Indiana Association of Pathologists urges the Indiana State Medical Association to exert all its influence to remove *all* professional fees from Blue Cross (Mutual Hospital Insurance, Inc.) contracts and to transfer them to

Blue Shield (Mutual Medical Insurance, Inc.) contracts as the contracts are renewed or sooner, if possible, and be it further

RESOLVED, that this resolution be presented to the House of Delegates of the Indiana State Medical Association at its next meeting.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 2, Transfer of Professional Fees from Blue Cross and Blue Shield; Resolution No. 3, Regarding Practice of Medicine by A Corporation; and Resolution No. 4, Transfer of Professional Fees from Blue Cross to Blue Shield, were considered as a group, as they are almost identical resolutions. It has long been accepted by this State Association and the American Medical Association that radiology and pathology constitute the practice of medicine, that this cannot be engaged in by a corporation, and that payment for medical service should be made directly to the physician. We are informed that Blue Cross at its inception made plans for transfer of payment for these medical services to Blue Shield at any time that an orderly transfer might be made which would not entail additional expense to the policyholder. We are assured that Blue Shield will cooperate in such a transfer but they feel that efforts to affect such a transfer would be greatly aided if prior agreement could be made between the physicians concerned and the respective hospitals.

The major criticism at this time appears to be that the above principles have been previously accepted but that nothing has been done. The orderly transfer of payment with no increase in cost to the patient requires a tremendous amount of detailed effort and is something which cannot be spelled out by this House of Delegates and apparently cannot be brought about by a simple request that Blue Cross and Blue Shield do this. We will have to be in a position which we can give them some guidance and help spell this out.

We therefore recommend that these resolutions be turned over to a special committee to be appointed by the president for study of the problem and submission of a detailed plan for implementation of the provisions of these resolutions at the next meeting of the House of Delegates.

I MOVE THE ADOPTION OF THIS PORTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Blue Cross-Shield: Separation

RESOLUTION NO. 5

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: SEPARATION OF BLUE CROSS AND BLUE SHIELD

BE IT RESOLVED, That there be complete separation and divorcement of Blue Cross and Blue Shield, and that Blue Shield set up its own ad-

ministrative organization and carry out its function completely independent of Blue Cross and its administrative organization; and that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 5 on Separation of Blue Cross and Blue Shield was introduced largely to promote discussion of the problems caused by rising costs in the cost of Blue Cross Insurance which in the mind of the public is a rise in medical cost, whereas the fact is that the rates for the regular policy of Blue Shield remain the same from the time of its inception.

It is our feeling that separation of Blue Cross and Blue Shield would greatly increase the cost to the patient and thereby decrease participation in these plans. We, therefore, recommend that this resolution not pass. We do urge the individual physicians and Blue Shield continue to educate the patients and policyholders in the fact that increased costs are the result of increased costs in hospital care and not in the cost of medical care.

I MOVE THE ADOPTION OF THIS REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Blue Shield: Medical Care Payment

RESOLUTION NO. 6

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PAYMENT OF MEDICAL CARE BY BLUE SHIELD

BE IT RESOLVED, That Blue Shield compensate without prejudice the services of the medical practitioner when his services are required in treating a medical complication of a surgical case and any diagnosable disease or complication be compensated as if the patient did not have a concomitant surgical procedure, and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

RESOLUTION NO. 10

Introduced by: INDIANAPOLIS MEDICAL SOCIETY

Subject: BROADENING HEALTH INSURANCE BENEFITS

THEREFORE BE IT RESOLVED that reasonable indemnity be directed to the attending physician for his services. This indemnity should be paid in addition to any surgical fee, and

BE IT FURTHER RESOLVED there should be separate claim forms completed by each physician rendering patient care, and

BE IT FURTHER RESOLVED there should be

a reasonable indemnity paid for consultation by a qualified consultant in any case having a genuine need for consultation, and

BE IT FURTHER RESOLVED that the Insurance Committee of the Indiana State Medical Association shall present a copy of this resolution to every insurance company writing medical care insurance in Indiana for their information and disposition, and

BE IT FURTHER RESOLVED that the Delegates of the Indianapolis Medical Society present this resolution to the House of Delegates of the Indiana State Medical Association for its approval.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 6 on Payment of Medical Care and Resolution No. 10 on Broadening of Health Insurance Benefits were considered together as their intent is similar. It was brought out in the hearings that the cost of the regular plan has not increased since its inception and that there actually was a loss last year on this program. It is thus obvious that increased benefits under this plan cannot be made available without increasing costs. However, it was pointed out that policies are currently available which will provide for such things as \$15.00 for the first day, \$10.00 for the second day, \$4.00 per day for the next 8 days and then \$3.00 per day, for up to a total of 120 days. This also provides for one consultation per each admission where this is indicated.

The significant fact is that suitable plans for additional benefits are and have been available at additional cost but the physicians have not been aware of the additional plans, the policyholders have not been sold the desirability of enrolling in a more satisfactory program and Blue Shield has not been able to sell industry on programs for increased medical benefits.

We, therefore, recommend that these resolutions not pass as suitable programs are now available and recommend that Blue Shield carry on a program to inform physicians of the plans available, and we urge physicians to continue to educate their patients as to obtaining preferred plans.

Mr. President, I move the adoption of this section of the report. **(Motion seconded by Dr. H. C. Ochsner, and others; discussed by Drs. James M. Leffel and Henry J. Rusche.)**

(Dr. Rusche's motion to amend the above section of the report of the Reference Committee on Insurance by changing the word "patients" to "policyholders," making the next to the last paragraph read, "The significant fact is that suitable plans for additional benefits are and have been available at additional cost but the physicians have not been aware of the additional plans, the *policyholders* have not been sold the desirability of enrolling in a more satisfactory program, and Blue Shield has not been able to sell industry on programs for

increased medical benefits," and to refer this matter to the same committee mentioned earlier in the reference committee's report, for study and report back to the next session, was duly seconded. Discussed by Drs. Jene R. Bennett and E. T. Edwards.)

(Following discussion by Dr. Nafe, Dr. Rusche, with consent of the second, further amended his motion to read "Commission" instead of "committee".)

THE CHAIRMAN: The motion to amend then is to change the word "patients" to "policyholders" and to refer this matter to the Commission for further study and implementation.

(Dr. Rusche's motion to amend this section of the report was put to vote and carried.)

(Dr. Glock's motion for adoption of this section of the report, as amended, was duly seconded, put to vote and carried.)

Blue Cross-Shield: Publicity

RESOLUTION NO. 7

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: PUBLICITY AND ADVERTISING CAMPAIGN ON BLUE CROSS AND BLUE SHIELD

BE IT RESOLVED, That the Indiana State Medical Association undertake a state-wide publicity and/or advertising campaign designed to create a better understanding of Blue Cross and Blue Shield in order to separate the two in the public mind, and thus shield medicine from the public wrath, disrespect and ill feeling which has been occasioned by Blue Cross rate increases, and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 7 on Publicity and Advertising Campaign on Blue Cross and Blue Shield resolves that the Indiana State Medical Association undertake a statewide publicity and advertising campaign to create a better understanding in the public mind of Blue Cross and Blue Shield. We feel that at this time of rising costs in the operating activities of the State Association that this is an unjustifiable expense against the State Association and recommend that this resolution not pass: We again urge that Blue Cross and Blue Shield continue an active educational program, both to physicians and to the public and feel that any advertising in conjunction with this would be a proper expenditure from Blue Cross-Blue Shield funds. We further suggest that Blue Shield continue to furnish literature to be given patients

in physicians' offices and suitable posters for display.

I MOVE THE ADOPTION OF THIS SECTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

Blue Cross-Shield: Policies

RESOLUTION NO. 8

Introduced by: VANDERBURGH COUNTY MEDICAL SOCIETY

Subject: SELLING POLICIES OF BLUE CROSS-BLUE SHIELD

BE IT RESOLVED, That the Standard Blue Shield certificate with diagnostic rider be offered for sale to those who have no other medical and/or surgical insurance, and not in an eligible group, without the purchaser being required to also buy Blue Cross hospital insurance and furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 8 on Selling Policies of Blue Cross-Blue Shield is in error. It states that Blue Shield insurance is only available to those who already have Blue Cross insurance. The fact is that such insurance is now available but officials of Blue Shield state that they have not been able to sell the policy individually. We recommend that this resolution not pass.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS SECTION OF THE REPORT.

(MOTION SECONDED BY DR. HAROLD C. OCHSNER, AND OTHERS, DISCUSSED BY DR. HENRY J. RUSCHE, PUT TO VOTE AND CARRIED.)

Standard Insurance Form

RESOLUTION NO. 22

Introduced by: GEORGE W. WILLISON, M.D., VANDERBURGH COUNTY

Subject: STANDARD INSURANCE FORM

BE IT RESOLVED, that the attached standard medical care insurance form be approved for use by all members of the Vanderburgh County Medical Society, and, furthermore, that this resolution be introduced in the House of Delegates of the Indiana State Medical Association at its next meeting in Indianapolis in October 1958.

Reference Committee Action

DR. MAURICE E. GLOCK, chairman, presented the following report:

Resolution No. 22 on Standard Insurance Forms presents a simplified insurance report form which has been prepared by the Vanderburgh County

Medical Society and adopted by that medical society for local use. We are in complete accord with the facts presented in the resolution and wish to compliment the society on the study made. The form presented appears to be a decided improvement on the multiplicity of forms which are now presented to us from the insurance industry.

We recommend acceptance of this resolution and move that this resolution and accompanying form be turned over to the Commission on Medical Economics and Insurance for study and comparison with similar forms prepared by the AMA and other societies, so that this form or similar form may be presented to the next meeting of the House of Delegates with a view toward statewide adoption.

MR. PRESIDENT, I MOVE THE ADOPTION OF THIS SECTION OF THE REPORT.

(MOTION SECONDED, PUT TO VOTE AND CARRIED.)

DR. GLOCK: I would like at this time to express my thanks to the busy people who came by and spent a lot of time discussing these problems with us before the Reference Committee. I appreciate very much the comments that have been made here today. I would like to thank my fellow committee members for the effort they have put forth on these resolutions.

MR. CHAIRMAN, I MOVE THE ADOPTION OF THE ENTIRE REPORT AS AMENDED.

(MOTION SECONDED BY SEVERAL DELEGATES, PUT TO VOTE AND UNANIMOUSLY ADOPTED.)

ELECTION OF OFFICERS

The following officers were elected:

President-elect: **EARL W. MERICLE, M.D., Indianapolis**

Treasurer: **OKLA W. SICKS, M.D., Indianapolis**

Assistant Treasurer: **RICHARD P. GOOD, M.D., Kokomo**

AMA delegates and alternates for term expiring Dec. 31, 1960:

Delegates:

HAROLD C. OCHSNER, M.D., Indianapolis

E. S. JONES, M.D., Hammond

Alternates:

JAMES H. GOSMAN, M.D., Indianapolis

ROBERT M. BROWN, M.D., Marion

AMA delegate designate and alternate delegate designate, for term expiring Dec. 31, 1960:

Delegate designate:

FRANCIS L. LAND, M.D., Fort Wayne

Alternate delegate designate:

GEORGE W. WILLISON, M.D., Evansville

ADDRESS OF PRESIDENT-ELECT MERICLE

PRESIDENT-ELECT EARL W. MERICLE: I don't know how one could express his appreciation fully for the confidence that one receives when this happens to him. Having been in the House a few years and seeing the things that have gone on, one realizes that the past has not been easy

and, from what we have been told, we can't predict the future. However, if all of us continue to do and act in behalf of our patients, sincerely and honestly, and continue our efforts to keep medicine free, I am sure that we will succeed. I hope to be able to serve as well as my two predecessors who are here on the platform with me. Thank you. (Applause.)

PLACE OF 1960 ANNUAL CONVENTION

On motion of Dr. Henry J. Rusche, seconded by several delegates, the House voted to hold the 1960 annual convention at the French Lick-Sheraton Hotel, French Lick, Indiana.

RESOLUTIONS OF APPRECIATION

The following resolution, presented by Dr. James M. Leffel, was adopted unanimously:

APPRECIATION OF PRESS, TV AND RADIO STATIONS

I should like to propose a resolution whereby we instruct the secretary to write the television and radio stations and the press and thank them for their cooperation in holding this meeting, and also that letters of appreciation be sent to the Murat, the Athenaeum, the Columbia Club and the Athletic Club for use of their facilities.

DR. FRANK H. GREEN presented the following resolution, which on motion of Dr. Green; seconded by Drs. Guy A. Owsley and Harold C. Ochsner, was adopted by consent:

COMMENDATION OF HARRY P. ROSS, M.D., CHAIRMAN, AND MEMBERS OF COMMITTEE ON STUDENT LOAN

BE IT RESOLVED that the Reference Committee on Medical Education and Hospitals wishes to call attention of the House of Delegates to the diligent work which this Committee on Student Loan has done. The many hours which they have spent are certainly worthy of our deepest appreciation. It has been suggested that Dr. Harry Ross be particularly commended. I would also add that we, as members of the House of Delegates, wish his speedy recovery. I move the acceptance of this resolution, Mr. Chairman.

PRESIDENT TOPPING: I wish to make a few brief remarks in closing this convention. Out of the maze of conflicting reports, out of the myriad resolutions submitted, out of the many controversial issues so ably discussed in the committees and debated on the floor, has come at long last a semblance of order, resolution of differences and a determination of policies that I know is keeping us headed in the right direction. This is the democratic way and, in the long run, it presents the collective thinking of all.

I thank you for your generous support during the past year and I charge you with your continuing responsibilities under Dr. Olson's guidance during the next.

ADJOURNMENT

The House of Delegates adjourned, sine die, at 4:25 p.m., Wednesday, Oct. 15, 1958.

ROSTER OF MEMBERS



Indiana State Medical Association

Woman's Auxiliary

July 1958

Price \$3.00

Published by
THE JOURNAL
1019 Hume Mansur Building
Indianapolis, Indiana



Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of June 1, 1958.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 1019 Hume Mansur Building, Indianapolis 4, Indiana. The cooperation of members is urgently requested.

ALPHABETICAL LIST OF MEMBERS

Name	City	County	Name	City	County
A					
Aagesen, Walter J.	Anderson	Madison	Alvey, Charles R.	Muncie	Delaware-Blackford
Abel, Robert	Wakarusa	Elkhart	Alvis, Edmond O.	Indianapolis	Marion
Abell, Charles F.	Marion	Grant	Alward, John H.	Kokomo	Howard
Abramson, Allan L.	Gary	Lake	Ambrose, Jesse C.	Noblesville	Hamilton
Abreu, Benedict E.	Indianapolis	Marion	Ambrose, Kenneth E.	Carville, La.	Spencer
Acher, Robert P.	Greensburg	Decatur	Amick, Charles L.	Wakarusa	Elkhart
Acker, Robert B. (S)	South Bend	St. Joseph	Amico, Pasquale J.	Crown Point	Lake
Acre, Robert R.	Evansville	Vanderburgh	Amini, Sohrab	Huntingburg	Dubois
Adair, Samuel	Jeffersonville	Clark	Amos, Robert L.	New Castle	Henry
Adair, William K. (S)	Crothersville	Jackson	Amstutz, Henry C.	Goshen	Elkhart
Adams, Daniel S. (S)	Indianapolis	Marion	Amy, William E. (S)	Corydon	Harrison-Crawford
Adams, Julia L.	Muncie	Delaware-Blackford	Anderson, James W.	Indianapolis	Marion
Adams, E. Wade	Fort Wayne	Allen	Anderson, John B.	Vincennes	Knox
Adams, Max R.	Flora	Carroll	Anderson, John T.	Indianapolis	Marion
Adams, William B.	Muncie	Delaware-Blackford	Anderson, Milton H.	Evansville	Vanderburgh
Adamski, Michael S.	Logansport	Cass	Anderson, Richard M.	Vincennes	Knox
Addleman, Robert H.	Indianapolis	Marion	Anderson, Walter C.	Terre Haute	Vigo
Ade, Charles H.	Lafayette	Tippecanoe	Anderson, Wendell C.	Indianapolis	Marion
Ade, Mary Keller	Lafayette	Tippecanoe	Andrews, Hugh K.	Franklin	Johnson
Adkins, Harold C.	Indianapolis	Marion	Ansbacher, Stefan (H)	Marion	Grant
Adler, David L.	Columbus	Bartholomew-Brown	Antes, Earl H.	Evansville	Vanderburgh
Adler, Raymond N.	Evansville	Vanderburgh	Antonetti, John A.	Evansville	Vanderburgh
Adney, Frank B., Jr.	Richmond	Wayne-Union	Appel, Richard H.	Indianapolis	Marion
Adye, Wallace M.	Evansville	Vanderburgh	Apple, Eddie R.	Salem	Washington
Aiken, Arthur F.	Fort Wayne	Allen	Applegate, Albert E.	Frankfort	Clinton
Aiken, Milo M.	Plainfield	Hendricks	Arata, Justin E.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen	Arbeiter, Herbert I.	Hammond	Lake
Ake, Loren	Richmond	Wayne-Union	Arbogast, John L.	Indianapolis	Marion
Albertson, Frank P.	Indianapolis	Marion	Arbogast, Paul B.	Vincennes	Knox
Alcorn, Merritt O.	Madison	Jefferson-Switzerland	Arbuckle, William E.	Indianapolis	Marion
Alden, John O.	Shelbyville	Shelby	Arford, John E.	Indianapolis	Marion
Alderfer, Henry	Marion	Grant	Arford, Roxford D. (S)	Middletown	Henry
Aldred, Allen W.	Milan	Ripley	Arisman, Ralph K.	South Bend	St. Joseph
Aldrich, Harry D.	Indianapolis	Marion	Arlook, Theodore D.	Elkhart	Elkhart
Aldrich, Howard	Indianapolis	Marion	Armalavage, Leon J.	Gary	Lake
Alexander, Ezra D.	Indianapolis	Marion	Armington, Charles L.	Anderson	Madison
Alexander, John E.	Evansville	Vanderburgh	Armington, Robert L.	Anderson	Madison
Alfano, Paul A.	Gary	Lake	Armstrong, Thomas D.	Michigan City	La Porte
Alford, James A.	Hamilton	Steuben	Arendell, Robert E.	Evansville	Vanderburgh
Allegretti, Michael L.	Hammond	Lake	Arney, Amos	Michigan City	La Porte
Allen, Frederick K.	Tampa, Florida	Floyd	Arnold, Aaron L.	Indianapolis	Marion
Allen, Hubert E. (S)	Richmond	Wayne-Union	Arnold, Robert D.	Indianapolis	Marion
Allen, L. Howard	Bedford	Lawrence	Aronson, Sidney S.	Indianapolis	Marion
Allen, Orris T. (S)	Terre Haute	Vigo	Arrowsmith, James L.	Hammond	Lake
Allen, Robert K.	Indianapolis	Marion	Arthur, Nora M. (S)	Washington	Daviess-Martin
Allen, Robert T.	Richmond	Wayne-Union	Artz, Richard W.	Angola	Steuben
Almquist, Carl O.	Gary	Lake	Ash, Harold H.	W. Lafayette	Tippecanoe
Altier, William H.	Fowler	Benton	Ashcraft, John R.	Anderson	Madison
			Asher, Ernest O. (S)	New Augusta	Marion
			Asher, James W.	New Augusta	Marion
			Ashmore, Herbert C.	Chesterton	Porter

Name	City	County	Name	City	County
Atchison, Kenneth C. (S)	Rockport	Spencer	Barron, Elmer A.	East Chicago	Lake
Atienza, Rizalino T.	Gary	Lake	Barrow, John H.	Dale	Spencer
Atkins, Clarence C.	Rushville	Rush	Barry, Maurice J. (S)	Indianapolis	Marion
Ault, Carl H.	Kokomo	Howard	Bartholomew, Mary L.	Goshen	Elkhart
Ault, Roy	Terre Haute	Vigo	Bartle, James Leo	Indianapolis	Marion
Aust, Charles H.	Terre Haute	Vigo	Bartlett, Donald T.	Vincennes	Knox
Austin, Charles E.	Anderson	Madison	Bartley, Max D.	Indianapolis	Marion
Austin, Eugene W.	Evansville	Vanderburgh	Barton, Reginald R.	Gary	Lake
Austin, Maynard A. (S)	Anderson	Madison	Barton, Robert	Angola	Steuben
Austin, Richard P.	Bedford	Lawrence	Barton, Willoughby M.	Centerville	Wayne-Union
Avery, George O.	Indianapolis	Marion	Bartsch, Harvey L.	South Bend	St. Joseph
Ayres, Kenneth D.	Anderson	Madison	Bash, Wallace E.	Fort Wayne	Allen
Ayres, Wendell W.	Marion	Grant	Baskett, Russell J.	Jonesboro	Grant
B			Bassett, Clancy (S)	Thorntown	Boone
Babb, Forrest J.	Stockwell	Tippecanoe	Bassett, Margaret	Thorntown	Boone
Bacastow, Merle S.	Indianapolis	Marion	Bassler, Carl R. (S)	Mishawaka	St. Joseph
Bacevich, Andrew J.	East Chicago	Lake	Batman, Gordon W.	Indianapolis	Marion
Bachmann, Arnold J.	Indianapolis	Marion	Battersby, J. Stanley	Indianapolis	Marion
Backer, George P.	LaPorte	LaPorte	Batties, Paul A.	Indianapolis	Marion
Backer, Henry G.	Ferdinand	Dubois	Bauer, Thomas B.	Indianapolis	Marion
Backs, Alton J.	South Bend	St. Joseph	Baughn, William L.	Anderson	Madison
Backs, Mark F.	Mishawaka	St. Joseph	Baum, John R.	Warsaw	Kosciusko
Badders, Ara C.	Portland	Jay	Baumeister, Herbert E.	Indianapolis	Marion
Bailey, Douglas A.	Marion	Grant	Baumgartner,	Northampton,	
Bailey, Earl W.	Logansport	Cass	Jeraldine C.	Mass.	Allen
Bailey, Edwin B.	Linton	Greene	Baxter, Harry R.	Seymour	Jackson
Bailey, Lawrence S.	Zionsville	Boone	Baxter, Neal E.	Bloomington	Owen-Monroe
Bailey, Orville T.	Indianapolis	Marion	Baxter, Samuel M.	New Albany	Floyd
Bailey, Paul P.	Fort Wayne	Allen	Bayley, William E.	Lafayette	Tippecanoe
Baird, Melvin S.	Indianapolis	Marion	Baylor, Edward M.	Evansville	Vanderburgh
Baitinger, Herbert M.	Gary	Lake	Baynes, Frank L.	Wolcott	White
Bakemeier, Otto H.	Indianapolis	Marion	Beach, Robert R.	Indianapolis	Marion
Bakemeier, Robert E.	Indianapolis	Marion	Beam, Vernon B.	East Chicago	Lake
Baker, Avey M.	New Albany	Floyd	Beamer, Parker R.	Indianapolis	Marion
Baker, Guy D. (S)	Crandall	Harrison-Crawford	Beams, Ralph H.	Fort Wayne	Allen
Baker, Herman M.	Evansville	Vanderburgh	Bean, Joseph S.	Logansport	Cass
Baker, John R.	Lafayette	Tippecanoe	Bear, Lowery H. (S)	Vevay	Jefferson-Switzerland
Baker, Leslie M.	Aurora	Dearborn-Ohio	Beardsley, Frank A.	Frankfort	Clinton
Baker, Mason R.	Evansville	Vanderburgh	Beasley, Thomas J. (S)	Indianapolis	Marion
Baker, Milan D.	Culver	Marshall	Beaven, John B.	Louisville, Ky.	Dubois
Baker, Robert E. (S)	Orleans	Orange	Beaver, Ernest R.	Rensselaer	Jasper-Newton
Baker, Warren	Michigan City	La Porte	Beaver, Howard W.	Indianapolis	Marion
Bakos, Edward R.	Hammond	Lake	Beaver, Norman E.	Berne	Adams
Balch, James F.	Indianapolis	Marion	Bechtold, Samuel E.	South Bend	St. Joseph
Balcom, Francis H.	Indianapolis	Marion	Beck, David C.	Monticello	White
Baldrige, William O.	Terre Haute	Vigo	Beck, Evart M.	Indianapolis	Marion
Baldwin, John H. (S)	Jeffersonville	Clark	Beck, Herma A. (S)	Lebanon	Boone
Balingit, Bienvenido L.	East Chicago	Lake	Beck, Robert E.	Evansville	Vanderburgh
Balkema, Catherine M.	Lafayette	Tippecanoe	Beck, Thomas A.	Swayzee	Grant
Ball, Clay A. (S)	Muncie	Delaware-Blackford	Becker, Harry G.	Indianapolis	Marion
Ball, John R.	Fort Wayne	Allen	Becker, Philip H.	Crown Point	Lake
Ball, Joseph E.	Indianapolis	Marion	Beckes, Ellsworth W.	Vincennes	Knox
Ball, Margaret J.	Fort Wayne	Allen	Beconovich, Robert	Hammond	Lake
Ball, Phillip	Muncie	Delaware-Blackford	Bedwell, Marion H.	Sullivan	Sullivan
Ballard, Charles A. (S)	Logansport	Cass	Beeler, Franklin K.	Anderson	Madison
Ballenger, William E.	Richmond	Wayne-Union	Beeler, John W.	Indianapolis	Marion
Balsbaugh, George	North Manchester	Wabash	Beeler, Raymond C.	Indianapolis	Marion
Baltes, Joseph H.	Fort Wayne	Allen	Beeson, Wilbur	Greenfield	Hancock
Banister, Revel H. (S)	Indianapolis	Marion	Beetem, Luther F.	Madison	Jefferson-Switzerland
Bankoff, Milton L.	Michigan City	La Porte	Begley, Joseph W., Jr.	Evansville	Vanderburgh
Banks, Horace M.	Indianapolis	Marion	Beggs, Lowell F.	Columbus	Bartholomew-Brown
Bannon, William G.	Terre Haute	Vigo	Behn, Walter M., Jr.	Ypsilanti, Michigan	Lake
Baptisti, Arthur, Jr.	Indianapolis	Marion	Behn, Walter M.	Gary	Lake
Baran, Charles	South Bend	St. Joseph	Behnke, Roy H.	Indianapolis	Marion
Barch, John W.	Fort Wayne	Allen	Beierlein, Karl M.	Fort Wayne	Allen
Barclay, Irvin C.	Evansville	Vanderburgh	Beilke, Clifford A.	East Chicago	Lake
Bard, Frank B.	Crothersville	Jackson	Belding, Ray T.	Kempton	Tipton
Barnes, Helen B.	Greenwood	Johnson	Bell, Horace D.	South Bend	St. Joseph
Barnett, Ralph E.	Peru	Miami	Belshaw, George	Indianapolis	Marion
Barnhart, Willard T.	Evansville	Vanderburgh	Belt, James H.	Indianapolis	Marion
Barone, Carmelo V.	Mishawaka	St. Joseph	Benchik, Frank A.	East Chicago	Lake
Barrett, Thomas L.	Vincennes	Knox	Bender, Cecil K.	Goshen	Elkhart

Name	City	County	Name	City	County
Bender, Martin J.	Evansville	Vanderburgh	Blessinger, Paul J.	Jasper	Dubois
Bender, Robert L.	Elkhart	Elkhart	Blichert, Peter A.	Fort Wayne	Allen
Bendler, Carl H.	Gary	Lake	Blix, Fred M.	Ladoga	Montgomery
Benedict, Charles D.	LaGrange	LaGrange	Bloemker, Edward F.	Indianapolis	Marion
Benedict, Paul F.	Indianapolis	Marion	Bloom, Asa W.	Marion	Grant
Benham, Lawrence E.	Bedford	Lawrence	Bloom, George R.	Elkhart	Elkhart
Benken, Lawrence D.	Muncie	Delaware- Blackford	Bloomer, Joseph R. (S)	Rockville	Parke- Vermillion
Bennett, Abner P.	Evansville	Vanderburgh	Bloomer, Richard S.	Rockville	Parke- Vermillion
Bennett, J. B.	Warren	Huntington	Blosser, Blaine A. (S)	Fremont	Steuben
Bennett, Jene R.	South Bend	St. Joseph	Blosser, Howard V. (S)	Fort Wayne	Allen
Benninghoff, Daniel R.	Fort Wayne	Allen	Blossom, Paul W.	Richmond	Wayne-Union
Benoit, Merrill P.	Anderson	Madison	Blum, Leon L.	Terre Haute	Vigo
Benson, James E.	Elkhart	Elkhart	Boardman, Carl (S)	Gary	Lake
Benz, Jesse (S)	Marengo	Harrison- Crawford	Bobb, Kenneth E.	Seymour	Jackson
Benz, Owen F.	Wanatah	La Porte	Bocknek, M. Mendel	Falls Church, Va.	Marion
Bergal, Milton B.	Gary	Lake	Bodnar, Leslie M.	South Bend	St. Joseph
Bergan, Joseph A.	Michigan City	La Porte	Bogardus, Carl R.	Austin	Scott
Bergendahl, Emil H.	Fort Wayne	Allen	Boggs, Eugene F.	Indianapolis	Marion
Berger, Morley	Beech Grove	Marion	Bogmenko, Leon T.	Holland	Dubois
Berghoff, James R.	Fort Wayne	Allen	Bohner, Caryle B.	Hidalgo, Mexico	Marion
Berghoff, Raymond J.	Fort Wayne	Allen	Bolin, John T. (S)	Mountain Home, Arkansas	Lake
Bergwall, Warren L.	Muncie	Delaware- Blackford	Bolin, Robert C.	Lafayette	Tippecanoe
Berke, Robert D.	South Bend	St. Joseph	Bolin, Robert S.	Elkhart	Elkhart
Berkson, Myron E.	Michigan City	La Porte	Boling, Grover C., Jr.	Indianapolis	Marion
Berman, Edward J.	Indianapolis	Marion	Bolman, Ralph M.	Fort Wayne	Allen
Berman, Jacob K.	Indianapolis	Marion	Bombar, Leslie E.	Hammond	Lake
Bernoske, Daniel G.	Crown Point	Lake	Bonaventura, Angelo P.	East Chicago	Lake
Best, Robert C.	Whiting	Lake	Bond, George S. (S)	Indianapolis	Marion
Bethea, Dennis A. (S)	Hammond	Lake	Bond, Virginia	Indianapolis	Marion
Bethea, Robert O.	Farmersburg	Sullivan	Bond, Walter C.	Clay City	Clay
Beutler, Theodore V.	Fort Wayne	Allen	Bond, William H.	Indianapolis	Marion
Beverland, Malon E. (S)	Indianapolis	Marion	Bonsett, Charles A.	Indianapolis	Marion
Biasini, Benedict A.	South Bend	St. Joseph	Booher, Norman R.	Indianapolis	Marion
Bibler, Henry E.	Muncie	Delaware- Blackford	Booher, Olga Bonke	Indianapolis	Marion
Bibler, Lester D.	Indianapolis	Marion	Boonstra, Charles E.	Bluffton	Wells
Bichacoff, Billie D.	Chicago, Ill.	Allen	Booth, Boynton H.	Indianapolis	Marion
Bickel, David A.	South Bend	St. Joseph	Booth, Franklin M.	South Bend	St. Joseph
Bidney, Evelyn B.	Bloomington	Owen-Monroe	Booze, James	A.P.O. 117, New York, N. Y.	Marion
Bigler, Frederick W.	Goshen	Elkhart	Bopp, Henry, Jr.	Terre Haute	Vigo
Bill, Robert O.	Indianapolis	Marion	Bopp, James	Terre Haute	Vigo
Billings, Elmer R.	Elkhart	Elkhart	Borak, Walter J.	Gary	Lake
Bills, Robert N.	Gary	Lake	Borders, Theodore R.	Fort Wayne	Allen
Bird, Charles R. (S)	Indianapolis	Marion	Boren, Paul	Poseyville	Posey
Birdzell, John P.	Crown Point	Lake	Boren, Samuel W. (S)	Poseyville	Posey
Birmingham, Peter J. (S)	South Bend	St. Joseph	Borenstein, Herschel	Gary	Lake
Bisgyer, Jay L.	Gary	Lake	Borland, Raymond M.	Bloomington	Owen-Monroe
Bishop, Charles A.	South Bend	St. Joseph	Borough, Lester D.	South Bend	St. Joseph
Bishop, Harry A.	Frankton	Madison	Bosch, Ralph	Seymour	Jackson
Bishop, Robert E.	Bluffton	Wells	Bosenbury, Chas. S. (S)	Coral Gables, Fla.	St. Joseph
Bissonnette, Roger P.	Evansville	Vanderburgh	Bosler, Howard A.	Waterford Mills, mail Goshen	Elkhart
Bivin, James H.	Moore'sville	Morgan	Boswell, Robert W. C.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison	Botkin, Charles (S)	Muncie	Delaware- Blackford
Bixler, Louis C.	South Bend	St. Joseph	Botkin, Clyde G.	Muncie	Delaware- Blackford
Bizer, Mier A.	Jeffersonville	Clark	Botkin, Thomas	Muncie	Delaware- Blackford
Bjorklund, C. Ray	Hobart	Lake	Boughman, Joseph D.	Kokomo	Howard
Black, Boyd K.	Vincennes	Knox	Bowdoin, George E.	Elkhart	Elkhart
Black, Charles E.	Chicago, Ill.	Lake	Bowen, Otis R.	Bremen	Marshall
Black, Joe M.	Seymour	Jackson	Bowers, Charles R.	Anderson	Madison
Blackburn, Erwin	South Bend	St. Joseph	Bowers, Copeland C.	Kokomo	Howard
Blackford, Florence	Indianapolis	Marion	Bowers, Gah T.	Fort Wayne	Allen
Blackford, Ralph E.	Indianapolis	Marion	Bowers, Garvey B.	Kokomo	Howard
Blackwell, Donald	Indianapolis	Marion	Bowers, John A.	Kokomo	Howard
Blake, Albert L.	Indianapolis	Marion			
Blassaras, Chris	Anderson	Madison			
Blatt, A. Ebner	Indianapolis	Marion			
Blazey, Arthur G.	Washington	Daviess- Martin			
Bleckley, James E.	San Fran- cisco, Calif.	Marion			
Bledsoe, James G.	New Castle	Henry			
Blessinger, Louis H.	Corydon	Harrison- Crawford			

Name	City	County	Name	City	County
Bowers, Jesse W. (S)	Fort Wayne	Allen	Brown, George W.	Evansville	Vanderburgh
Bowman, Charles M.	Albion	Noble	Brown, Gordon T.	Indianapolis	Marion
Bowman, George W.	Indianapolis	Marion	Brown, James C.	Valparaiso	Porter
Bowser, Philip G.	Goshen	Elkhart	Brown, James M.	Anderson	Madison
Boyd, Charles S.	East Chicago	Lake	Brown, John S.	Carlisle	Sullivan
Boyd, H. Clark	Terre Haute	Vigo	Brown, Kenneth H.	New Albany	Floyd
Boyd, Stella N.	Evansville	Vanderburgh	Brown, Leland G.	Muncie	Delaware- Blackford
Boyer, Edward B.	Indianapolis	Marion	Brown, Leo R.	Gary	Lake
Boyer, Floyd A.	Indianapolis	Marion	Brown, Marcel S.	Spencer	Owen-Monroe
Boyer, Grace B.	Marion	Grant	Brown, Richard J.	Richmond	Wayne- Union
Boyer, Philip A.	Indianapolis	Marion	Brown, Robert M.	Marion	Grant
Boyle, Carroll	Poseyville	Posey	Brown, Robert R.	Terre Haute	Vigo
Boys, Frank F.	East Chicago	Lake	Brown, Stewart D.	Albany	Delaware- Blackford
Boze, Robert L.	Berne	Adams	Brown, Thomas C.	Indianapolis	Marion
Bradley, Charles F.	Hobart	Lake	Brown, Thomas M.	Muncie	Delaware- Blackford
Bradley, Louis F.	Chicago, Ill.	Marion	Brown, Wendell E.	Indianapolis	Marion
Bradley, Stephen C. (S)	Terre Haute	Vigo	Browning, James S.	Indianapolis	Marion
Brady, Kingdon	Morocco	Jasper- Newton	Browning, William M.	Indianapolis	Marion
Brady, Samuel G.	Gary	Lake	Brownley, Emma J.	Indianapolis	Marion
Brady, Thomas A.	Indianapolis	Marion	Brubaker, Harold S.	Huntington	Huntington
Brandman, Harry	Gary	Lake	Brubaker, Ora G. (S)	North Manchester	Wabash
Brandt, William E.	Columbia City	Whitley	Bruce, Reginald A.	Indianapolis	Marion
Brauchla, Carl H. (S)	Anderson	Madison	Brueckman, F. Robert	Indianapolis	Marion
Brauer, Abraham A.	East Chicago	Lake	Bruegge, Theodore J.	Kokomo	Howard
Braun, Benjamin D.	Chicago, Ill.	Lake	Bruetsch, Walter L.	Indianapolis	Marion
Braunlin, Robert F.	Marion	Grant	Bruner, Ralph W.	Jeffersonville	Clark
Braunlin, William H. (S)	Marion	Grant	Bryan, Franklin A.	Fort Wayne	Allen
Brayton, John R., Jr.	Orange, Calif.	Marion	Bryan, Robert E.	Kendallville	Noble
Brayton, John R.	Indianapolis	Marion	Bryan, Robert J.	South Bend	St. Joseph
Brayton, Lee	Indianapolis	Marion	Bryan, Stanton L.	Evansville	Vanderburgh
Brazelton, Osborne T. (S)	Princeton	Gibson	Bryant, Edward G.	East Chicago	Lake
Brecht, Harvey J.	South Bend	St. Joseph	Buchanan, Wallace D.	South Bend	St. Joseph
Brenner, Andrew M.	Winchester	Randolph	Buche, Franklin P. (S)	Richmond	Wayne-Union
Brenton, Harold L.	Columbia City	Whitley	Buckingham, Richard E.	Bloomington	Owen-Monroe
Bretz, John M.	Huntingburg	Dubois	Buckles, David L.	Anderson	Madison
Brewer, Robert A.	A.P.O. 114, New York, N. Y.	Wells	Buckner, Doster	Fort Wayne	Allen
Brickley, Harry D. (S)	Bluffton	Wells	Buckner, George D.	Fort Wayne	Allen
Brickley, Richard A.	Indianapolis	Marion	Buckner, Joy F.	Bluffton	Wells
Bridges, Alvin	Anderson	Madison	Buechler, William F.	Elwood	Madison
Bridges, William L.	Fort Wayne	Allen	Buechner, Frederick W.	South Bend	St. Joseph
Bridwell, Edgar	Bedford	Lawrence	Buehner, Donald F.	Evansville	Vanderburgh
Briggs, Robert W.	Indianapolis	Marion	Buell, Forrest R.	Denver, Colorado	Marion
Brillhart, James R.	Indianapolis	Marion	Buhrmester, Harry C.	Lafayette	Tippecanoe
Brincko, John	Gary	Lake	Bullard, Mattie J.	Gary	Lake
Bringas, Irineo B.	Gary	Lake	Bunde, Carl A.	Indianapolis	Marion
Brink, Calvin C. (S)	Gary	Lake	Bunker, Ladoska Z.	North Manchester	Wabash
Briscoe, Clarence E. (S)	New Albany	Floyd	Burcham, James B.	Gary	Lake
Britt, Robert	Evansville	Vanderburgh	Burdette, Harold F.	Indianapolis	Marion
Britton, Welbon D.	Montezuma	Parke- Vermillion	Burger, Robert A.	Gary	Lake
Brock, Earl E. (S)	Anderson	Madison	Burghard, Rolla D.	Indianapolis	Marion
Brockman, Wilfred	Corydon	Harrison- Crawford	Burk, James M.	Decatur	Adams
Brockmole, Arnold W.	Evansville	Vanderburgh	Burket, Cecil R.	Bremen	Marshall
Brodie, Donald W.	Indianapolis	Marion	Burkhardt, Boyd A.	Tipton	Tipton
Bromley, L. W.	Fort Wayne	Allen	Burkle, John C. (S)	Lafayette	Tippecanoe
Bronson, Paul J.	Terre Haute	Vigo	Burkle, Robert J.	Indianapolis	Marion
Brooks, G. Tanner	Richmond	Wayne-Union	Burks, Jess E.	Crawfordsville	Montgomery
Brooks, Harry L.	Michigan City	La Porte	Burman, Leonard	Oceanside, Calif.	Marion
Broomes, Edward L. C.	East Chicago	Lake	Burnett, Arthur B.	New Castle	Henry
Broshears, Kenneth P.	Linton	Greene	Burnett, Paul C.	Logansport	Cass
Brosius, Robert H. W.	Fort Wayne	Allen	Burns, John T.	Lafayette	Tippecanoe
Brown, Archie E.	Indianapolis	Marion	Burnikel, Ray H.	Evansville	Vanderburgh
Brown, David B.	Gary	Lake	Burns, Paul E.	Montpelier	Delaware- Blackford
Brown, David E.	Indianapolis	Marion	Burris, Floyd L.	Michigan City	La Porte
Brown, Dewitt W.	Indianapolis	Marion	Burrous, E. Lee	Peru	Miami
Brown, Frances T.	Indianapolis	Marion	Burwell, Stanley W.	Muncie	Delaware- Blackford
Brown, Frank M.	Indianapolis	Marion	Bush, Charles E.	Kirklin	Clinton
Brown, Frederic W.	Fort Wayne	Allen	Bush, Hargis R.	Cannelton	Perry
Brown, George E.	Greenwood	Johnson			

Name	City	County	Name	City	County
Bush, Jack A.	F.P.O., San Francisco, Calif.	Tippecanoe	Carter, Oren E.	Indianapolis	Marion
Bussard, Clifford F. (S)	South Bend	St. Joseph	Cartwright, Emor L. (S)	Fort Wayne	Allen
Bussard, Frank	South Bend	St. Joseph	Cartwright, Jack D.	La Porte	La Porte
Butler, Joe B.	Crothersville	Jackson	Casey, Stanley M.	Huntington	Huntington
Butler, John O.	Indianapolis	Marion	Cassady, James V.	South Bend	St. Joseph
Butler, Robert M.	Indianapolis	Marion	Cassady, John R.	South Bend	St. Joseph
Butterfield, Robert M.	Muncie	Delaware-Blackford	Cattell, Lee M.	Kokomo	Howard
Butts, Milton A.	South Bend	St. Joseph	Cavitt, Robert F.	Anderson	Madison
Buttz, Rose J. P. (S)	Indianapolis	Marion	Cavins, Alexander W.	Terre Haute	Vigo
Byrn, Howard W. (S)	New Albany	Floyd	Caylor, Charles H.	Bluffton	Wells
Byrne, Louis E.	Roachdale	Putnam	Caylor, Harold D.	Bluffton	Wells
Byrne, Robert J.	Bicknell	Knox	Caylor, Truman E.	Bluffton	Wells
C			Chael, Thomas C.	Hammond	Lake
Cacia, John J.	Evansville	Vanderburgh	Challman, William B.	Mt. Vernon	Posey
Cagle, Bob R.	Rantoul, Ill.	Marion	Chambers, Alan R.	Fort Wayne	Allen
Cahn, Hugo M.	Indianapolis	Marion	Chambers, Leroy B.	Union City	Randolph
CaJacob, Melville E.	Terre Haute	Vigo	Chambers, Pauline D.	Greenwood	Johnson
Caldwell, Milton V.	Terre Haute	Vigo	Chamblee, Roland W.	South Bend	St. Joseph
Caldwell, William C. (S)	Evansville	Vanderburgh	Chandler, Earl L.	Denver, Colorado	Marion
Call, Herbert F.	Indianapolis	Marion	Chandler, Leon H.	Goshen	Elkhart
Call, William H.	San Angelo, Tex.	Marion	Chappel, Alfred T.	Franklin	Johnson
Callaghan, Patrick E.	Eglin AFB, Fla.	Lake	Chappell, Harold R.	Fort Bragg, N. C.	Gibson
Callaghan, Winship C.	Greensburg	Decatur	Charles, Henry L.	Economy	Wayne-Union
Callahan, Richard H.	East Chicago	Lake	Chase, James A.	Ligonier	Noble
Calli, Louis	North Vernon	Jennings	Chattin, Herbert O.	Vincennes	Knox
Calvert, Raymond R.	Lafayette	Tippecanoe	Chattin, Robert E.	Loogootee	Daviess-Martin
Calvin, Jessie C. (S)	Fort Wayne	Allen	Chattin, William R.	Indianapolis	Marion
Cameron, Don F.	Angola	Steuben	Chattin, Vance J.	Washington	Daviess-Martin
Cameron, Mary H.	Angola	Steuben	Chen, Ko K.	Indianapolis	Marion
Campagna, Ettor A.	East Chicago	Lake	Cheydleur, Eleanor P.	Evansville	Vanderburgh
Campbell, John A.	Indianapolis	Marion	Chernish, Stanley M.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart	Chevalier, Robert A.	Indianapolis	Marion
Campbell, Sam W.	Noblesville	Hamilton	Chevigny, Julius J.	Gary	Lake
Campbell, William T.	Bedford	Lawrence	Chidlaw, Benjamin W. (S)	Hammond	Lake
Canaday, Clifford E. (S)	New Castle	Henry	Childs, Alpha G. W. (S)	Madison	Jefferson-Switzerland
Canaday, James W. (S)	Indianapolis	Marion	Childs, Wallace E.	Madison	Jefferson-Switzerland
Canganelli, Vincent G.	Lafayette	Tippecanoe	Chivington, Paul V.	Indianapolis	Marion
Cannon, Daniel H.	New Albany	Floyd	Christophel, Verna	Mishawaka	St. Joseph
Caplin, Irvin	Indianapolis	Marion	Chroniak, Walter	Indianapolis	Marion
Caplin, Samuel S.	Indianapolis	Marion	Chu, Johnson C. S.	Logansport	Cass
Carberry, George A.	Gary	Lake	Chube, David D.	Gary	Lake
Carbone, Joseph A.	Gary	Lake	Cipparone, Joseph R.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake	Clancy, James F.	Hammond	Lake
Carey, Willis W. (S)	Kendallville	Noble	Clark, Cecil P.	Indianapolis	Marion
Carlberg, Dale L.	Jeffersonville	Clark	Clark, Fred O.	Syracuse	Kosciusko
Carleton, Edward H.	East Chicago	Lake	Clark, George A.	Birmingham, Michigan	Marion
Carlo, Ernest R.	Fort Wayne	Allen	Clark, Ivan A.	Paoli	Orange
Carlo, Joseph F.	Hammond	Lake	Clark, Lawson J.	Indianapolis	Marion
Carlson, Edward A. (S)	Peru	Miami	Clark, Marion E.	Cambridge City	Wayne-Union
Carlson, Norman R.	Michigan City	La Porte	Clark, Robert M.	Muncie	Delaware-Blackford
Carlson, Ralph F.	Evansville	Vanderburgh	Clark, Stanley A. (S)	South Bend	St. Joseph
Carlyle, Ivan E. (S)	Michigantown	Clinton	Clark, Thomas W.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake	Clark, William B., Jr.	Jeffersonville	Clark
Carneal, Thomas E.	Winamac	Pulaski	Clark, William H.	South Bend	St. Joseph
Carney, Joel T.	Jeffersonville	Clark	Clark, William R.	Fort Wayne	Allen
Carney, John C.	Monticello	White	Clarke, Elton R.	Kokomo	Howard
Carney, John D.	Jeffersonville	Clark	Clarkson, Clarence G.	Liberty	Wayne-Union
Carpenter, James B.	Lafayette	Tippecanoe	Classen, Pete R. C.	Elkhart	Elkhart
Carpenter, John L.	Alexandria	Madison	Clay, Eleanor	Columbus	Bartholomew-Brown
Carpenter, Ramesh S.	Garrett	DeKalb	Claybourn, Norman L.	East Chicago	Lake
Carpentier, Harry F.	Princeton	Gibson	Clauser, Eldo H. M.	Muncie	Delaware-Blackford
Carr, Joseph H.	Henryville	Clark	Clements, Albert F.	Evansville	Vanderburgh
Carrel, Francis E.	Frankfort	Clinton	Cleveland, John B.	Michigan City	La Porte
Carroll, Bertha Rose	W. Lafayette	Tippecanoe	Clevenger, Joseph H.	Muncie	Delaware-Blackford
Carroll, John C.	Decatur	Adams			
Carroll, Mary E.	Crown Point	Lake			
Carson, Wayne	Indianapolis	Marion			
Carter, F. R. Nicholas	South Bend	St. Joseph			
Carter, Fred S.	La Porte	La Porte			
Carter, Jean V.	Tipton	Tipton			
Carter, John O.	Hobart	Lake			

Name	City	County	Name	City	County
Clevinger, William G.	Indianapolis	Marion	Cornell, Beaumont S.	Huntington	Huntington
Cline, Kenneth L.	Wyatt	St. Joseph	Cornell, Robert A.	Crawfordsville	Montgomery
Close, W. Donald	Indianapolis	Marion	Corpe, Kenneth F.	Rushville	Rush
Clouse, Paul A.	Evansville	Vanderburgh	Corrao, Gaetano	Gary	Lake
Clunie, William A.	Huntington	Huntington	Corsentino, Bart	Vincennes	Knox
Coade, George E.	Indianapolis	Marion	Cortese, James V.	Indianapolis	Marion
Coates, Jacqueline	Indianapolis	Marion	Cortese, Thomas A.	Indianapolis	Marion
Cobb, Clarence M.	Logansport	Cass	Costello, Albert J.	Hammond	Lake
Coble, Frank H.	Richmond	Wayne-Union	Cotter, Edward R.	East Chicago	Lake
Coble, Ralph R. (S)	Indianapolis	Marion	Coughenour, J. Robert	Indianapolis	Marion
Cochran, Harry A., Jr.	Fort Wayne	Allen	Coulson, Sewell B. (S)	Waldron	Shelby
Cochran, Robert B.	Muncie	Delaware-Blackford	Coultas, Porter J. (S)	Tell City	Perry
			Countryman, Frank W.	Indianapolis	Marion
Cockrum, William M.	Evansville	Vanderburgh	Coursey, James O.	Plymouth	Marshall
Coddens, Avery L.	Earl Park	Benton	Covalt, Wendell E.	Muncie	Delaware-Blackford
Coddington, Robert C.	Indianapolis	Marion			
Coffel, Melvin H.	Vincennes	Knox	Covell, Harry M.	Auburn	DeKalb
Coggeshall, Warren E.	Indianapolis	Marion	Covey, Thomas J.	Valparaiso	Porter
Cohen, Irving	Plainfield	Hendricks	Cox, Clifford E.	Indianapolis	Marion
Cohn, Alvin F.	Indianapolis	Marion	Cox, Leon T.	Richmond	Wayne-Union
Cole, Ira	Lafayette	Tippicanoe	Coyner, Alfred B.	Lafayette	Tippicanoe
Cole, William L.	Evansville	Vanderburgh	Craft, Kenneth L.	Indianapolis	Marion
Coleman, Floyd B.	Waterloo	DeKalb	Craft, William F.	Linton	Greene
Coleman, Henry G.	Odon	Daviess-Martin	Craig, Alexander F.	New Castle	Henry
			Craig, Reuben	Kokomo	Howard
Coleman, Joseph E.	Evansville	Vanderburgh	Craig, Reuben A.	Kokomo	Howard
Coles, Alfred L.	Gary	Lake	Craig, Richard M.	Fort Wayne	Allen
Colip, George D.	South Bend	St. Joseph	Craig, Robert A.	Syracuse	Kosciusko
Collins, Hubert L.	Indianapolis	Marion	Crain, James W.	Williamsport	Fountain-Warren
Collins, James N.	Indianapolis	Marion			
Collins, Le Roy	Gary	Lake	Crampton, Chas. C. (S)	Delphi	Carroll
Colvin, Robert C.	Newburgh	Warrick	Crandall, Lathan A.	Elkhart	Elkhart
Colosey, Frederick J.	South Bend	St. Joseph	Crawford, Alvin S.	Muncie	Delaware-Blackford
Combs, Charles N. (S)	Terre Haute	Vigo			
Combs, Herman T.	Evansville	Vanderburgh	Crawford, James H.	Evansville	Vanderburgh
Combs, John H.	Evansville	Vanderburgh	Crawford, John A.	Indianapolis	Marion
Combs, Pearl B. (S)	Evansville	Vanderburgh	Crawford, Theodore R.	Kokomo	Howard
Combs, Stuart R.	Terre Haute	Vigo	Creek, Jean A.	Bloomington	Owen-Monroe
Comeau, William J.	Marion	Grant	Crevello, Albert J.	Evansville	Vanderburgh
Comer, Kenneth E.	Mooresville	Morgan	Crimm, Paul D.	Evansville	Vanderburgh
Compton, George	Tipton	Tipton	Cring, George V.	Portland	Jay
Compton, Walter A.	Elkhart	Elkhart	Cripe, Earl P.	Bremen	Marshall
Condit, David H.	South Bend	St. Joseph	Cripe, William	Portland	Jay
Congleton, G. C. (S)	Terre Haute	Vigo	Crist, John R.	Mt. Vernon	Posey
Conklin, James O.	Terre Haute	Vigo			
Conklin, Raymond L.	Elkhart	Elkhart	Crockett, Franklin S.	West Lafayette	Tippicanoe
Conley, John E.	Fort Wayne	Allen			
Conley, Joseph L.	Indianapolis	Marion	Cross, David G.	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard	Crow, Earl	South Bend	St. Joseph
Connell, Paul S.	Plymouth	Marshall	Crowder, James H., Jr.	Sullivan	Sullivan
Connell, Victor O.	Bourbon	Marshall	Crowley, Joseph B.	South Bend	St. Joseph
Connelly, Richard D.	Fort Wayne	Allen	Crudden, Charles H.	Evansville	Vanderburgh
Connoy, Andrew F.	Westfield	Hamilton	Crum, Marion M.	Angola	Steuben
Connoy, Leo F.	Westfield	Hamilton	Culbertson, Carl S.	South Bend	St. Joseph
Conrad, Henry W.	Milan	Ripley	Culbertson, Clyde G.	Indianapolis	Marion
Conway, Chester C.	Indianapolis	Marion	Cullen, Paul K.	Indianapolis	Marion
Conway, Glenn	Indianapolis	Marion	Cullen, Paul K., Jr.	Rochester, Minn.	Marion
Conway, Thomas J.	Terre Haute	Vigo			
Cook, Charles E.	North Manchester	Wabash	Cullison, John L.	Muncie	Delaware-Blackford
Cook, George M.	Lake Worth, Fla.	Lake	Cullnane, Chris W.	Evansville	Vanderburgh
			Culloden, William G.	Indianapolis	Marion
Cook, Gordon C.	South Bend	St. Joseph	Culmer, Walter N. (S)	Indianapolis	Marion
Cook, Norman R.	Richmond	Wayne-Union	Culp, John E.	Fort Wayne	Allen
Cook, Robert G.	Bluffton	Wells	Cummings, David J. (S)	Brownstown	Jackson
Cooksey, Thomas L. (S)	Crawfordsville	Montgomery	Cunningham, Albert F.	Indianapolis	Marion
Cooney, Charles J.	Fort Wayne	Allen	Cunningham, Robert D.	Marion	Grant
Coons, John D.	Lebanon	Boone	Cure, Charles W.	Indianapolis	Marion
Coons, Ritchie	Lebanon	Boone	Cure, Elmer T.	Muncie	Delaware-Blackford
Cooper, B. Trent	Roanoke	Huntington			
Cooper, Faith M.	Lafayette	Tippicanoe	Curran, Frank J.	Indianapolis	Marion
Cooper, Harry L. (S)	South Bend	St. Joseph	Currie, Robert W.	Indianapolis	Marion
Cooper, Leo K.	Gary	Lake	Curry, Claude A.	Terre Haute	Vigo
Cope, Stanton E.	Huntington	Huntington	Curry, R. Louis	Indianapolis	Marion
Corcoran, Patrick J. V.	Evansville	Vanderburgh	Curtner, Myron L.	Vincennes	Knox
Cormican, Herbert L.	Elkhart	Elkhart	Custer, Edward W.	South Bend	St. Joseph
Cornacchione, Matthew	Indianapolis	Marion	Cuthbert, Marvin P.	Indianapolis	Marion
			Cutshaw, James A.	Monroeville	Allen
			Czenkusch, Helen G.	Indianapolis	Marion

Name	City	County	Name	City	County
Daggy, B. T.	Richmond	Wayne-Union	Denny, E. Rankin	Terre Haute	Vigo
Daggy, James R.	Richmond	Wayne-Union	Denny, Edgar C. (S)	Milton	Wayne-Union
Dagley, Hubert R.	Butlerville	Jennings	Denny, Forrest L.	Indianapolis	Marion
Dahling, Clemens W.	New Haven	Allen	Denny, Frank T.	Ladoga	Montgomery
Dainko, Alfred J.	East Chicago	Lake	Denny, James W.	Indianapolis	Marion
Dale, Maxwell H.	Connersville	Fayette- Franklin	Denny, Melvin H.	Rushville	Rush
Daley, Edward H.	Indianapolis	Marion	Denton, Larkin D.	Greentown	Howard
Dallas, Fred R.	Indianapolis	Marion	Denzer, Edward K.	Evansville	Vanderburg
Dalton, John E.	Indianapolis	Marion	Denzer, William O.	Evansville	Vanderburgh
Dalton, William W.	Indianapolis	Marion	Deppe, Charles F.	Franklin	Johnson
Dalton, Wilson L.	Shelbyville	Shelby	DeRenne, William L.	Newport	Parke- Vermillion
Daly, James W.	Montgomery, Alabama	Lake	Derhammer, George L.	Brookston	White
Daly, Joseph M.	Indianapolis	Marion	DesJean, Paul A.	Indianapolis	Marion
Dancer, Charles R. (S)	Fort Wayne	Allen	Dest, Paul	LaPuenta, Calif.	Lake
Daniel, John C.	Indianapolis	Marion	Dester, Herbert E.	Greencastle	Putnam
Daniel, Robert A.	Akron, Ohio	Lake	Detrick, Herbert W. (S)	Sarasota, Fla.	Lake
Danieleski, Ladislaus J.	Gary	Lake	Dettloff, Frederick	Greencastle	Putnam
Daniels, George R. (S)	Marion	Grant	Deutsch, William	Muncie	Delaware- Blackford
Danielson, Harry E., Jr.	Miami, Fla.	Marshall	DeVoe, Kenneth	South Bend	St. Joseph
Dannacher, William D.	Wabash	Wabash	DeWees, Dwight L.	Indianapolis	Marion
Dare, Lee A.	Jeffersonville	Clark	Dewey, George W. (S)	Lafayette	Tippecanoe
Darling, Dorothy	Gary	Lake	Dhein, Donald T.	Crown Point	Lake
Datzman, Richard C.	Fort Wayne	Allen	Diamond, Leo	Marion	Grant
Daugherty, Fred N.	Crawfordsville	Montgomery	Dian, August J.	Gary	Lake
Daugherty, William L.	Hutsonville, Ill.	Sullivan	Dian, Julia K.	Gary	Lake
Daves, William L.	Evansville	Vanderburgh	Dickerson, W. Martin	Monticello	White
Davidoff, Manuel A.	Ossian	Wells	Dickey, William M.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh	Dickson, Carolyn L.	Indianapolis	Marion
Davidson, N. Cort	Indianapolis	Marion	Dickson, Dale D.	Greensburg	Decatur
Davies, Robert	New Castle	Henry	Dieckman, Herbert S.	Evansville	Vanderburgh
Davis, Alice Hall	Hammond	Lake	Diefendorf, Charles F. (S)	Evansville	Vanderburgh
Davis, Carl M.	Valparaiso	Porter	Dielman, Franklin C. (S)	Fulton	Fulton
Davis, Colbert S.	Gary	Lake	Dierdorf, Fred W.	Indianapolis	Marion
Davis, Edgar C.	Muncie	Delaware- Blackford	Dierolf, Edward J.	Gary	Lake
Davis, Howard B.	Lafayette	Tippecanoe	Dieter, William J.	Fort Wayne	Allen
Davis, John A.	Flat Rock	Shelby	Dietl, Ernest L.	South Bend	St. Joseph
Davis John A.	Indianapolis	Marion	Dill, Charles W.	Indianapolis	Marion
Davis, John C. (S)	Logansport	Cass	Dill, Myron K.	Indianapolis	Marion
Davis, Joseph B.	Marion	Grant	Dillman, Carl E.	Corydon	Harrison- Crawford
Davis, Lloyd H.	Madison	Jefferson- Switzerland	Dilts, Robert L.	Indianapolis	Marion
Davis, Margaret M.	Indianapolis	Marion	Dimmett, Robert P.	Boonville	Warrick
Davis, Marvin R.	Columbus	Bartholomew- Brown	Dingle, Paul E.	Richmond	Wayne-Union
Davis, Merle J.	Terre Haute	Vigo	Dininger, William S.	Winchester	Randolph
Davis, Merrill S.	Marion	Grant	Dintaman, Paul G.	Indianapolis	Marion
Davis, Neal	Gary	Lake	Dirks, Kenneth R.	Tacoma, Washington	Marion
Davis, Parvin M.	New Albany	Floyd	Ditmyer, Paul J. Jr.	Indianapolis	Marion
Davis, Richard	Marion	Grant	Dittmer, Jack E.	Valparaiso	Porter
Davis, Sam J.	Indianapolis	Marion	Dittmer, Thomas L.	Valparaiso	Porter
Davis, Thomas N. III	Hammond	Lake	Ditton, Irwin W. (S)	Fort Wayne	Allen
Davis, William H.	New Market	Montgomery	Dixon, Rex W.	Anderson	Madison
Day, William D. C.	Seymour	Jackson	Dluzansky, James J.	Indianapolis	Marion
Deal, Eleanor H.	Speedway City	Marion	Dodd, Robert D.	South Bend	St. Joseph
Dean, Donald I.	Rushville	Rush	Dodd, Roberts K.	Evansville	Vanderburgh
Dearmin, Robert M.	Indianapolis	Marion	Dodds, James U.	Hartford City	Delaware- Blackford
DeArmond, Murray	Indianapolis	Marion	Dodds, Wemple	Crawfordsville	Montgomery
Decker, Harvey B.	Terre Haute	Vigo	Doenges, James L.	Anderson	Madison
DeDario, Leonard M.	Elkhart	Elkhart	Doherty, Raymond J.	Crown Point	Lake
Deems, Myers B.	Evansville	Vanderburgh	Dolezal, Bernard J.	South Bend	St. Joseph
Deever, John W.	Indianapolis	Marion	Dollens, Claude (S)	Oolitic	Lawrence
DeFries, John J.	New Paris	Elkhart	Dome, Hardin S. (S)	Tell City	Perry
DeGrazia, Eugene J.	Valparaiso	Porter	Donahue, Claude M.	Carmel	Hamilton
Deitch, Robert D.	Indianapolis	Marion	Donahue, George R.	Lafayette	Tippecanoe
DeMotte, C. Bowen	Indianapolis	Marion	Donaldson, Frank C.	Anderson	Madison
DeMyer, Marian K.	Indianapolis	Marion	Donato, Albert M.	Indianapolis	Marion
DeMyer, William	Indianapolis	Marion	Donchess, Joseph C.	Gary	Lake
DeNaut, James F.	Knox	Starke	Donoff, Ronald H.	Gary	Lake
Denham, Robert H.	South Bend	St. Joseph	Donnelly, Everett F.	South Bend	St. Joseph
Dennison, Alfred D., Jr.	Indianapolis	Marion	Doran, J. Hal	Indianapolis	Marion
			Dorman, Willis L.	Indianapolis	Marion
			Dormire, Robert D.	Warsaw	Kosciusko
			Dorrance, Thomas O.	Bluffton	Wells

Name	City	County	Name	City	County
Doty, James R., Jr.	Indianapolis	Marion	Ebert, J. Wayne	Indianapolis	Marion
Doughty, Samuel R., Jr.	Indianapolis	Marion	Eberwein, John H. (S)	Indianapolis	Marion
Douglas, John J.	Terre Haute	Vigo	Ebin, Judah L.	South Bend	St. Joseph
Douglas, William T.	Montpelier	Delaware- Blackford	Eby, Ida L. (S)	Warren	Huntington
Dovey, Edward G.	Elkhart	Elkhart	Echsner, Herman J.	Columbus	Bartholomew- Brown
Dowd, Joseph A.	Indianapolis	Marion	Eckert, Russell A.	Logansport	Cass
Dowell, Emil H.	Rockville	Parke- Vermillion	Edlavitch, Baruch M. (S)	Fort Wayne	Allen
Downer, Luther H.	Evansville	Vanderburgh	Edmonds, Kendrick	Bedford	Lawrence
Dragoo, Farrol	Middletown	Henry	Edwards, Bernard E.	South Bend	St. Joseph
Drake, Dale W.	Evansville	Vanderburgh	Edwards, Edward T., Jr.	Vincennes	Knox
Drake, John C.	Anderson	Madison	Edwards, Wendell L.	Indianapolis	Marion
Drake, Marion C.	Elwood	Madison	Edwards, William F.	New Albany	Floyd
Draper, Merlin H. (S)	St. Peters- burg, Fla.	Allen	Egan, Sherman	South Bend	St. Joseph
Drew, Arthur L., Jr.	Indianapolis	Marion	Egbert, Herbert L.	Indianapolis	Marion
Dreyer, Ralph W.	Richmond	Wayne-Union	Eggers, Ernest L. (S)	Hammond	Lake
Drummy, W. W.	Terre Haute	Vigo	Eggers, Henry W.	Hammond	Lake
Dryden, Gale E.	Indianapolis	Marion	Eggers, Richard	Crawfordsville	Montgomery
Dublin, Madeline P.	Francesville	Pulaski	Egnatz, Nicholas	Hammond	Lake
DuBois, Charles C. (S)	Warsaw	Kosciusko	Ehrich, William S. (S)	Evansville	Vanderburgh
DuBois, Ramon B.	Lafayette	Tippecanoe	Ehrman, Calder D. (S)	Rockport	Spencer
Dudding, Joseph E.	Hope	Bartholomew- Brown	Eicher, Palmer O.	Indianapolis	Marion
Dudgeon, Charles A.	Hartford City	Delaware- Blackford	Eikenberry, Hugh W.	Indianapolis	Marion
Duemling, Arnold H.	Fort Wayne	Allen	Eisaman, Jack L.	Bluffton	Wells
Dugan, William M.	Indianapolis	Marion	Eisenberg, David A.	Martinsville	Morgan
Duggan, James A.	South Bend	St. Joseph	Eisterhold, John A.	Evansville	Vanderburgh
Dukes, Betty	Dugger	Sullivan	Eldridge, Gail E.	Indianapolis	Marion
Dukes, David A.	Tell City	Perry	Elkins, James P.	Indianapolis	Marion
Dukes, David J.	Corydon	Harrison- Crawford	Elkouri, Harvey D.	Columbus	Bartholomew- Brown
Dukes, Frederic M.	Dugger	Sullivan	Elledge, Ray	Hammond	Lake
Dukes, Joe E.	Dugger	Sullivan	Ellerbrook, George E.	Vevay	Jefferson- Switzerland
Dulin, Basil B.	Anderson	Madison	Ellett, John, Jr.	Coatesville	Hendricks
Dunbar, Colin V.	Indianapolis	Marion	Elliott, John C. (S)	Guilford	Dearborn-Ohio
Duncan, John S.	Gary	Lake	Elliott, Lloyd A.	Elkhart	Elkhart
Duncan, Raymond	Bedford	Lawrence	Elliott, Ralph A.	Gary	Lake
Dunham, Henry H.	Evansville	Vanderburgh	Elliott, Thomas A.	Elkhart	Elkhart
Dunlap, D. Logan	South Bend	St. Joseph	Ellis, Davis W.	Rushville	Rush
Dunn, Ferrell W. (S)	Muncie	Delaware- Blackford	Ellis, George M.	Connersville	Fayette- Franklin
Dunning, Lehman M. (S)	Indianapolis	Marion	Ellis, Lyman H.	Lizton	Hendricks
Dunning, Thomas W.	Muncie	Delaware- Blackford	Ellis, Seth W.	Anderson	Madison
Dunstone, Harry C.	Fort Wayne	Allen	Ellis, William N.	Indianapolis	Marion
Dupes, Lowell E.	Indianapolis	Marion	Ellison, Alfred	La Jolla, Calif.	St. Joseph
Dupuy, Charles M. (S)	Riley	Vigo	Elshout, Clem H.	La Porte	La Porte
Durham, Lowell J.	La Porte	La Porte	Elsten, Aubrey W.	Anderson	Madison
Durkee, Melvin S.	Evansville	Vanderburgh	Elston, Lynn W.	Fort Wayne	Allen
Dusard, Joseph C.	Bedford	Lawrence	Elston, Ralph W.	Fort Wayne	Allen
DuSold, Donald D.	Crown Point	Lake	Elward, Carl J.	Wabash	Wabash
Dutchess, C. Toney	Galveston	Cass	Emenhiser, Donald C.	New Haven	Allen
Dutchman, William R.	Chandler	Warrick	Emenhiser, John L.	Fort Wayne	Allen
DuVall, William N. (S)	Mishawaka	St. Joseph	Emery, Charles B.	Bedford	Lawrence
Dyar, Edwin W.	Indianapolis	Marion	Emhardt, John T.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh	Emhardt, John W. A.	Indianapolis	Marion
Dye, William E.	Oakland City	Gibson	Emme, Richard W.	Harlan	Allen
Dyer, George W.	Terre Haute	Vigo	Endicott, Wayne	Greenfield	Hancock
Dyer, Wallace K.	Evansville	Vanderburgh	Engel, Edward L.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion	Engeler, James E.	Lafayette	Tippecanoe
Dyken, Mark L.	Indianapolis	Marion	Engle, Russell B.	Winchester	Randolph
Dykhuizen, Theodore A.	Frankfort	Clinton	Engleman, Harry K. (S)	Georgetown	Floyd
E			English, Hubert M.	Gary	Lake
Eades, R. Charles	South Bend	St. Joseph	English, John P.	South Bend	St. Joseph
Eades, Ralph C.	Valparaiso	Porter	Ensey, Philip L.	Richmond	Wayne-Union
Earl, Max M.	Kokomo	Howard	Ensminger, Leonard A. (S)	Indianapolis	Marion
Earp, Evanson B.	Indianapolis	Marion	Entner, Charles L.	Connersville	Fayette- Franklin
Easter, James N.	Indianapolis	Marion	Episcopo, Arsenius R.	Salem	Washington
Eastman, Joseph R., Jr.	Indianapolis	Marion	Erdel, Milton W.	Frankfort	Clinton
Eaton, Edwin R.	Indianapolis	Marion	Erehart, Archie D.	Anderson	Madison
Eaton, Lyman D.	Indianapolis	Marion	Erehart, Mark G.	Huntington	Huntington
Eaton, Marion J.	Lafayette	Tippecanoe	Erickson, Lester G.	South Bend	St. Joseph
Ebbinghouse, Tom	Richmond	Wayne-Union	Erickson, Gustaf W.	South Bend	St. Joseph
			Ericson, Harold L.	Windfall	Tipton
			Espino, Jose C.	Munster	Lake

Name	City	County	Name	City	County
Espy, Theodore R.	Gary	Lake	Fisher, Lawrence F.	South Bend	St. Joseph
Estes, Ambrose C.	Bloomington	Owen-Monroe	Fisher, Walter S.	Columbus	Bartholomew-Brown
Evans, Frederick H.	Indianapolis	Marion	Fisher, William C.	Evansville	Vanderburgh
Evans, Frederick J.	Clinton	Parke-Vermillion	Fitzgerald, Brice E.	Logansport	Cass
Evans, Paul V.	Indianapolis	Marion	Fitz Gerald, Maurice D.	Evansville	Vanderburgh
Everly, Ralph V.	Indianapolis	Marion	Fitzgerald, William J.	Indianapolis	Marion
Eviston, John B.	Huntington	Huntington	Fitzpatrick, Harry W.	Elwood	Madison
Ewing, Nathaniel D.	Vincennes	Knox	Fitzpatrick, James S.	Portland	Jay
F			Flack, Russell A.	Lafayette	Tippecanoe
Fadell, Matthew J.	Gary	Lake	Flaherty, Walter T.	Michigan City	La Porte
Fadul, Armand	East Chicago	Lake	Flanagan, Paul M.	Indianapolis	Marion
Fagaly, William J.	Lawrenceburg	Dearborn-Ohio	Flanders, Robert J.	Indianapolis	Marion
Failey, Robert B.	Indianapolis	Marion	Flanagan, Estle P. (S)	Walton	Cass
Fair, Herbert D. (S)	Muncie	Delaware-Blackford	Flanigan, Meredith B.	Indianapolis	Marion
Faith, Ira L.	Evansville	Vanderburgh	Flannigan, Harley F.	LaGrange	LaGrange
Faltin, Ladislaus	South Bend	St. Joseph	Fleetwood, Raymond A.	Nappanee	Elkhart
Fargher, Francis M.	Michigan City	La Porte	Fleischer, Jacob C.	East Chicago	Lake
Fargher, Robert A.	La Porte	La Porte	Fleischl, Herbert	Indianapolis	Marion
Farner, James E.	Mishawaka	St. Joseph	Fleming, Claude F. (S)	Elkhart	Elkhart
Farnsworth, Samuel A.	La Porte	St. Joseph	Fleming, Thomas C.	Evansville	Vanderburgh
Farr, James C.	Paragon	Morgan	Fletcher, Charles F. (S)	Sunman	Ripley
Farrell, John J., Jr.	Greenfield	Hancock	Flick, John J.	Indianapolis	Marion
Farrell, Joseph T.	Indianapolis	Marion	Flora, Fred	Frankfort	Clinton
Farris, John J.	Washington	Daviess-Martin	Flora, Joseph O.	Indianapolis	Marion
Faul, Henry J.	Evansville	Vanderburgh	Folck, John K.	Princeton	Gibson
Faulkner, Donald J.	Hobart	Lake	Folkening, Norval C.	Indianapolis	Marion
Fausset, C. Basil	Indianapolis	Marion	Foltz, Lloyd E.	Brownsburg	Hendricks
Faw, Melvin L.	Evansville	Vanderburgh	Forbes, Violet Crabbe	Wolcott	White
Feferman, Martin E.	South Bend	St. Joseph	Foreman, Harry L. (S)	Indianapolis	Marion
Feinn, Harry S.	La Porte	La Porte	Foreman, Walter A.	Brookville	Fayette-Franklin
Feldman, Max	South Bend	St. Joseph	Forry, Frank (S)	Indianapolis	Marion
Fender, Asa H.	Worthington	Greene	Forsee, Norman E.	Jeffersonville	Clark
Fenneman, Robert J.	Evansville	Vanderburgh	Forsyth, David H. (S)	Terre Haute	Vigo
Ferguson, Arthur N.	Fort Wayne	Allen	Fosbrink, Ephriam L.	Syracuse	Kosciusko
Ferguson, Donald H.	Anderson	Madison	Fosgate, Harold	Acton	Marion
Ferguson, Samuel H.	Muncie	Delaware-Blackford	Fosgate, Orville E.	Russville	Howard
Ferguson, William B.	Lafayette	Tippecanoe	Foster, Lee N.	Indianapolis	Marion
Ferrara, Donald W.	Peru	Miami	Foster, Ray T.	Newcastle	Henry
Ferrara, Joseph F.	Franklin	Johnson	Foster, Robert	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami	Fountain, Thomas J.	Bedford	Lawrence
Ferrell, Mars B.	Fortville	Hancock	Foust, Betty Jean	Indianapolis	Marion
Ferry, Francis A.	Indianapolis	Marion	Fouts, Dallas B.	Indianapolis	Marion
Ferry, John L.	Whiting	Lake	Fouts, Paul J.	Indianapolis	Marion
Ferry, Paul W.	Kokomo	Howard	Fowler, Richard R.	Bloomington	Owen-Monroe
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio	Fox, C. Philip	Washington	Daviess-Martin
Fichman, Abraham M.	Fort Wayne	Allen	Fox, Jack	Hammond	Lake
Fickas, Dallas	Evansville	Vanderburgh	Fox, Maurice S.	Vincennes	Knox
Fields, Don C.	Lafayette	Tippecanoe	Foy, Hayward W.	Fort Wayne	Allen
Fields, Donald L.	Indianapolis	Marion	Frable, Frank, Jr.	Milan	Ripley
Filipek, Walter J.	South Bend	St. Joseph	Fralich, Joseph C.	Milwaukee, Wis.	Marion
Fine, Nathaniel J.	Indianapolis	Marion	Frank, Herbert	South Bend	St. Joseph
Finrock, James D.	Fayetteville, Ark.	Marion	Frank, John R.	Valparaiso	Porter
Finneran, Joseph C.	Indianapolis	Marion	Frank, Lyall L.	South Bend	St. Joseph
Fipp, August L.	Rome City	Noble	Franke, Gordon R.	Fort Wayne	Allen
Firestein, Ben Z.	South Bend	St. Joseph	Frankhouser, Charles M. A.	Fort Wayne	Allen
Firestein, Ray	South Bend	St. Joseph	Franklin, Philip L.	Gary	Lake
Fisch, Charles	Indianapolis	Marion	Franklin, William L.	Indianapolis	Marion
Fischer, Albert A.	Indianapolis	Marion	Frankowski, Clementine	Whiting	Lake
Fischer, Burnell	Hammond	Lake	Frantz, Mount E.	Bryan A.F.B., Texas	Hendricks
Fischer, Carlton N.	La Porte	La Porte	Franz, John D.	Indianapolis	Marion
Fischer, Warren E.	Anderson	Madison	Franz, Martha Neal	Indianapolis	Marion
Fish, Clyde M. (S)	Deerfield, Fla.	St. Joseph	Frasch, Mahlon G.	Lafayette	Tippecanoe
Fish, Edson C.	South Bend	St. Joseph	Frash, De Von W.	South Bend	St. Joseph
Fisher, Frank C.	San Francisco, Calif.	Marion	Frazier, Jack L.	Kokomo	Howard
Fisher, Gerald E.	Ippy French Equatorial Africa	Marion	Freeborn, Warren S.	Oaklondon	Marion
Fisher, Henry	Marion	Grant	Freeby, C. William	Decatur	Adams
Fisher, John E.	Attica	Fountain-Warren	Freed, Carl A.	Indianapolis	Marion
Fisher, John E.	Newcastle	Henry	Freed, John E., Jr.	Terre Haute	Vigo
			Freed, John E.	Terre Haute	Vigo
			Freeland, Bill	Batesville	Ripley
			Freeman, Floyd M. (S)	Goshen	Elkhart

Name	City	County	Name	City	County
Freeman, Leslie W.	Indianapolis	Marion	Geiger, Dillon D.	Bloomington	Owen-Monroe
Freeman, Max E.	Indianapolis	Marion	Geisinger, Lewis N. (S)	Auburn	De Kalb
Frey, Harley B.	Lafayette	Tippecanoe	Geller, Samuel	Owensville	Gibson
Frey, William B.	South Bend	St. Joseph	Genovese, Pasquale	Indianapolis	Marion
Friedman, Isadore E.	Hammond	Lake	Genna, Mary E. Miller	Indianapolis	Marion
Friedman, Morris S.	South Bend	St. Joseph	Gentile, John P.	New Albany	Floyd
Frith, Louis G.	South Bend	St. Joseph	George, Charles L.	Indianapolis	Marion
Fromhold, Willis A.	Indianapolis	Marion	Gerding, William J.	Fort Wayne	Allen
Frost, Robert J.	Michigan City	La Porte	Geronimo, Manuel M.	East Chicago	Lake
Fruth, Rodney B.	Connersville	Fayette- Franklin	Geronimo, Rita R. V.	East Chicago	Lake
Fruth, Virgil J.	Connersville	Fayette- Franklin	Gerrish, Donald A.	Terre Haute	Vigo
Fry, Robert D.	Indianapolis	Marion	Gerrish, Wakefield D.	Clinton	Parke- Vermillion
Fujawa, Matthew J.	Mishawaka	St. Joseph	Gery, Richard E.	Lafayette	Tippecanoe
Fullerton, Robert L.	Monticello	White	Getty, William H.	Evansville	Vanderburgh
Fultz, Roy L.	Salem	Washington	Gevirtz, Milton B.	Hammond	Lake
Funk, John W.	Muncie	Delaware- Blackford	Geyer, Joseph	New Albany	Floyd
Funkhouser, Elmer (S)	Indianapolis	Marion	Gibbs, Charles (S)	Greenfield	Hancock
Fuqua, Harold B.	Terre Haute	Vigo	Gibbs, Joseph W.	Martinsville	Morgan
Fuson, Wenfred J.	Greencastle	Putnam	Gibson, Greta Maxine	Indianapolis	Marion
Futterknecht, James O.	Elkhart	Elkhart	Gick, Herman H.	Indianapolis	Marion
G			Gifford, Fred E.	Indianapolis	Marion
Gabe, William E.	Orinda, Calif.	Marion	Gilbert, Ivan	Terre Haute	Vigo
Gachaw, Gabra S.	Indianapolis	Marion	Gill, Bernard P.	Chandler	Warrick
Gaddy, Euclid T.	Indianapolis	Marion	Gill, Dee D.	Greenfield	Hancock
Gaddy, Nelson D.	Indianapolis	Marion	Gill, John R.	Hobart	Lake
Gaffney, Raymond	South Bend	St. Joseph	Gill, Thomas A.	Muncie	Delaware- Blackford
Gailey, Ivan	Chrisney	Spencer	Gillespie, Charles F.	Indianapolis	Marion
Galbreath, Jesse P. (S)	Burnettsville	White	Gillespie, Garland R.	Brownstown	Jackson
Galliher, Marjorie J.	Muncie	Delaware- Blackford	Gillespie, Jacob E.	Indianapolis	Marion
Gallinatti, John J.	Gary	Lake	Gillum, Eugene M.	Portland	Jay
Gambill, William D.	Indianapolis	Marion	Gilman, Marcus M.	South Bend	St. Joseph
Gammell, Lindley L.	Edinburg	Johnson	Gilmore, Robert W.	Michigan City	La Porte
Gammieri, Robert L.	Indianapolis	Marion	Gilmore, Russell A.	Michigan City	La Porte
Gannon, George W. (S)	Gary	Lake	Gingerick, Charles M.	Liberty Center	Wells
Ganser, Ralph V.	Mishawaka	St. Joseph	Ginsberg, Stewart T.	Indianapolis	Marion
Ganser, Richard A.	Mishawaka	St. Joseph	Giorgio, Douglas J.	Evansville	Vanderburgh
Gante, Henry W.	Anderson	Madison	Girod, Arthur H.	Decatur	Adams
Ganz, Max	Marion	Grant	Gish, Howard M.	Brookston	White
Garber, J. Neill	Indianapolis	Marion	Gitlin, Max M.	Bluffton	Wells
Garceau, George J.	Indianapolis	Marion	Gitlin, William A.	Bluffton	Wells
Gard, Daniel A.	Indianapolis	Marion	Glackman, John C., Jr.	Rockport	Spencer
Gardiner, H. Glenn	East Chicago	Lake	Glackman, John C. (S)	Rochester	Fulton
Gardiner, Sprague H.	Indianapolis	Marion	Gladstone, Nah H.	Fort Wayne	Allen
Gardner, Buckman	Indianapolis	Marion	Glass, Robert L.	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte	Glendening, John L. (S)	Indianapolis	Marion
Gardner, Russell A.	Michigan City	La Porte	Glendening, Richard L.	Logansport	Cass
Garfield, Martin D.	Indianapolis	Marion	Glenn, Fred C. (S)	Tell City	Perry
Garland, Edgar A.	Evansville	Vanderburgh	Glock, Homer E. (S)	Fort Wayne	Allen
Garling, Luvern C.	Muncie	Delaware- Blackford	Glock, Maurice E.	Fort Wayne	Allen
Garner, W. Stanley	Indianapolis	Marion	Glock, Wayne R.	Fort Wayne	Allen
Garner, William H.	New Albany	Floyd	Glosson, Jack R.	Clay City	Clay
Garner, William H., Jr.	Selfridge AFB, Mich.	Floyd	Glover, William J.	Gary	Lake
Garrett, John D. (S)	Indianapolis	Marion	Gobbel, Novy E.	English	Harrison- Crawford
Garrett, Robert A.	Indianapolis	Marion	Goebel, Carl W.	Fort Wayne	Allen
Garrison, James L.	Cumberland	Marion	Godersky, George E.	South Bend	St. Joseph
Garrison, Leon J.	Gas City	Grant	Goethals, Charles J.	Mishawaka	St. Joseph
Garton, Harry W.	Fort Wayne	Allen	Goldberg, Harold B.	Gary	Lake
Garvin, Donald B.	Brazil	Clay	Golding, Robert F.	Gary	Lake
Gastineau, David C.	Indianapolis	Marion	Goldman, Samuel	Indianapolis	Marion
Gatch, Willis D. (S)	Indianapolis	Marion	Goldsmith, David A.	Marion	Grant
Gates, George E.	South Bend	St. Joseph	Goldstone, Adolph	Gary	Lake
Gattman, George B.	Elkhart	Elkhart	Goldstone, Harry A.	Wabash	Wabash
Gatzimos, Christos D.	Logansport	Cass	Goldstone, Joseph	Gary	Lake
Gaul, L. Edward	Evansville	Vanderburgh	Goldstone, Sidney R.	Gary	Lake
Gaunt, Everett W.	Alexandria	Madison	Golper, Marvin N.	Kokomo	Howard
Gay, Brian C.	Bluffton	Wells	Good, Richard P.	Kokomo	Howard
Geckler, Charles E.	Muncie	Delaware- Blackford	Goodman, Eli S.	Charlestown	Clark
Gehres, Robert W.	Shelbyville	Shelby	Goodman, Hubert T.	Terre Haute	Vigo
Geick, Raymond G.	Fort Branch	Gibson	Goodwin, Caroline J.	Indianapolis	Marion
Geider, Roy A.	Indianapolis	Marion	Gootee, Thomas H.	Jasper	Dubois
			Gordon, Joseph L.	Wheeler	Porter
			Gormley, Joseph J.	Indianapolis	Marion
			Gosman, James H.	Indianapolis	Marion
			Gossard, Meredith B.	Tipton	Tipton
			Gossom, Donn R.	Terre Haute	Vigo

Name	City	County	Name	City	County
Govorchin, Alexander	East Chicago	Lake	Gwin, Merle D. (S)	Miami Beach, Fla.	Jasper-Newton
Graber, Virgil R.	Elkhart	Elkhart	Gwinn, John L.	Indianapolis	Marion
Graessle, Harold P.	Seymour	Jackson	H		
Graf, Jerome A.	Bloomfield	Greene	Haas, Charles F.	Lafayette	Tippecanoe
Graf, John P.	South Bend	St. Joseph	Habegger, Elmer D.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen	Habich, Carl (S)	Indianapolis	Marion
Graham, John D.	Indianapolis	Marion	Hackett, Walter G.	Fort Wayne	Allen
Grant, Benjamin F.	Gary	Lake	Hade, Frederick L. (S)	Bridgeport	Marion
Grant, M. Arthur	Fairmount	Grant	Hadley, David	Indianapolis	Marion
Grant, Phyllis	New Castle	Henry	Hadley, Harvey (S)	Richmond	Wayne-Union
Graves, John W.	Indianapolis	Marion	Haffner, Herman G.	Fort Wayne	Allen
Graves, Noel S.	Vevay	Jefferson-Switzerland	Haggard, David B.	Plainfield	Hendricks
Graves, Orville M.	Princeton	Gibson	Haggard, Edmund B.	Indianapolis	Marion
Gray, Clyde C. (S)	Cloverdale	Putnam	Hagie, Franklin E.	Richmond	Wayne-Union
Gray, Daniel E.	Crown Point	Lake	Hahn, E. Vernon	Indianapolis	Marion
Gray, Leon	Martinsville	Morgan	Haley, Alvin J.	Fort Wayne	Allen
Gray, Paul M.	Huntington	Huntington	Haley, Paul E.	South Bend	St. Joseph
Grayston, Wallace S. (S)	Huntington	Huntington	Halfast, Richard W.	Kokomo	Howard
Green, Carl L.	Vincennes	Knox	Hall, Bernard R.	Logansport	Cass
Green, Frank H.	Rushville	Rush	Hall, Frank M.	Indianapolis	Marion
Green, George F.	South Bend	St. Joseph	Hall, Jack H.	Boston, Mass.	Marion
Green, John H. (S)	North Vernon	Jennings	Hall, James M.	South Bend	St. Joseph
Green, Leonard J.	Valparaiso	Porter	Hall, Orville A.	Muncie	Delaware-Blackford
Green, Morris	Indianapolis	Marion	Hall, Robert S.	Muncie	Delaware-Blackford
Green, Norval E.	South Bend	St. Joseph	Hall, Thomas C.	Chesterton	Porter
Green, Oscar	Indianapolis	Marion	Halleck, Harold J.	Winamac	Pulaski
Greenburg, Rolland	Great Lakes, Ill.	Dubois	Haller, Richard C.	Philadelphia, Pa.	Allen
Greene, Frederick G. (S)	Bloomington	Parke-Vermillion	Haller, Robert L.	Fort Wayne	Allen
Greene, Morgan E.	Indianapolis	Marion	Haller, Thomas C.	Crawfordsville	Montgomery
Greene, Robert W.	Rensselaer	Jasper-Newton	Hamer, Homer G. (S)	Indianapolis	Marion
Greene, William R.	Henryville	Clark	Hamilton, Antha A.	Vevay	Jefferson-Switzerland
Greenlee, Robert L.	Fort Wayne	Allen	Hamilton, Charles O.	South Bend	St. Joseph
Gregg, Albert F.	Connersville	Fayette-Franklin	Hamilton, Emory D.	Fort Wayne	Allen
Gregg, Edwin E.	Thorntown	Boone	Hamilton, Guy W. (S)	Durati, Calif.	Jefferson-Switzerland
Gregoline, Amadeo F.	Gary	Lake	Hamilton, James R.	Mitchell	Lawrence
Greiber, Marvin F.	Muncie	Delaware-Blackford	Hamilton, M. Luther (S)	Newberry	Greene
Greisen, Jack G.	Whiting	Lake	Hamilton, Orville G.	Bluffton	Wells
Greist, John H.	Indianapolis	Marion	Hamilton, Thomas	Columbia City	Whitley
Greist, Walter D.	Fort Wayne	Allen	Hammel, Howard T.	Bedford	Lawrence
Griem, Sylvia F.	Gary	Lake	Hammer, Jay W.	Middletown	Henry
Griep, Arthur H.	Cambridge, Mass.	Vanderburgh	Hammersley, George K.	Frankfort	Clinton
Griffin, Joseph P.	Gary	Lake	Hammond, James B.	Indianapolis	Marion
Griffis, Vierl C. (S)	Richmond	Wayne-Union	Hammond, Keith	Paoli	Orange
Griffith, Harold R.	Fort Wayne	Allen	Hammond, R. Case	Evansville	Vanderburgh
Griffith, James W.	Sheridan	Hamilton	Hammond, Stanley M.	Portland	Jay
Griffith, Richard S.	Indianapolis	Marion	Hampshire, Donald R.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion	Hampton, James N.	Argos	Marshall
Grigsby, Hardin B.	Lebanon	Boone	Hancock, John G.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph	Haney, William	Madison	Jefferson-Switzerland
Grimes, Hubert N.	Indianapolis	Marion	Hanley, Harriet F.	South Bend	St. Joseph
Grindrod, John M.	Terre Haute	Vigo	Hann, Eldon C.	Indianapolis	Marion
Gripe, Richard P.	Lafayette	Tippecanoe	Hanna, Thomas A.	Indianapolis	Marion
Grisell, Ted L.	Indianapolis	Marion	Hannah, Charles W.	Sneads Ferry, N. C.	Randolph
Grosso, William G.	East Chicago	Lake	Hannah, Jack W.	Elkhart	Elkhart
Gorud, Alton C.	South Bend	St. Joseph	Hanneken, Vincent J.	Wabash	Wabash
Grotts, Bruce F.	Michigan City	La Porte	Hansell, Robert M.	Indianapolis	Marion
Grove, Robert H.	Rossville	Clinton	Hanson, Martin F.	Elwood	Madison
Gruber, Charles M.	Indianapolis	Marion	Harcourt, Allan K.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh	Harden, Murray E.	Lafayette	Tippecanoe
Guild, J. Kent	Indianapolis	Marion	Hardin, Wayne E.	Ossian	Wells
Gustafson, Carl J.	Marion	Grant	Harding, M. Richard	Indianapolis	Marion
Gustafson, Milton	Muncie	Delaware-Blackford	Harding, Myron S.	Indianapolis	Marion
Gustaitis, John W.	Whiting	Lake	Harding, Paul C.	Indianapolis	Marion
Guthrie, James R.	Richmond	Wayne-Union	Hardtke, Eldred F.	Bloomington	Owen-Monroe
Guthrie, James U.	Rochester	Fulton	Hardy, John J. (S)	North Liberty	St. Joseph
Guthrie, William H.	Butlerville	Jennings	Hare, Daniel M.	Evansville	Vanderburgh
Gutstein, Richard R. (S)	Kendallville	Noble	Hare, Earl H.	Indianapolis	Marion
Guttman, John B.	Wakarusa	Elkhart	Hare, Francis W., Jr.	Madison	Jefferson-Switzerland

Name	City	County	Name	City	County
Hare, Laura	Indianapolis	Marion	Hearn, Charles J.	Muncie	Delaware-Blackford
Harger, Robert W.	Indianapolis	Marion	Heaton, Elton	Huntingburg	Dubois
Harkcom, Harry E.	St. Paul	Decatur	Heck, Martin C.	Jasper	Dubois
Harkness, Robert G.	Terre Haute	Vigo	Heck, Rolfe A.	College Corner, Ohio	Wayne-Union
Harless, Clarence M.	Chesterton	Porter	Hedde, Eugene L.	Logansport	Cass
Harless, Fred	Monroeville	Allen	Hedgcock, Robert A.	Frankfort	Clinton
Harmon, Carl J.	Richmond	Wayne-Union	Hedrick, James T.	Gary	Lake
Harmon, Wayne	Lynn	Randolph	Hedrick, Philip W.	Indianapolis	Marion
Harned, Ben K.	Evansville	Vanderburgh	Heilman, William C., Jr.	New Castle	Henry
Harold, Albert H. (S)	Indianapolis	Marion	Heilman, William C.	New Castle	Henry
Harold, Norris E. (S)	Indianapolis	Marion	Heimbürger, Robert F.	Indianapolis	Marion
Harper, James W.	Gary	Lake	Heinrich, Weston A.	Evansville	Vanderburgh
Harrington, James F.	Logansport	Cass	Heinrichs, Harry H. (S)	Muncie	Delaware-Blackford
Harris, Carl B.	Indianapolis	Marion	Held, George A.	Jasper	Dubois
Harris, Paul N.	Indianapolis	Marion	Heller, Nelson L. (S)	Dunkirk	Jay
Harris, Robert F.	Noblesville	Hamilton	Helmen, Harry W. (S)	South Bend	St. Joseph
Harris, Robert W.	New Albany	Floyd	Helmer, John F.	South Bend	St. Joseph
Harrison, Benjamin L.	New Castle	Henry	Heminway, Norman L.	Elkhart	Elkhart
Harshman, James A.	Indianapolis	Marion	Hendershot, Eugene L.	Evansville	Vanderburgh
Harshman, Louis P.	Fort Wayne	Allen	Henderson, Francis G.	Indianapolis	Marion
Harstad, Casper	Rockville	Parke-Vermillion	Henderson, Norman C.	Michigan City	La Porte
Hart, L. Paul	Evansville	Vanderburgh	Henderson, Ramon A.	Muncie	Delaware-Blackford
Hart, Robert B.	Columbus	Bartholomew-Brown	Henderson, Robert N.	Brookston	White
Hart, William D.	Anderson	Madison	Henderson, Roscoe C.	Indianapolis	Marion
Harter, Eli B.	Lafayette	Tippecanoe	Henderson, William P.	Indianapolis	Marion
Hartley, Clarence A., Jr.	Evansville	Vanderburgh	Hendricks, Fred A.	Rantoul, Ill.	Marion
Hartman, John J.	Angola	Steuben	Hendricks, John W.	Indianapolis	Marion
Hartsough, Ralph I.	Remington	Jasper-Newton	Hendrix, Charles E.	Vincennes	Knox
Hartz, F. Minton	Evansville	Vanderburgh	Henn, R. Anthony	Greenfield	Hancock
Harvey, Harry C.	Fort Wayne	Allen	Henning, Carl (S)	Hanover	Jefferson-Switzerland
Harvey, Ralph J.	Zionsville	Boone	Henry, Alvin L.	Columbus	Bartholomew-Brown
Harvey, Verne K., Jr.	Indianapolis	Marion	Henry, Howard J.	Knox	Starke
Harvey, Verne K.	Indianapolis	Marion	Henry, Russell S.	Indianapolis	Marion
Hasewinkel, Carroll W.	Indianapolis	Marion	Hensler, Benton M.	Anderson	Madison
Hasewinkle, August M.	Fort Wayne	Allen	Hepburn, C. K.	Indianapolis	Marion
Hash, John S.	Noblesville	Hamilton	Hepner, Herman	Kendallville	Noble
Hashemi, Hossein	Warsaw	Kosciusko	Hepner, Herman S.	Bloomington	Owen-Monroe
Haslem, Ezra R.	Terre Haute	Vigo	Herd, Cloyn N.	Peru	Miami
Haslem, John R.	Terre Haute	Vigo	Herendeen, Elbie V.	Rochester	Fulton
Haslinger, Clarence J.	Indianapolis	Marion	Heritier, C. Jules	Columbia City	Whitley
Hass, Thomas W.	Lafayette	Tippecanoe	Hermayer, Stephen	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen	Hernandez, I. C.	East Chicago	Lake
Hatfield, Jack J.	Indianapolis	Marion	Herr, John W.	Tell City	Perry
Hatfield, Nicholas W.	Indianapolis	Marion	Herrick, Charles L.	Akron	Fulton
Hathaway, Clayton B.	Butler	De Kalb	Herring, George N.	Richmond	Wayne-Union
Hattendorf, Anton P.	Fort Wayne	Allen	Herrmann, Gordon T.	Evansville	Vanderburgh
Haugseth, Ellsworth K.	South Bend	St. Joseph	Herrold, George W.	Lafayette	Tippecanoe
Hauss, Augustus P.	New Albany	Floyd	Hershberger, Philip	Fort Wayne	Allen
Havens, A. Lyle	Jeffersonville	Clark	Hershey, Ernest A., Jr.	Churubusco	Whitley
Havens, Oscar	Cicero	Hamilton	Hershey, Ernest A. (S)	Churubusco	Whitley
Havens, Russell E.	Fort Wayne	Allen	Herzberg, Milton	Clinton	Parke-Vermillion
Havice, Jay F.	Lake Lure, N. C.	Allen	Herzer, Clarence C.	Evansville	Vanderburgh
Hawes, James H.	Indianapolis	Marion	Hess, Paul P.	New Albany	Floyd
Hawes, James K. (S)	Columbus	Bartholomew-Brown	Hetherington, A. M. (S)	Indianapolis	Marion
Hawes, Marvin E.	Columbus	Bartholomew-Brown	Hetherington, John A.	Indianapolis	Marion
Hawkins, Richard D.	Bedford	Lawrence	Hetman, Mitchell J.	Westville	La Porte
Hay, Gene R.	Indianapolis	Marion	Heubi, John E.	Indianapolis	Marion
Hayes, Frank W.	East Chicago	Lake	Hiatt, Russell L.	Louisville, Ky.	Wayne-Union
Hayes, J. D., Jr.	Dayton, Ohio	Lake	Hibbs, William G.	Franklin	Johnson
Hayes, Jesse D.	East Chicago	Lake	Hibner, Kermit	Danville	Hendricks
Hayes, Robert E.	Grand Rapids, Michigan	Miami	Hibner, Nolan A.	Monticello	White
Hayes, Theodore R.	Muncie	Delaware-Blackford	Hickman, A. Lee	Hammond	Lake
Haymond, George M.	Indianapolis	Marion	Hickman, Donald	Fort Wayne	Allen
Haymond, Joseph L.	Indianapolis	Marion	Hickman, Walter F.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion	Hicks, Murwyn L.	Indianapolis	Marion
Hays, Everett L.	Indianapolis	Marion	Hicks, Wilbur D.	Indianapolis	Marion
Hazinski, Robert T.	Griffith	Lake	Hiestand, Harley J. (S)	Pennville	Jay
Headley, Lloyd M.	Lebanon	Boone	Higbee, Paul (S)	Sullivan	Sullivan
Healey, Robert J.	Indianapolis	Marion	Higgins, James L.	Otis AFB, Mass.	Pike
Heard, Albert	Evansville	Vanderburgh			

Name	City	County	Name	City	County
Higgins, John R.	New Albany	Floyd	Hoover, Dewey A.	Terre Haute	Vigo
Higgins, Kenneth E.	Fort Wayne	Allen	Hoover, J. Guy	Evansville	Vanderburgh
High, Ralph L.	Muncie	Delaware- Blackford	Hoover, Peter B.	Boonville	Warrick
Hilbert, John W.	South Bend	St. Joseph	Hopkins, Joseph R.	Hammond	Lake
Hildebrand, John O.	South Bend	St. Joseph	Hopkins, Lester H.	Versailles	Ripley
Hill, Gladys Marie	Richmond	Wayne-Union	Hoppenrath, Wesley M.	Elwood	Madison
Hill, Harold D.	Richmond	Wayne-Union	Hoppenrath, William (S)	Elwood	Madison
Hill, Howard E.	Muncie	Delaware- Blackford	Horning, Richard R.	Fort Wayne	Allen
Hill, Kenneth G.	New Castle	Henry	Horst, William N.	Crown Point	Lake
Hill, Lloyd	Denver	Miami	Horswell, Richard G.	Bristol	Elkhart
Hill, Paul G.	Cambridge	Wayne-Union	Horwitz, Thomas	Indianapolis	Marion
Hill, Robert E.	Yorktown	Delaware- Blackford	Hostetler, Carl M.	Goshen	Elkhart
Hill, Theodore A.	South Bend	St. Joseph	Hostetter, Irwin S.	Muncie	Delaware- Blackford
Hill, Wallace C.	South Bend	St. Joseph	Houser, D. Stanley	Lakeville	St. Joseph
Hilldrup, Don G. (S)	Indianapolis	Marion	Houser, Wayne W.	Monon	White
Hillenbrand, Charles	Michigan City	La Porte	Houston, Fred D.	Lawrenceburg	Dearborn- Ohio
Hillery, John L.	Warsaw	Kosciusko	Hovda, Richard B.	Evansville	Vanderburgh
Hillis, Lowell J.	Logansport	Cass	Hover, Galen	Charlestown	Clark
Hillman, Marion W.	South Bend	St. Joseph	How, John T. (S)	Lakeville	St. Joseph
Hillman, Wm. H. (S)	South Bend	St. Joseph	How, Louis E.	South Bend	St. Joseph
Himebaugh, James R. S.	Indianapolis	Marion	Howard, William F.	Cherry Point, N. C.	Marion
Himler, James M.	Indianapolis	Marion	Howard, Wm. Harry	Hammond	Lake
Hinchman, Clarence P.	Geneva	Adams	Howe, Fordyce L.	Fort Wayne	Allen
Hinchman, Jean F.	Parker	Randolph	Howell, Arthur	Indianapolis	Marion
Hines, Archie V.	Auburn	De Kalb	Howell, Joseph D.	Indianapolis	Marion
Hines, Don C.	Indianapolis	Marion	Howell, Robert D.	Indianapolis	Marion
Hines, John H.	Auburn	De Kalb	Hoyt, John M.	Kokomo	Howard
Hingeley, John E.	Butlerville	Jennings	Hoyt, Lester H.	Indianapolis	Marion
Hinshaw, Horace D.	LaPorte	La Porte	Hoyt, Marilyn C.	Indianapolis	Marion
Hippensteel, Harland V.	Auburn	De Kalb	Hoyt, Millard L.	Indianapolis	Marion
Hipskind, Richard E.	Fort Wayne	Allen	Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hirsch, Herman L.	Mt. Vernon	Posey	Hubbard, Jesse D.	Indianapolis	Marion
Hirrich, Lloyd W.	Batesville	Ripley	Huber, Carl P.	Indianapolis	Marion
Hobbs, Arthur A.	Evansville	Vanderburgh	Huckleberry, Irvin E.	Salem	Washington
Hochhalter, Marian	Logansport	Cass	Huddle, John R.	Indianapolis	Marion
Hodges, Fletcher (S)	Indianapolis	Marion	Hudson, Arlington M.	Connersville	Fayette- Franklin
Hodgin, Phillip T.	Orleans	Orange	Hudson, Foster J.	Indianapolis	Marion
Hodurski, Zigfield	Gary	Lake	Huffman, Galen C.	Columbus, O.	Marion
Hoetzer, Eldore M.	New Haven	Allen	Huffman, Verlin P.	S. Whitley	Whitley
Hoffman, Arthur F.	Fort Wayne	Allen	Hughes, Richard R.	Lafayette	Tippecanoe
Hoffman, Doris	Vincennes	Knox	Huggins, Victor S.	Evansville	Vanderburgh
Hoffman, Herman	Indianapolis	Marion	Hull, Arthur W.	Elkhart	Elkhart
Hoffman, Max N.	Covington	Fountain- Warren	Hull, James E.	Lafayette	Tippecanoe
Hoffman, Robert V.	South Bend	St. Joseph	Hull, Ronald H.	Indianapolis	Marion
Hofmann, Andrew (S)	Hammond	Lake	Hummel, Russel M.	Marion	Grant
Hofmann, J. William (S)	Indianapolis	Marion	Hummons, Francis D.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo	Humphrey, Edward M.	Covington	Fountain- Warren
Hogle, Frank D.	Logansport	Cass	Humphrey, Paul E.	Terre Haute	Vigo
Hoit, Leonard	Gary	Lake	Humphreys, Joe E.	Vincennes	Knox
Holdeman, Lillian S.	South Bend	St. Joseph	Humphreys, John L.	Fort Wayne	Allen
Holdeman, Richard W.	South Bend	St. Joseph	Humphreys, John W.	Crawfordsville	Montgomery
Holladay, Lloyd J.	Lafayette	Tippecanoe	Hunsberger, Walter G.	Lafayette	Tippecanoe
Holland, Charles E.	Goodland	Jasper- Newton	Hunt, Edgar J.	Terre Haute	Vigo
Holland, Deward J. (S)	Bloomington	Owen-Monroe	Hunt, Gayle J.	Richmond	Wayne-Union
Holland, Philip T.	Bloomington	Owen-Monroe	Hunter, Donn	Greenfield	Hancock
Hollenberg, Alfred E.	Hagerstown	Wayne-Union	Hunter, Frank P.	Lafayette	Tippecanoe
Hollenberg, Edward L.	Winamac	Pulaski	Hunter, Lowell G.	Milan	Ripley
Holloway, William A. (S)	Logansport	Cass	Huoni, John S.	Jeffersonville	Clark
Holman, Jerome E.	Indianapolis	Marion	Hurley, Anson G.	Muncie	Delaware- Blackford
Holman, Jerome E., Jr.	Indianapolis	Marion	Hurley, John R.	Daleville	Delaware- Blackford
Holmes, Claude D. (S)	Frankfort	Clinton	Hursey, Virgil G.	Milford	Kosciusko
Holmes, George W.	Chicago, Ill.	Lake	Hursh, M. Douglas	Wheaton, Ill.	Lake
Holmes, John L.	Columbia, Mo.	Clinton	Hurt, LaVerne B.	Indianapolis	Marion
Holsinger, Robert E.	Fort Wayne	Allen	Hurteau, William W.	Indianapolis	Marion
Holtzman, Norman N.	South Bend	St. Joseph	Huse, William M.	Indianapolis	Marion
Holtzman, Paul W.	Bloomington	Owen-Monroe	Husted, Robert G.	Hammond	Lake
Honan, Paul R.	Lebanon	Boone	Hutchison, Donald R.	Fountain City	Wayne-Union
Hood, Ainslee A.	Indianapolis	Marion			
Hooke, Samuel W. (S)	Noblesville	Hamilton			
Hoopes, Jane M.	Evansville	Vanderburgh			

Name	City	County	Name	City	County
Hutto, William H.	Kokomo	Howard	Johnson, William A. (S)	Perrysville	Parke- Vermillion
Hyatt, Gilbert T.	Evansville	Vanderburgh	Johnson, William A.	North Vernon	Jennings
Hyde, Carroll C.	South Bend	St. Joseph	Johnson, William F. (S)	Indianapolis	Marion
Hynes, Roy T.	Indianapolis	Marion	Johnston, Alan	Plainfield	Hendricks
I			Johnston, Donald D.	Westville	La Porte
Ibarra, Jesus	Gary	Lake	Johnston, Richard M.	Fort Wayne	Allen
Imhof, Joseph D.	Muncie	Delaware- Blackford	Johnston, Robert G. (S)	Huntington	Huntington
Ingwell, Guy B.	Knox	Starke	Johnston, Robert L.	Bluffton	Wells
Inlow, Herbert H.	Shelbyville	Shelby	Jolly, Lewis E.	Madison	Jefferson- Switzerland
Inlow, William D.	Shelbyville	Shelby	Jolly, Wesley P.	Richland	Spencer
Irish, Wilbur J.	East Chicago	Lake	Jones, Albert T.	Anderson	Madison
Irwin, Glenn W., Jr.	Indianapolis	Marion	Jones, Allen W.	Indianapolis	Marion
Irwin, Seth (S)	Anderson	Madison	Jones, Charles A.	Franklin	Johnson
Iske, Paul G.	Indianapolis	Marion	Jones, David	Lafayette	Tippecanoe
Isler, Nathaniel C.	Jeffersonville	Clark	Jones, David E.	Indianapolis	Marion
Iterman, George E.	New Castle	Henry	Jones, David G.	Anderson	Madison
Ivy, John H.	Elkhart	Elkhart	Jones, Eli S.	Hammond	Lake
J			Jones, Francis P.	Indianapolis	Marion
Jackson, Charles E.	Bluffton	Wells	Jones, George L.	Wanamaker	Marion
Jackson, Dean B.	Hartford City	Delaware- Blackford	Jones, Gordon C.	Dayton, Ohio	Marion
Jackson, Frederick E.	Indianapolis	Marion	Jones, Horace E.	Anderson	Madison
(S)			Jones, J. Carl	Logansport	Cass
Jackson, James W. (S)	Indianapolis	Marion	Jones, John G. (S)	Vincennes	Knox
Jackson, John F.	Fort Wayne	Allen	Jones, King S.	Michigan City	La Porte
Jackson, John K.	Aurora	Dearborn- Ohio	Jones, Robert B. (S)	La Porte	La Porte
Jacobs, E. Robert	Hope	Bartholomew- Brown	Jones, Roland W.	Bethesda, Md.	Marion
Jaeger, Alfred S. (S)	Indianapolis	Marion	Jordan, Leo E.	Lynn	Randolph
Jahns, Albin A.	Gary	Lake	Jordan, Stanley Y.	Gary	Lake
James, John M.	Tell City	Perry	Joseph, Rex M.	Indianapolis	Marion
James, Nicholas A. (S)	Tell City	Perry	Jowitt, Richard H.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington	Juergens, Richard B.	Fort Wayne	Allen
Jannasch, Maurice C.	Gary	Lake	Jump, Charles A. (S)	Selma	Delaware- Blackford
Jaquith, Orville S. (S)	Indianapolis	Marion	Jurgensen, Walter T.	Fort Wayne	Allen
Jarrett, John C.	Marion	Grant	Justen, Jerome W.	Daly City, Calif.	Lake
Jarrett, Paul E.	Anderson	Madison	K		
Jay, Arthur N.	Indianapolis	Marion	Kabel, Robert N.	Terre Haute	Vigo
Jay, James	Indianapolis	Marion	Kahler, Maurice V.	Indianapolis	Marion
Jeffries, Kenneth I. (S)	Indianapolis	Marion	Kahn, Alexander J.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion	Kahn, Howard L.	Indianapolis	Marion
Jennings, F. Lamont	Chicago, Ill.	Marion	Kaiser, George C.	Indianapolis	Marion
Jennings, Frank L.	Indianapolis	Marion	Kaiser, George D.	Whiting	Lake
Jernigan, William R.	Evansville	Vanderburgh	Kalb, Everett L.	Indianapolis	Marion
Jett, Clyde W.	Seelyville	Vigo	Kaler, James	Kendallville	Noble
Jewell, Earl B. (S)	Logansport	Cass	Kamen, Jack M.	East Chicago	Lake
Jewell, George M.	Kokomo	Howard	Kamm, Bernard A.	South Bend	St. Joseph
Jewett, Joe H.	Indianapolis	Marion	Kammen, Leo	Indianapolis	Marion
Jinnings, Loren E.	Garrett	De Kalb	Kammen, Robert	Indianapolis	Marion
Jobs, James E.	Indianapolis	Marion	Kammer, Grace C.	Muncie	Delaware- Blackford
Jobs, Norman E. (S)	Indianapolis	Marion	Kammer, Walter F.	Muncie	Delaware- Blackford
Joest, Charles O.	Jacksonville, Fla.	St. Joseph	Kantzer, Floyd B.	Garrett	De Kalb
Johns, David R. (S)	East Chicago	Lake	Karberg, Richard J.	Lafayette	Tippecanoe
Johns, Nicholas C.	South Bend	St. Joseph	Karlick, Joseph	Arcadia	Hamilton
Johnson, Arnold L.	Gary	Lake	Karn, John W.	South Bend	St. Joseph
Johnson, Cecil E.	Rensselaer	Jasper- Newton	Karns, John D.	Winamac	Pulaski
Johnson, Frank P.	Rochester	Fulton	Karol, Herbert J.	Fort Wayne	Allen
Johnson, Gardner C. (S)	Evansville	Vanderburgh	Karpel, Bernard	Mooresville	Morgan
Johnson, George M.	Richmond	Wayne-Union	Karsell, William A.	Bloomington	Owen-Monroe
Johnson, Harold V.	Evansville	Vanderburgh	Kasting, Gerald	Bedford	Lawrence
Johnson, Herbert S.	Lafayette	Tippecanoe	Katterjohn, James C.	Indianapolis	Marion
Johnson, James B.	Greencastle	Putnam	Kauffman, Harley M.	Evansville	Vanderburgh
Johnson, Jerome M.	Palmyra	Harrison- Crawford	Kauffman, Nelson N.	Indianapolis	Marion
Johnson, John J.	Warsaw	Kosciusko	Kauffman, Sidney A.	Los Angeles, Calif.	Marion
Johnson, Lonnie B.	Gary	Lake	Kaufinan, Julian	Fort Wayne	Allen
Johnson, Lowell R.	Lafayette	Tippecanoe	Kay, Oran	Spencer	Owen-Monroe
Johnson, Owen	Peru	Miami	Keating, John U.	Elkhart	Elkhart
Johnson, Paul D.	Terre Haute	Vigo	Keck, Carleton A.	Fort Wayne	Allen
Johnson, Paul S. (S)	Richmond	Wayne-Union	Keeling, Forrest E.	Portland	Jay
Johnson, Robert B.	Rushville	Rush	Keenan, George B.	Indianapolis	Marion
Johnson, Stephen L.	Evansville	Vanderburgh	Keenan, Reid L.	Indianapolis	Marion
Johnson, Thomas W.	Indianapolis	Marion	Keever, Charles H.	Indianapolis	Marion
			Keiser, Venice D.	Indianapolis	Marion

Name	City	County	Name	City	County
Keith, Freeman E. (S)	St. Bernice	Parke-Vermillion	Kingsbury, John K. (S)	Indianapolis	Marion
Keller, Foster C.	Columbus, Ohio	Allen	Kinnaman, Howard A.	Crawfordsville	Montgomery
Keller, Frank G. (S)	N. Manchester	Wabash	Kinneman, Robert E.	Greenfield	Hancock
Kelly, Don E.	Indianapolis	Marion	Kintner, Burton E.	Elkhart	Elkhart
Kelly, Frank (S)	Argos	Marshall	Kinzel, Robert J. W.	Indianapolis	Marion
Kelly, John F.	Indianapolis	Marion	Kirby, Ted C.	Greenfield	Hancock
Kelly, Walter F. (S)	Indianapolis	Marion	Kirkhoff, Paul J.	Indianapolis	Marion
Kelly, Wendell C.	Anderson	Madison	Kirklin, Oren L.	Indianapolis	Marion
Kelsey, L. E.	Kewanna	Fulton	Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kelsey, Robert M.	La Porte	La Porte	Kirtley, James M.	Crawfordsville	Montgomery
Kemp, John T.	Michigan City	La Porte	Kirtley, William R.	Indianapolis	Marion
Kemp, William A.	Connersville	Fayette-Franklin	Kissel, Wesley A.	Indianapolis	Marion
Kempf, Gerald F.	Rockville	Parke-Vermillion	Kissinger, Knight L.	Angola	Steuben
Kendall, Forest M.	Nappanee	Elkhart	Kistler, James J.	La Porte	La Porte
Kendrick, Frank J.	Gary	Lake	Kistner, Arthur W.	Elkhart	Elkhart
Kendrick, William M.	Mooreville	Morgan	Kitterman, Harry E.	Indianapolis	Marion
Kennedy, Eva N. (S)	Camden	Carroll	Klain, Benjamin V.	Indianapolis	Marion
Kennedy, Hunter F.	Indianapolis	Marion	Klamer, Charles H.	Jasper	Dubois
Kennedy, Joseph T.	Indianapolis	Marion	Klatch, Ben Z.	Lafayette	Tippecanoe
Kennedy, Robert O. (S)	Rushville	Rush	Klaus, Julius M.	Indianapolis	Marion
Kennedy, Walter U.	New Castle	Henry	Kleifgen, William A.	Fort Wayne	Allen
Kenney, David B.	Indianapolis	Marion	Kleindorfer, Roscoe L.	Evansville	Vanderburgh
Kenney, Francis D.	Hammond	Lake	Kleinman, Francis J.	Hebron	Porter
Kenoyer, Wilbur L.	Lackland AFB Texas	Marion	Klefer, Jefferson	Richmond	Wayne-Union
Kent, Richard N.	Fort Wayne	Allen	Klepinger, Harry E.	Lafayette	Tippecanoe
Kenyon, Charles E.	Cambridge City	Wayne-Union	Klingler, Maurice O.	Plymouth	Marshall
Kenzler, Jack	Indianapolis	Marion	Klooze, Kenneth W.	Fort Wayne	Allen
Kephart, S. Bruce	Bluffton	Wells	Klos, Stanley J.	Hobart	Lake
Kepler, Robert W.	La Porte	La Porte	Kmak, Chester	East Chicago	Lake
Kercheval, John M.	Clinton	Parke-Vermillion	Knapp, Arthur L. (S)	South Bend	St. Joseph
Kern, Charles B. (S)	Muncie	Delaware-Blackford	Kneidel, John H.	Frankfort	Clinton
Kern, Clarence G.	Lebanon	Boone	Knepple, La Marr R. (S)	Kokomo	Howard
Kerr, Donald M.	Bedford	Lawrence	Knight, Lewis W.	Fort Wayne	Allen
Kerr, Harry R.	Indianapolis	Marion	Knobe, Kenneth T.	South Bend	St. Joseph
Kerr, John E.	Michigan City	La Porte	Knowles, Charles Y.	Indianapolis	Marion
Kerrigan, John F.	Michigan City	La Porte	Knowles, Robert P.	Indianapolis	Marion
Kerrigan, Robert L.	Michigan City	La Porte	Knox, Robert L.	Indianapolis	Marion
Kerrigan, William F.	Connersville	Fayette-Franklin	Ko, Richard	Gaston	Delaware-Blackford
Keseric, N. E.	French Lick Springs	Orange	Kobrin, Meyer W.	Gary	Lake
Kessler, Robert B.	Evansville	Vanderburgh	Koch, Elmer L.	Danville	Hendricks
Ketcham, Jane M. (S)	Indianapolis	Marion	Koch, Howard W.	Winchester	Randolph
Ketcham, John S.	Rossville	Clinton	Koehler, Elmer G.	Elkhart	Elkhart
Keyes, Robert C.	Fort Wayne	Allen	Kohlstaedt, Karl C.	Indianapolis	Marion
Khaton, Odessa M.	Gary	Lake	Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kibler, Charles E.	Muncie	Delaware-Blackford	Kohne, Gerald J.	Decatur	Adams
Kidd, James G.	Wood, Wis.	Wabash	Kohne, Robert W.	Lafayette	Tippecanoe
Kidder, Orva T.	Fort Wayne	Allen	Kolanko, Leon A.	Hammond	Lake
Kiechle, Frederick L.	Evansville	Vanderburgh	Kolettis, George J.	Gary	Lake
Kiely, John T.	Anderson	Madison	Kolettis, John G.	Gary	Lake
Kilgore, Byron W.	Indianapolis	Marion	Komoroske, John E.	East Chicago	Lake
Killian, E. Camille	Logansport	Cass	Kooiker, John E.	Indianapolis	Marion
Kilmer, Warren L.	Indianapolis	Marion	Koons, Karl M.	Indianapolis	Marion
Kim, Young D.	Beech Grove	Marion	Koontz, William A.	Gas City	Grant
Kimbrough, Robert F.	Fort Wayne	Allen	Kopanko, Bernard F.	East Chicago	Lake
Kime, Charles E.	Richmond	Wayne-Union	Kopcha, Joseph E.	Gary	Lake
Kime, Edwin N.	Indianapolis	Marion	Kopecky, Robert R.	Indianapolis	Marion
Kimmel, George E.	Stoneham, Mass.	Miami	Kopp, Otis A.	Anderson	Madison
Kincaid, Raymond K.	Tipton	Tipton	Koransky, David S.	Hammond	Lake
Kindell, Hurschell D.	New Richmond	Montgomery	Korn, Jerome M.	Gary	Lake
King, Harold	Indianapolis	Marion	Kornafel, L. H.	Indianapolis	Marion
King, Jay M.	Logansport	Cass	Koss, K. William	Muncie	Delaware-Blackford
King, Joseph W.	Anderson	Madison	Krabill, Willard S.	Viet Nam	St. Joseph
King, Robert W.	Cedar Lake	Lake	Kraft, Bennett	Indianapolis	Marion
King, William E.	Indianapolis	Marion	Kranning, Kenneth K.	Kewanna	Fulton
King, William F. (S)	Indianapolis	Marion	Kreidl, Dorothy R.	Richmond	Wayne-Union
			Kremers, George A.	Kokomo	Howard
			Kretsch, Russell W.	Hammond	Lake
			Kriebel, William W.	Terre Haute	Vigo
			Kriel, William B.	Indianapolis	Marion
			Kron, R. Vincent	Chicago, Ill.	Vanderburgh
			Krsek, Archie J.	Knox	Starke
			Krueger, John E.	Fort Wayne	Allen
			Krueger, John E.	South Bend	St. Joseph

Name	City	County	Name	City	County
Krueger, Robert B.	Columbus	Bartholomew-Brown	Leahy, Howard J.	Pendleton	Madison
Kruse, Edward H. (S)	Fort Wayne	Allen	Leak, Robert H.	Boswell	Benton
Kruse, Walter E.	Fort Wayne	Allen	Leasure, J. Kent	Indianapolis	Marion
Kubik, Francis J.	Michigan City	La Porte	Leasure, Kenneth	Elkhart	Elkhart
Kubley, James D.	Plymouth	Marshall	Leatherman, Harter L.	Indianapolis	Marion
Kudele, Louis T.	Whiting	Lake	Lebioda, Henry S.	Gary	Lake
Kuder, Howard V.	Indianapolis	Marion	Lee, Glen Ward	Richmond	Wayne-Union
Kuhn, Arthur J.	Hammond	Lake	Lee, James	Terre Haute	Vigo
Kuhn, Frederick L.	South Bend	St. Joseph	Lee, Robert L.	De Motte	Jasper-Newton
Kuhn, Hedwig S.	Hammond	Lake	Leff, Abe	Indianapolis	Marion
Kuhn, Robert W.	Wilkinson	Hancock	Leffel, James M.	Indianapolis	Marion
Kunkler, Arnold W.	Terre Haute	Vigo	Leffler, William T.	Indianapolis	Marion
Kunkler, Joseph (S)	Indianapolis	Marion	Lehman, Harold	Charlestown	Clark
Kunkler, William C.	Indianapolis	Marion	Lehman, Kenneth M.	Topeka	LaGrange
Kuntz, Herman W.	Indianapolis	Marion	Lehmberg, Otto F. C.	Columbia City	Whitley
Kurtz, Fred B. (S)	Indianapolis	Marion	Leibundguth, Henry	Evansville	Vanderburgh
Kurtz, Philip L.	Indianapolis	Marion	Leich, Charles F.	Evansville	Vanderburgh
Kurtz, William A.	Tipton	Tipton	Lein, John	Indianapolis	Marion
Kwitny, Isadore J.	Indianapolis	Marion	Leinbach, Earl	Hamlet	Starke
L			LeMaster, Theodore R.	Indianapolis	Marion
LaBier, C. Russell	Terre Haute	Vigo	Leming, Ben L.	Fort Wayne	Allen
LaBier, Clarence R. (S)	Terre Haute	Vigo	Lemon, Herbert K. (S)	Camden	Carroll
Lacy, John D., Jr.	Medaryville	Pulaski	Lenk, George G.	Fort Wayne	Allen
Ladig, Donald S.	Fort Wayne	Allen	Lenox, Jack	Lebanon	Boone
LaDine, Clarence B.	Indianapolis	Marion	Leonard, Henry S. (S)	Indianapolis	Marion
LaDuron, Jules F.	Muncie	Delaware-Blackford	Leroy, Alvin G.	Alexandria	Madison
LaFollette, Donald	New Albany	Floyd	Leser, Ralph U.	Indianapolis	Marion
LaFollette, Forrest R.	Hammond	Lake	Lett, Emory B.	Loogootee	Daviess-Martin
LaFollette, Robert E.	New Albany	Floyd	Levant, Bernard I.	South Bend	St. Joseph
Lahr, Richard E.	Marion	Grant	Levering, Guy P. (S)	Lafayette	Tippecanoe
Laird, Leslie A.	Richmond	Wayne-Union	Levi, Leon	Indianapolis	Marion
Lamb, Emmett B.	Indianapolis	Marion	Levin, Eli	East Chicago	Lake
Lamb, J. Leonard	South Bend	St. Joseph	Levin, Ralph T.	Indianapolis	Marion
Lamb, Russell W.	Indianapolis	Marion	Levkoff, Abner H.	South Bend	St. Joseph
Lamber, Chet K.	Indianapolis	Marion	Lewis, George N.	Gary	Lake
Lambert, Ross W.	Indianapolis	Marion	Lewis, James F.	Liberty	Wayne-Union
Lamey, James L.	Anderson	Madison	Lewis, Paul S.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison	Lewis, R. Earl	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen	Lewis, Robert J.	Lawrence	Marion
Lancet, Robert O.	Terre Haute	Vigo	Libbert, Edwin L., Jr.	Indianapolis	Marion
Land, Francis L.	Fort Wayne	Allen	Lichtenberg, Melvin	Indianapolis	Marion
Landis, Charles	Milwaukee, Wisc.	Marion	Liddell, Charles K.	Michigan City	La Porte
Landwehr, Alfons	Indianapolis	Marion	Lidikay, Edward C.	Indianapolis	Marion
Lane, Charlotte E.	Indianapolis	Marion	Life, Homer L.	New Castle	Henry
Lane, William H.	South Bend	St. Joseph	Lind, Jaap J.	Mulberry	Clinton
Lang, Joseph E.	South Bend	St. Joseph	Lindenberg, Paul G.	Indianapolis	Marion
Langdon, Harry K. (S)	Indianapolis	Marion	Lindsay, Hamlin B.	Washington	Daviess-Martin
Langohr, John	Columbia City	Whitley	Line, Homer E. (S)	Chili	Miami
Langrall, Harrison M. Jr.	Marion	Grant	Ling, John F.	Richmond	Wayne-Union
Langsdon, Fred R.	Gaston	Delaware-Blackford	Lingeman, Byron N.	Crawfordsville	Montgomery
Lanman, John U.	Hammond	Lake	Lingeman, Raleigh E.	Indianapolis	Marion
Lanning, R. Adrian	Noblesville	Hamilton	Lingeman, Roger E.	Indianapolis	Marion
Lansford, Kenneth G.	Indianapolis	Marion	Link, Goethe (S)	Indianapolis	Marion
Laramore, Ward	Indianapolis	Marion	Link, William C.	Bloomington	Owen-Monroe
Larkin, Bernard J. (S)	Indianapolis	Marion	Linton, Charles D.	Walkerton	St. Joseph
Larmore, Joseph L.	Anderson	Madison	Lionberger, John R.	South Bend	St. Joseph
Larmore, Sarah H.	Anderson	Madison	Lippoldt, Charles L.	Oldenburg	Ripley
Larrabee, James F.	Hammond	Lake	Lipsey, Alfred J.	Hammond	Lake
Larrabee, Wm. H. (S)	New Palestine	Hancock	Liss, Emanuel C.	South Bend	St. Joseph
Larson, Goyt O.	La Porte	La Porte	Little, John W. (S)	Indianapolis	Marion
LaSalle, Richard M.	Wabash	Wabash	Little, William J.	Kalispell, Mont.	Marion
LaSalle, Robert M.	Wabash	Wabash	Littlefield, Paul A.	Indianapolis	Marion
Lasich, Anthony R.	Indianapolis	Marion	Littlefield, Shirley	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh	Litzenberger, Sam W.	Anderson	Madison
Laudeman, Walter A.	Elwood	Madison	Lloyd, Claude A.	Washington	Daviess-Martin
Lauer, Dorothy B.	Dana	Parke-Vermillion	Lloyd, Frank P.	Indianapolis	Marion
Lautz, Herbert A.	Hammond	Lake	Lloyd, Joe R.	Noblesville	Hamilton
Lavengood, Russell W.	Marion	Grant	Lloyd, Robert P.	Fort Wayne	Allen
Lawler, George F.	Indianapolis	Marion	Lochry, Ralph L.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh	Lockhart, Jack M.	Connorsville	Fayette-Franklin
Laws, Kenneth F.	Lafayette	Tippecanoe	Lockhart, Philip B.	South Bend	St. Joseph
Lawson, Isaac H. (S)	Kendallville	Noble	Loehr, William M.	Indianapolis	Marion
Lazo, Vicente R.	Gary	Lake			

Name	City	County	Name	City	County
Loewenstein, Werner L.	Terre Haute	Vigo	Mahaffey, John E.	Indianapolis	Marion
Logan, James Z.	Richmond	Wayne-Union	Mahank, Camiel C.	Mishawaka	St. Joseph
Lohman, Robert M.	Fort Wayne	Allen	Mahoney, Charles L.	Terre Haute	Vigo
Lohoff, Lewis C.	Tell City	Perry	Majsterek, Stanley L.	Gary	Lake
Loh, Hwei Ya (Chang)	Gary	Lake	Makovsky, Theodore	Valparaiso	Porter
Loh, Wei-Ping	Gary	Lake	Malcolm, Russell	Richmond	Wayne-Union
Long, Keith	Hammond	Lake	Malone, Leander A.	Terre Haute	Vigo
Long, Max R.	Marion	Grant	Malott, Fred R.	Converse	Miami
Long, Paul L.	Anderson	Madison	Malouf, Stephen D.	Peru	Miami
Long, William H. (S)	Indianapolis	Marion	Manalan, Maurice M.	Indianapolis	Marion
Longo, Amerigo V.	Columbus	Bartholomew- Brown	Manalo, Francisco M.	Gary	Lake
Lonngren, Dudley H.	Marion	Grant	Manders, Karl L.	Indianapolis	Marion
Loomis, Charles H.	Richmond	Wayne-Union	Mangan, Frank P.	Gary	Lake
Loomis, Norman S.	Indianapolis	Marion	Manifold, Harold M.	Fortville	Hancock
Loop, Frederick A.	Lafayette	Tippecanoe	Manion, Marlow W.	Indianapolis	Marion
Lord, Glen C.	Indianapolis	Marion	Mann, Mortimer	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake	Mann, Richard E.	Indianapolis	Marion
Lorman, James G.	Fort Wayne	Allen	Manning, George	Fort Wayne	Allen
Louden, Robert W.	Indianapolis	Marion	Manning, K. Randolph	Indianapolis	Marion
Loudermilk, Jack L.	Fort Wayne	Allen	Manship, Stanley	Paoli	Orange
Love, George N.	Indianapolis	Marion	Mansueto, Mario D.	Hammond	Lake
Love, V. Logan	Marion	Grant	Manzie, Michael W.	Indianapolis	Marion
Lovell, Martin H.	Gary	Lake	Maple, James B. (S)	Sullivan	Sullivan
Lovett, Harvey D.	Whitestown	Boone	Marchand, Edwin V.	Haubstadt	Gibson
Loving, Jury B.	New Goshen	Vigo	Marchant, Clarence H.	Bloomington	Owen-Monroe
Lowrey, George E.	New Castle	Henry	Marcus, Emanuel	Hammond	Lake
Lozow, David	Indianapolis	Marion	Marcus, Morris C.	Palm Harbor, Fla.	Lake
Lucas, Clarence A., Jr.	Indianapolis	Marion	Maris, Lee J.	Attica	Fountain- Warren
Luckett, Coen L.	Terre Haute	Vigo	Markel, Ivan J.	Elkhart	Elkhart
Luckey, Harold A.	Wolf Lake	Noble	Markey, Richard J. P.	Highland	Lake
Luckey, Robert C.	Wolf Lake	Noble	Markle, Joseph G.	Hobart	Lake
Ludwig, Oscar D. (S)	Indianapolis	Marion	Marks, Howard H.	Huntington	Huntington
Luginbill, Howard M.	Berne	Adams	Marks, Maurice I.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion	Marks, Ora L.	East Chicago	Lake
Lukemeyer, St. John	Jasper	Dubois	Marks, Salvo P.	Hammond	Lake
Lukenbill, Emery D.	Indianapolis	Marion	Marquinez, Adoracion A.	East Chicago	Lake
Lundblad, Wilfred M.	Bloomington	Owen-Monroe	Marquis, Gordon	South Bend	St. Joseph
Lundberg, Ralph A.	Griffith	Lake	Marr, Griffith	Columbus	Bartholomew- Brown
Lundt, Milo O.	Elkhart	Elkhart	Marsh, Carl M.	Indianapolis	Marion
Lurie, Paul R.	Indianapolis	Marion	Marsh, Chester A.	Los Angeles, Calif.	Wayne-Union
Luros, J. Theodore	Indianapolis	Marion	Marsh, George W.	Lafayette	Tippecanoe
Lutes, David L. (S)	Edinburg	Johnson	Marshall, Albert L., Jr.	Indianapolis	Marion
Lutz, Georgianna	Gary	Lake	Marshall, Caesar L.	Fort Wayne	Allen
Luzadder, John E.	New Carlisle	St. Joseph	Marshall, Cavins R. (S)	Indianapolis	Marion
Lybrook, Daniel E. (S)	Young America	Cass	Marshall, George L. (S)	Bourbon	Marshall
Lybrook, William B.	Indianapolis	Marion	Marshall, Lloyd C. (S)	Mt. Summit	Henry
Lyman, Frank L.	Evansville	Vanderburgh	Marshall, Millard R.	Gary	Lake
Lynch, Harold D.	Evansville	Vanderburgh	Marshall, Thomas R.	Indianapolis	Marion
Lynch, Otis R.	Marengo	Harrison- Crawford	Marske, Robert L.	Michigan City	La Porte
Lyon, Florence M.	Portland	Jay	Martin, Charles E. (S)	Lynn	Randolph
Lyon, William C.	Fort Wayne	Allen	Martin, Charles F.	Mishawaka	St. Joseph
Lyons, L. Mason	Terre Haute	Vigo	Martin, Floyd S.	Goshen	Elkhart
Lyons, Robert E.	Bloomington	Owen-Monroe	Martin, Guy	Seymour	Jackson
M			Martin, Hugh E.	Indianapolis	Marion
MacCollum, M. Speers	Luke AFB, Ariz.	Marion	Martin, Hugh H.	Indianapolis	Marion
MacDougall, John D.	Indianapolis	Marion	Martin, Paul H.	Elkhart	Elkhart
MacKenzie, Pierce	Evansville	Vanderburgh	Martin, Samuel W.	Beckley, W. Va.	Harrison- Crawford
MacLeod, Donald F.	West Lafayette	Tippecanoe	Martin, William B.	La Porte	La Porte
MacLeod, John K.	South Bend	St. Joseph	Martinov, William E.	South Bend	St. Joseph
MacNamee, D. Hugh	Marion	Grant	Martirez, Napoleon A.	Crown Point	Lake
Macer, Clarence G. (S)	Evansville	Vanderburgh	Marty, Sophocles D.	Corpus Christi, Texas	Marion
Machledt, John H.	Whiteland	Johnson	Martz, Bill L.	Indianapolis	Marion
Mackel, Frederick O.	Fort Wayne	Allen	Martz, Carl D.	Indianapolis	Marion
Mackey, Harry S.	Indianapolis	Marion	Marvel, Howard R.	Lafayette	Tippecanoe
Mackey, John E.	Indianapolis	Marion	Marvel, Robert J.	Indianapolis	Marion
Macy, George W.	Columbus	Bartholomew- Brown	Maschmeyer, Robert H.	Logansport	Cass
Madlangsacay, R. M.	East Chicago	Lake	Mason, Bernard A.	South Bend	St. Joseph
Madden, Robert J.	Indianapolis	Marion	Mason, Donald G.	Angola	Steuben
Mader, John H.	Richmond	Wayne-Union	Mason, Everett E.	Evansville	Vanderburgh
Madston, A. Ricks	Indianapolis	Marion	Mason, Lester M.	Terre Haute	Vigo
Magennis, Herbert L. (S)	Indianapolis	Marion	Mason, Richard L.	Hammond	Lake
Magid, Bernard	Indianapolis	Marion			

Name	City	County	Name	City	County
Masters, Robert J.	Indianapolis	Marion	McCoy, Roy R.	Fort Wayne	Allen
Massanari, Walter	Millersburg	Elkhart	McCraley, William J.	South Bend	St. Joseph
Masters, John M.	Indianapolis	Marion	McCrea, Fred R.	Terre Haute	Vigo
Mather, Charles R.	Lafayette	Tippecanoe	McCullough, Henry G.	Columbus	Bartholomew-
Mather, J. Winford	East Gary	Lake			Brown
Mather, Robert L.	Frankfort	Clinton	McCullough, James Y.	New Albany	Floyd
Matheus, Charles	Indianapolis	Marion	McDaniel, Franklin P.		
Mathews, James R.	Evansville	Vanderburgh	(S)	Atlanta	Hamilton
Mathewson, Russell C.	Muncie	Delaware-	McDevitt, Daniel R.	Indianapolis	Marion
		Blackford	McDonald, Frank C.	New Castle	Henry
Mathys, Alfred (S)	Mauckport	Harrison-	McDonald, Joseph D.	Evansville	Vanderburgh
		Crawford	McDonald, Ralph M.	South Bend	St. Joseph
Matthew, John R.	North Judson	Starke	McDonald, Vergil G.		
Matthew, W. Burleigh	Indianapolis	Marion	(S)	Anderson	Madison
Matthews, Bernard J.	Indianapolis	Marion	McDowell, Fletcher W.	Muncie	Delaware-
Matthews, Charles B. (S)	Hammond	Lake			Blackford
Matthews, Dennis W. (S)	North Vernon	Jennings	McDowell, George A.	Fort Wayne	Allen
Matthews, William M.	Indianapolis	Marion	McDowell, Mordecai M.	Vincennes	Knox
Mattmiller, Everette D.	Avilla	Noble	McEachern, Cecil G.	Fort Wayne	Allen
Mattox, Don M.	Terre Haute	Vigo	McElroy, James S.	New Castle	Henry
Maurer, J. Frank	Brazil	Clay	McElroy, Robert S.	Princeton	Gibson
Maurer, Robert M.	Brazil	Clay	McEwen, James W.	Terre Haute	Vigo
Maxam, B. T.	Indianapolis	Marion	McFadden, James M.	Lafayette	Tippecanoe
Maxson, Roy V.	A. P. O. 800, New York, N. Y.	Madison	McFall, J. R. S.	Coral Gables, Fla	Allen
May, George A.	Madison	Jefferson-	McFarland, Corley B.	South Bend	St. Joseph
		Switzerland	McGauvran, Theodore	East Chicago	Lake
May, Richard M.	Gary	Lake	McGee, Robert R.	New Castle	Henry
May, William D.	New Albany	Floyd	McGrath, Michael F.	Indianapolis	Marion
Mayberry, Alton	Evansville	Vanderburgh	McGue, Frank J.	Gary	Lake
Mayes, Warren E.	Fort Wayne	Allen	McGuff, Paul E.	Indianapolis	Marion
Mayfield, Clifford H. (S)	Reynolds	White	McGuire, Desmond F.	East Chicago	Lake
McAdams, Hugh B.	Lafayette	Tippecanoe	McIlroy, Richard J.	Richmond	Wayne-Union
McAdams, Robert	Lafayette	Tippecanoe	McIlwain, Eleanor E.	Warren	Huntington
McArdle, Edward G.	Fort Wayne	Allen	McIlwain, Robert E.	Warren	Huntington
McAree, Francis E.	A. P. O. 925, San Fran- cisco, Calif.	Marion	McIndoo, Ralph E.	Kokomo	Howard
McArt, Bruce A.	Elkhart	Elkhart	McIntire, Clarence R.	Bloomington	Owen-Monroe
McAtee, Ott B.	Madison	Jefferson-	McIntosh, Wilbert	Riley	Vigo
		Switzerland	McIntyre, Charles J. (S)	Indianapolis	Marion
McBride, James S.	Indianapolis	Marion	McIntyre, James M.	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo	McKain, John	Omaha, Neb.	Marion
McCabe, James E. (S)	Otterbein	Benton	McKee, Harry G.	Rushville	Rush
McCalla, Charles X.	Paoli	Orange	McKee, Roy G.	New Castle	Henry
McCallister, John W.	Fort Wayne	Allen	McKeeman, Donald H.	Fort Wayne	Allen
McCallum, Donald C.	Indianapolis	Marion	McKeeman, Leland S.	Fort Wayne	Allen
McCallum, Joseph T. C.	Indianapolis	Marion	McKinley, Joseph	Lafayette	Tippecanoe
McCallum, Robert N.	Philadelphia, Pa.	Marion	McKinney, Daniel H.	Lafayette	Tippecanoe
McCarthy, Jeremiah A.	Whiting	Lake	McKittrick, Jack	Washington	Daviess-
McCartney, Donald H.	Indianapolis	Marion			Martin
McCarty, Virgil	Princeton	Gibson	McLaughlin, Calvin P.	Pendleton	Madison
McCaskey, Carl H. (S)	Indianapolis	Marion	McLaughlin, Gordon C.	Terre Haute	Vigo
McClain, Edwin S.	Indianapolis	Marion	McLaughlin, James R.	Flora	Carroll
McClain, Marvin L.	Scottsburg	Scott	McLean, James S.	Maywood, Ill.	Lake
McClelland, Donald C.	Lafayette	Tippecanoe	McLellan, Mary R.	Bloomington	Owen-Monroe
McClelland, Harry N.	Alexandria	Madison	McMahan, Virgil C.	Vincennes	Knox
McClintock, James A.	Muncie	Delaware-	McMath, Samuel B.	Gary	Lake
		Blackford	McMichael, Frank J. (S)	Hernando, Fla.	Lake
McClure, Clark	Knox	Starke	McMillan, Frederick G.	Indianapolis	Marion
McClure, Morris E.	Union City	Randolph	(S)		
McClure, Stanley E.	Monon	White	McNabb, George B.	Carthage	Rush
McClure, Warren N.	Kokomo	Howard	McNabb, Richard C.	Knights town	Henry
McConnell, William C.	Sunman	Ripley	McNaughton, Lawrence	Washington	Daviess-
McCool, Joseph H.	Evansville	Vanderburgh	M.		Martin
McCord, Carl B. (S)	Veederburg	Fountain-	McNeely, Matthew J.	Dillsboro	Dearborn-Ohio
		Warren	McQuiston, Ralph J.	Indianapolis	Marion
McCormack, Lloyd L.	Fremont	Steuben	McTurnan, Robert W.	Indianapolis	Marion
McCormick, Charles O., Jr.	Indianapolis	Marion	McVey, Clarence A.	Hammond	Lake
McCormick, Hubert D. (S)	Vincennes	Knox	McWilliams, William B.	Liberty	Wayne-Union
McCormick, Wilbur C.	Brazil	Clay	Mead, Clarence H. (S)	Bluffton	Wells
McCoy, George E.	Muncie	Delaware-	Mead, Frank E.	La Porte	La Porte
		Blackford	Meade, Walter W.	Bicknell	Knox
McCoy, Melvin H.	Indianapolis	Marion	Meaney, James J.	Indianapolis	Marion
			Medcalf, Norman L. (S)	Lamar	Spencer
			Megenhardt, Dennis S.	Indianapolis	Marion
			Mehne, Richard G.	Brazil	Clay
			Meikle, Louise J. (S)	W. Lafayette	Tippecanoe
			Meiks, Lyman T.	Indianapolis	Marion
			Meiser, Robert D.	Huntington	Huntington

Name	City	County	Name	City	County
Meister, Doris (S)	Anderson	Madison	Milos, Robert J.	Gary	Lake
Melin, John R.	Indianapolis	Marion	Milroy, Robert A.	Bluffton	Wells
Melloh, Ardis F.	Indianapolis	Marion	Minczewski, Richard C.	Gary	Lake
Mendelson, Stanley M.	Kokomo	Howard	Minick, Linus J.	Churubusco	Whitley
Mendenhall, Clarence D.	Indianapolis	Marion	Mininger, Edward P.	Elkhart	Elkhart
Mendez, Carlos	Elkhart	Elkhart	Mino, Raymond W.	Evansville	Vanderburgh
Mensch, James R.	Fort Wayne	Allen	Mino, Robert A.	Evansville	Vanderburgh
Mentendiek, Maurice H.	Indianapolis	Marion	Mintz, Alfred M.	Hammond	Lake
Mercer, Samuel R.	Fort Wayne	Allen	Mirro, John A.	Lowell	Lake
Meredith, Elwood J.	Richmond	Wayne-Union	Misch, William	Cedar Lake	Lake
Mericle, Earl W.	Indianapolis	Marion	Mishkin, Irving	Elkhart	Elkhart
Merrell, Basil M.	Rockville	Parke- Vermillion	Mishler, Joe B.	Pierceton	Kosciusko
Merrell, Paul	Indianapolis	Marion	Mitchell, Edgar T. (S)	Romney	Tippecanoe
Mershon, Jack B.	Indianapolis	Marion	Mitchell, Earl H.	Indianapolis	Marion
Mertz, Henry O. (S)	Indianapolis	Marion	Mitchell, Edward O.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion	Mitchell, George H.	Indianapolis	Marion
Messer, Frank W.	Kendallville	Noble	Mitchell, George L. (S)	Smithville	Owen-Monroe
Metcalfe, Grant E.	South Bend	St. Joseph	Mitman, Floyd B.	Huntington	Huntington
Meulbroek, Harvey	Indianapolis	Marion	Moats, Carl F.	Fort Wayne	Allen
Meyer, Hans	Fort Wayne	Allen	Moats, George E. (S)	Fort Wayne	Allen
Meyer, Herman A.	Fort Wayne	Allen	Modisett, Jackson W.	Madison	Jefferson- Switzerland
Meyer, Milo G.	Michigan City	La Porte	Modisett, Marcella S.	Madison	Jefferson- Switzerland
Meyer, Theodore O.	Fort Wayne	Allen	Modjeski, Joseph R.	Hammond	Lake
Meyn, Werner P.	Terre Haute	Vigo	Moehlenkamp, Chas. E.	Evansville	Vanderburgh
Michael, Isaac E.	Indianapolis	Marion	Moeller, Victor C.	Fort Wayne	Allen
Michaelis, Stephen C.	Fort Wayne	Allen	Moening, Walter P.	Indianapolis	Marion
Michaud, J. Rheal	Indianapolis	Marion	Mohler, Floyd W.	Columbus	Bartholomew- Brown
Middleton, Harvey N.	Indianapolis	Marion	Moir, Hugh K.	Evansville	Vanderburgh
Middleton, Ramona J.	Elkhart	Elkhart	Molengraft, Cornelius J.	Gary	Lake
Middleton, Thomas O.	Bloomington	Owen-Monroe	Molloy, William J. (S)	Muncie	Delaware- Blackford
Mikan, V. Robert	Logansport	Cass	Monar, Michael	Rockport	Spencer
Miklozek, John E.	Terre Haute	Vigo	Monroe, F. Bruce	Hines, Ill.	Lake
Milan, Joseph F.	Phoenix, Arizona	Marion	Montgomery, Lall G.	Muncie	Delaware- Blackford
Millar, Glenn C.	Indianapolis	Marion	Montgomery, Samuel	Cynthiana	Posey
Miller, Charles L.	Indianapolis	Marion	B. (S)		
Miller, Dan T. (S)	Fowler	Benton	Montgomery, William F.	Indianapolis	Marion
Miller, Donald C.	Cedar Lake	Lake	Moon, Charles E.	Center Point	Clay
Miller, Donald G.	Middlebury	Elkhart	Moore, Ben B.	Indianapolis	Marion
Miller, Edward D.	Fort Wayne	Allen	Moore, Donald F.	Indianapolis	Marion
Miller, Frank H.	Indianapolis	Marion	Moore, E. Gregory	Gary	Lake
Miller, Galen R.	Elkhart	Elkhart	Moore, Edwin G.	Gary	Lake
Miller, H. Allison	Marion	Grant	Moore, Harold T.	Indianapolis	Marion
Miller, H. Paul	Fort Wayne	Allen	Moore, Martha	Madison	Jefferson- Switzerland
Miller, Harold E.	Seymour	Jackson	Moore, Richard B.	Rochester, Minn.	Marion
Miller, Harold L.	Indianapolis	Marion	Moore, Robert D.	South Bend	St. Joseph
Miller, Henderson L. (S)	West Baden Springs	Orange	Moore, Robert G.	Vincennes	Knox
Miller, Hugh A.	Elkhart	Elkhart	Moore, Thomas C.	Muncie	Delaware- Blackford
Miller, J. Don (S)	Indianapolis	Marion	Moore, Will C.	Muncie	Delaware- Blackford
Miller, James C.	Greensburg	Decatur	Moore, William G.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion	Moosey, Louis	Union Mills	La Porte
Miller, John M.	Bloomington	Owen-Monroe	Moran, Mark M. (S)	Portland	Jay
Miller, Joseph A.	Oaklandon	Marion	Moran, Noel D.	Versailles	Ripley
Miller, LaVerne B.	Evansville	Vanderburgh	Moravec, Arthur E.	Fort Wayne	Allen
Miller, Mahlon F.	Fort Wayne	Allen	Morchan, Samuel	Indianapolis	Marion
Miller, Milton	Evansville	Vanderburgh	Morgan, Margaret E.	Indianapolis	Marion
Miller, Milo K.	South Bend	St. Joseph	Morgan, Snead W.	Indianapolis	Marion
Miller, Minor	Evansville	Vanderburgh	Mori, Victor M.	Louisville, Ky.	Marion
Miller, Orval J.	Fort Wayne	Allen	Moriarty, John R.	Indianapolis	Marion
Miller, Raleigh S.	Indianapolis	Marion	Morrical, Russell J.	Logansport	Cass
Miller, Ray D.	Martinsville	Morgan	Morris, Hyman	Gary	Lake
Miller, Richard C.	Shelbyville	Shelby	Morris, Jean W.	Muncie	Delaware- Blackford
Miller, Richard H.	Fort Wayne	Allen	Morris, Robert A.	Anderson	Madison
Miller, Robert B.	Fort Wayne	Allen	Morris, Warren V.	Monticello	White
Miller, Robert J.	Evansville	Vanderburgh	Morrison, George C.	Portland	Jay
Miller, Roland E.	Lafayette	Tippecanoe	Morrison, James T.	Greensburg	Decatur
Miller, Roscoe E.	Indianapolis	Marion	Morrison, Lindsey (S)	Hammond	Lake
Miller, Samuel T.	Elkhart	Elkhart	Morrison, Lewis E.	Indianapolis	Marion
Miller, Virgil C.	Akron	Fulton			
Miller, William A.	Hagerstown	Wayne-Union			
Miller, William J.	Fort Wayne	Allen			
Milleson, Ann L. M.	Terre Haute	Vigo			
Millis, Arthur B.	Richmond	Wayne-Union			
Mills, Fred E.	Evansville	Vanderburgh			
Mills, John F.	Wabash	Wabash			
Milne, Walter S.	Michigan City	La Porte			

Name	City	County	Name	City	County
Morrison, William R.	Kokomo	Howard	Nelson, Carl A.	West Lebanon	Fountain-Warren
Morrow, Dean H.	Indianapolis	Marion	Nelson, F. Dale	South Bend	St. Joseph
Morrow, Robert E.	Indianapolis	Marion	Nelson, Harold E.	Muncie	Delaware-Blackford
Morrow, Robert J.	Bedford	Lawrence	Nelson, John W.	Indianapolis	Marion
Mortenson, Leland J.	Fort Wayne	Allen	Nelson, Paul L.	Anderson	Madison
Morton, David P.	Westville	La Porte	Nelson, Raymond E.	South Bend	St. Joseph
Morton, Joseph L.	Indianapolis	Marion	Nelson, Walfred A.	Gary	Lake
Morton, Walter P.	Indianapolis	Marion	Nenneker, Henry (S)	Evansville	Vanderburgh
Moser, Elmer B. (S)	Windfall	Tipton	Nesbit, Leonard L.	Anderson	Madison
Moser, Edward (S)	Woodburn	Allen	Nester, Henry G.	Indianapolis	Marion
Moser, Rollin H.	Indianapolis	Marion	Netherton, Clyde R. (S)	Chalmers	White
Moses, George E.	Worthington	Greene	Neudorff, Louis G.	Terre Haute	Vigo
Moses, Robert E.	Worthington	Greene	Neukamp, Frank H.	Connersville	Fayette-Franklin
Mosier, Jack M.	New Castle	Henry	Neumann, Kenneth O.	Lafayette	Tipppecanoe
Moss, Bobby L.	Indianapolis	Marion	Newby, Eugene	Sheridan	Hamilton
Moss, Harlan B.	Iowa City, Ia.	Marion	Newcomb, William K.	Royal Center	Cass
Moss, Mavor J.	Yorktown	Delaware-Blackford	Newland, Arthur E.	Bedford	Lawrence
Moswin, Jack A.	Gary	Lake	Newman, Alvin E.	Evansville	Vanderburgh
Mothersill, Mark H. (S)	Indianapolis	Marion	Newsome, C. K.	Evansville	Vanderburgh
Mott, Cassell A.	South Bend	St. Joseph	Niccum, Warren L.	Columbia City	Whitley
Moulton, Lillian G.	Indianapolis	Marion	Nicholas, Dennis	Indianapolis	Marion
Mount, Mathias S.	Bloomfield	Greene	Nichols, Anne Sackett	Greencastle	Putnam
Mount, William M.	Crawfordsville	Montgomery	Nichols, Robert J.	Vincennes	Knox
Mountain, Francis B.	Connersville	Fayette-Franklin	Nicholson, Ray W.	Evansville	Vanderburgh
Mouser, Robert W.	Indianapolis	Marion	Nickel, Allen A. C.	Bluffton	Wells
Mudd, Joseph P.	Clarksville	Clark	Nicosia, John B.	East Chicago	Lake
Muelchi, Adeline F.	Evansville	Vanderburgh	Nie, Grover M. (S)	Huntington	Huntington
Mueller, Edwin C.	LaPorte	LaPorte	Nie, Louis W.	Indianapolis	Marion
Mueller, Hilbert M.	South Bend	St. Joseph	Niedermayer, Alfred J.	Evansville	Vanderburgh
Mueller, Lawrence W.	Fort Wayne	Allen	Nigh, Rufus M.	Fairland	Shelby
Mueller, Lillian B. (S)	Indianapolis	Marion	Nilges, Richard G.	Gary	Lake
Muhleman, Charles E.	La Porte	La Porte	Nill, John H.	Fort Wayne	Allen
Muller, Lullus P.	Indianapolis	Marion	Nisenbaum, Harold	Evansville	Vanderburgh
Muller, Paul F.	Indianapolis	Marion	Nixon, Byron	Farmland	Randolph
Muller, Victor H.	Indianapolis	Marion	Noble, Thomas B., Jr.	Indianapolis	Marion
Mumford, E. Bishop (S)	Indianapolis	Marion	Nodinger, Louis	Hammond	Lake
Muncie, Henry L. (S)	Cloverland	Clay	Noe, William R.	Bedford	Lawrence
Murdock, Harvey L.	Fort Wayne	Allen	Nohl, John M.	Indianapolis	Marion
Murphy, Edward U.	Evansville	Vanderburgh	Nolan, Gerald R.	Fort Wayne	Allen
Murphy, Eugene C.	South Bend	St. Joseph	Nolin, Richard T.	Indianapolis	Marion
Murphy, Harry E.	Franklin	Johnson	Nolt, Ernest V. (S)	Columbia City	Whitley
Murphy, Joseph F.	Lansing, Ill.	Lake	Nolting, Henry F. (S)	Indianapolis	Marion
Murphy, Josephine F.	South Bend	St. Joseph	Nonte, Leo R.	Evansville	Vanderburgh
Murphy, Maurice G. (S)	Morgantown	Morgan	Norman, William H.	Indianapolis	Marion
Murray, Ernest C.	Kokomo	Howard	Norris, Allen A. (S)	Elkhart	Elkhart
Murray, James S.	Beverly Hills, Calif.	Marion	Norris, Ernest B.	Culver	Marshall
Murray, William E.	Madison	Jefferson-Switzerland	Norris, Howard L.	Indianapolis	Marion
Musselman, Glen G.	Terre Haute	Vigo	Norris, Mary Alice	A.P.O. 757, New York	Marion
Myers, Charles W.	Indianapolis	Marion	Norris, Marvin G.	Rushville	Rush
Myers, Roy V.	Indianapolis	Marion	Norris, Max S.	Indianapolis	Marion
			Norton, Harold J.	Columbus	Bartholomew-Brown
	N		Norton, Horace	Washington	Daviess-Martin
Nafe, Cleon A.	Indianapolis	Marion	Nourse, Myron H.	Indianapolis	Marion
Nagan, Robert F.	Indianapolis	Marion	Novy, Charles A.	Garrett	De Kalb
Napper, Floyd S.	Scottsburg	Scott	Nugen, Harold	Auburn	De Kalb
Nash, Justin R.	Albion	Noble	Nugent, Edwin J.	Indianapolis	Marion
Nason, Robert A.	Garrett	De Kalb	Nurnberger, John I.	Indianapolis	Marion
Nassef, George	West Palm Beach, Fla.	St. Joseph	Nutter, Wyndham H.	Rushville	Rush
Navin, Hugh K.	Fortville	Hancock			
Navarre, Vincent J.	Whiting	Lake			
Nay, Ernest O.	Terre Haute	Vigo			
Nay, Richard M.	Indianapolis	Marion			
Neal, Leonard W.	Hammond	Lake			
Neale, Alfred E.	Anderson	Madison			
Need, Louis T.	Indianapolis	Marion			
Neely, Alonzo S. (S)	New Middletown	Harrison-Crawford			
Neidballa, Edward G.	Bristol	Elkhart			
Neifert, Noel L.	Tell City	Perry			
Nelson, Audrey H.	Indianapolis	Marion			

O

Oak, David D. (S)	LaCrosse	La Porte
Oak, David D., Jr.	Hanna	La Porte
Oatman, Jack G.	Marion	Grant
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper-Newton
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Ochsner, Harold C.	Indianapolis	Marion
Ockerman, Kenneth R.	Rensselaer	Jasper-Newton

Name	City	County	Name	City	County
O'Dell, Harry C.	Farmersburg	Sullivan	Parks, George	Hartford City	Delaware-Blackford
Offutt, Andrew C.	Indianapolis	Marion	Parmenter, Harry B.	Sullivan	Sullivan
Olcott, Charles W.	Aurora	Dearborn-Ohio	Parr, Robert L.	Indianapolis	Marion
Oldag, George E.	Elwood	Madison	Parratt, Louis W.	Gary	Lake
Oliphant, Frank W.	Mount Vernon	Posey	Parrish, Richard K.	Decatur	Adams
Oliphant, Robert W.	Terre Haute	Vigo	Parrot, Donald J.	Fort Wayne	Allen
Olson, John R.	Indianapolis	Marion	Parshall, Dale B.	Elkhart	Elkhart
Olson, Kenneth L.	South Bend	St. Joseph	Parsons, Robert L.	South Bend	St. Joseph
Olson, William H.	Michigan City	La Porte	Paskind, J.	Indianapolis	Marion
Olvey, Ottis N.	Indianapolis	Marion	Passino, James	Richmond	Wayne-Union
O'Malley, Martha A.	Indianapolis	Marion	Pastor, Julius W.	Evansville	Vanderburgh
Omstead, Milton	Petersburg	Pike	Patrick, Glenn B.	Elkhart	Elkhart
Omstead, Trevalyn W.	Huntington	Huntington	Patten, Vernon C. (S)	Morristown	Shelby
O'Neill, Martin J.	Valparaiso	Porter	Patterson, William K.	Anderson	Madison
Onorato, Joseph J.	Lafayette	Tippecanoe	Pattison, John D.	Marion	Grant
Onyett, Harold R.	Greenwood	Johnson	Patton, Martin T.	Indianapolis	Marion
Oppenheimer, Ernst	New York, N. Y.	Vanderburgh	Paul, Leonard G.	Michigan City	La Porte
Orders, Clarke E. (S)	Indianapolis	Marion	Pauly, Leonard R.	Fort Wayne	Allen
Ormiston, Michael W.	Indianapolis	Marion	Paulissen, George T.	Indianapolis	Marion
Ornelas, Joseph P.	Gary	Lake	Pauszek, Thomas B.	South Bend	St. Joseph
O'Rourke, Carroll	Fort Wayne	Allen	Payne, Arthur C.	East Chicago	Lake
Orr, W. Robert	Kansas City, Kans.	St. Joseph	Paynter, Morris B.	Southport	Marion
Oster, Jack H.	Westville	La Porte	Paynter, William	Pekin	Washington
Osterman, Louis H.	Seymour	Jackson	Peacock, Norman F.	Crawfordsville	Montgomery
Oswald, Robert H.	Evansville	Vanderburgh	Peacock, Robert C.	Muncie	Delaware-Blackford
Oswalt, James T.	Mitchell	Lawrence	Pearce, Roy V.	Terre Haute	Vigo
Otten, Claude F.	Indianapolis	Marion	Pearlman, Samuel S. (S)	Lafayette	Tippecanoe
Otten, Ralph E.	Darlington	Montgomery	Pearson, Huey L.	Fort Wayne	Allen
Ottinger, Ross C. (S)	Indianapolis	Marion	Pearson, John S.	Indianapolis	Marion
Overhulse, Paul R.	Indianapolis	Marion	Pearson, Lyman R.	Indianapolis	Marion
Overpeck, Charles	Greensburg	Decatur	Pearson, William E.	Wabash	Wabash
Overpeck, George H.	Alexandria	Madison	Pebworth, Aubrey C. (S)	Indianapolis	Marion
Overshiner, Lyman	Columbus	Bartholomew-Brown	Peck, Edward A.	Hammond	Lake
Owen, Abraham M.	Bloomington	Owen-Monroe	Peck, Franklin B., Jr.	Indianapolis	Marion
Owen, John E.	Indianapolis	Marion	Peck, Franklin B.	Indianapolis	Marion
Owen, Margaret A.	Bloomington	Owen-Monroe	Peck, James F.	Princeton	Gibson
Owens, Richard R.	Muncie	Delaware-Blackford	Peiffer, Geraldine M.	Hammond	Lake
Owens, Thomas R.	Muncie	Delaware-Blackford	Peirce, James D.	Indianapolis	Marion
Owens, Tracy C.	Indianapolis	Marion	Pemberton, Jack J.	Evansville	Vanderburgh
Owsley, Guy A.	Hartford City	Delaware-Blackford	Penn, Robert A.	East Gary	Lake
Oyer, John H.	Fort Wayne	Allen	Pennington, Walter E.	Indianapolis	Marion
P			Perkins, Powell L.	Kokomo	Howard
Paas, Axel A.	Gary	Lake	Perlov, Sylvan H.	Indianapolis	Marion
Pace, Jerome V.	Rockville	Parke-Vermillion	Permer, Erwin	Indianapolis	Marion
Paff, William A.	Elkhart	Elkhart	Perrin, Kermit F.	Fort Wayne	Allen
Paine, George E.	Elkhart	Elkhart	Perry, Frederic G.	Fort Wayne	Allen
Painter, Donald S.	Fort Wayne	Allen	Person, Theodore C.	Veedersburg	Fountain-Warren
Painter, Lowell W.	Winchester	Randolph	Perucca, Leo G.	Indianapolis	Marion
Palmer, Charman F.	Indianapolis	Marion	Peters, Elmer E.	Brookville	Fayette-Franklin
Palmer, Harley P.	Southport	Marion	Peterson, Deward D.	Indianapolis	Marion
Palmer, Robert M.	Indianapolis	Marion	Peterson, Joel A.	Lafayette	Tippecanoe
Palmer, Robert W.	Indianapolis	Marion	Petitjean, Harold G.	Haubstadt	Gibson
Palmer, Russell H.	Gary	Lake	Petranoff, Theodore V.	Indianapolis	Marion
Panares, Solomon V.	Hammond	Lake	Petrass, Andrew	South Bend	St. Joseph
Pancost, Vernon K.	Elkhart	Elkhart	Petrich, Peter R.	Attica	Fountain-Warren
Pandolfo, Harry	Indianapolis	Marion	Petry, T. Neal	Delphi	Carroll
Panos, Constantine O.	Bluffton	Wells	Pettijohn, Fred L. (S)	Indianapolis	Marion
Pappas, Eddie T.	Gary	Lake	Peyton, Frank W.	Lafayette	Tippecanoe
Paris, Durward W.	Kokomo	Howard	Pfaff, Dudley A.	Indianapolis	Marion
Paris, John M.	New Albany	Floyd	Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Park, Byron J.	Richmond	Wayne-Union	Pfuetze, Max	Logansport	Cass
Parker, Carey B.	Fort Wayne	Allen	Phares, Robert W.	Kokomo	Howard
Parker, Carl B.	Wingate	Montgomery	Phelps, Stephen R.	South Bend	St. Joseph
Parker, George F., Jr.	Indianapolis	Marion	Philbert, Richard N.	Fort Wayne	Allen
Parker, Harry C. (S)	Hobart	Lake	Philbrook, Seth S.	La Porte	La Porte
Parker, John C.	Goodland	Jasper-Newton	Phillips, David L.	Indianapolis	Marion
Parker, John F.	Indianapolis	Marion	Phillips, John F.	Bluffton	Wells
Parker, L. Burton	Indianapolis	Marion	Phipps, Leland K.	Union City	Randolph
Parker, Portia	Indianapolis	Marion	Piazza, Leonard F.	Michigan City	La Porte
			Pickett, Paul	Houston, Texas	Parke-Vermillion
			Pickett, Merle E.	Fort Wayne	Allen

Name	City	County	Name	City	County
Rentschler, Lewis C. (S)	Clay City	Clay	Roesch, Ryland	Warsaw	Kosciusko
Reppert, Roland L.	Decatur	Adams	Roeske, Nancy A.	Indianapolis	Marion
Rettig, Arthur C.	Muncie	Delaware-Blackford	Rogers, Arthur R.	Newburgh	Warrick
Reynolds, James S.	Gary	Lake	Rogers, Donald L.	Indianapolis	Marion
Reynolds, Russell P.	Garrett	De Kalb	Rogers, Evered E.	Auburn	De Kalb
Reynolds, Richard J.	Terre Haute	Vigo	Rogers, Otto F.	Bloomington	Owen-Monroe
Rhamy, Arthur P.	Marion	Grant	Rogers, R. Shirrell	West Terre Haute	Vigo
Rhamy, Robert K.	Indianapolis	Marion	Rogers, Thomas P.	San Diego, Calif.	Marion
Rhea, Gilbert D.	Greencastle	Putnam	Roggenkamp, Milton W.	Indianapolis	Marion
Rhea, James C.	Beech Grove	Marion	Rohn, Robert J.	Indianapolis	Marion
Rheinheimer, Floyd L.	Milford	Kosciusko	Rohr, Joseph H.	Michigan City	La Porte
Rhind, Alexander W.	Hammond	Lake	Rohrbacker, Donald M.	Williams AFB, Ariz.	Marion
Rhodes, Theodore D.	Indianapolis	Marion	Rohrer, James R.	Elnora	Daviess-Martin
Rhorer, Herbert M.	Kokomo	Howard	Roll, John W.	Indianapolis	Marion
Rhorer, John G.	Marion	Grant	Roller, Charles W. (S)	Indianapolis	Marion
Rice, Frederic A.	Indianapolis	Marion	Rollins, Thomas K.	Bloomington	Owen-Monroe
Rice, Raymond M.	Indianapolis	Marion	Romberger, Floyd T., Jr.	Indianapolis	Marion
Rice, Reed P.	Rochester, Minn.	Marion	Rommel, Clarence H.	W. Lafayette	Tippecanoe
Rice, Wilkie B. (S)	Fort Wayne	Allen	Roose, Lisle W.	Nappanee	Elkhart
Rich, Norval	Decatur	Adams	Ropp, Eldon R.	Oakland City	Gibson
Richard, Norman F.	Shelbyville	Shelby	Ropp, Harold E.	New Harmony	Posey
Richards, David H. (S)	Vincennes	Knox	Rosenak, Bernard D.	Indianapolis	Marion
Richards, Edgar E.	Russellville	Putnam	Rosenbaum, David	Indianapolis	Marion
Richardson, Charles L.	Rochester	Fulton	Rosenbaum, Irving, Jr.	Indianapolis	Marion
Richardson, Thad T.	Indianapolis	Marion	Rosenbaum, Lloyd E.	Anderson	Madison
Richart, James V.	Terre Haute	Vigo	Rosenblatt, Bernard B.	Evansville	Vanderburgh
Richer, Orville H.	Warsaw	Kosciusko	Rosenbloom, Philip J.	Gary	Lake
Richter, Arthur B.	Indianapolis	Marion	Rosenheimer, George M.	South Bend	St. Joseph
Richter, John C.	La Porte	La Porte	Rosenthal, Carl	Hammond	Lake
Richter, Samuel	Gary	Lake	Rosenwasser, Jacob	Mishawaka	St. Joseph
Ricketts, Joseph W. (S)	Indianapolis	Marion	Roser, Arthur J.	Fort Wayne	Allen
Ridgeway, Ora W. (S)	Indianapolis	Marion	Rosevear, Henry J.	Hammond	Lake
Ridgway, Alton H.	Lapel	Madison	Roshe, Joseph	Indianapolis	Marion
Ridlon, Albert M.	South Whitley	Whitley	Ross, Alexander T.	Indianapolis	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe	Ross, Ben R.	Bloomington	Owen-Monroe
Rietman, H. Jerome	Evansville	Vanderburgh	Ross, Glenn E.	Washington	Daviess-Martin
Rifner, Eugene S.	Van Buren	Grant	Ross, Guy E.	Anderson	Madison
Rigg, John F.	Indianapolis	Marion	Ross, Harry P.	Richmond	Wayne-Union
Riggs, Floyd C.	Terre Haute	Vigo	Ross, James B.	Bloomington	Owen-Monroe
Rigley, Edward L.	South Bend	St. Joseph	Ross, James S.	Richmond	Wayne-Union
Riley, Frank H. (S)	Jamestown	Boone	Rossiter, Dudley L.	Fort Wayne	Allen
Rimel, James F.	Plymouth	Marshall	Rossow, Russell J.	Evansville	Vanderburgh
Riner, Jack K.	Brownstown	Jackson	Roth, Bertram S.	Indianapolis	Marion
Ringham, Jarrett	Evansville	Vanderburgh	Roth, James R.	Wolf Lake	Noble
Rininger, Harold C.	Evansville	Vanderburgh	Roth, Leo	Gary	Lake
Rinne, John I. (S)	Lapel	Madison	Roth, Melvin I.	Indianapolis	Marion
Ripley, John W.	Seymour	Jackson	Rothberg, Maurice	Fort Wayne	Allen
Rissing, Walter J.	Fort Wayne	Allen	Rothring, Howard E.	Columbus	Bartholomew-Brown
Ritchey, James O.	Indianapolis	Marion	Rothrock, Philip W.	Lafayette	Tippecanoe
Ritchie, William D.	Evansville	Vanderburgh	Rothschild, Charles J. (S)	Fort Wayne	Allen
Ritterman, George W.	Columbus	Bartholomew-Brown	Rotman, Harry G.	Jasonville	Greene
Ritter, Wayne L.	Indianapolis	Marion	Rotman, Sam I.	Jasonville	Greene
Ritz, Albert S.	Louisville, Ky.	Vanderburgh	Rouen, Robert	Elkhart	Elkhart
Rivers, Glynn A.	Muncie	Delaware-Blackford	Rousseau, John W.	Fort Wayne	Allen
Robb, John A.	Indianapolis	Marion	Row, D. Hamilton	Indianapolis	Marion
Roberts, Thomas K.	Michigan City	La Porte	Row, George S.	Osgood	Ripley
Robertson, Addis N.	New Albany	Floyd	Row, Perrie Q.	Hammond	Lake
Robertson, David W. (S)	Deputy	Jefferson-Switzerland	Rowe, Howard H.	Rochester	Fulton
Robertson, James S.	Plymouth	Marshall	Royster, George M. (S)	Evansville	Vanderburgh
Robertson, Ray B.	Indianapolis	Marion	Royster, Robert A.	Evansville	Vanderburgh
Robertson, William C.	Chesterton	Porter	Rozelle, Clarence V.	Anderson	Madison
Robertson, William S.	Spiceland	Henry	Rubens, Eli	South Bend	St. Joseph
Robinson, Earle U.	Evansville	Vanderburgh	Rubin, Gerald S.	Indianapolis	Marion
Robinson, Frank C. (S)	Arcadia, Calif.	Marion	Rubin, Milton M.	Terre Haute	Vigo
Robinson, H. Thomas	Muncie	Delaware-Blackford	Rubin, Simon S.	Gary	Lake
Robinson, Walter K.	Gary	Lake	Rubright, Robert L.	Hammond	Lake
Robinson, William H.	Mitchell	Lawrence	Ruby, Fred McK. (S)	Wauwatosa, Wis.	Randolph
Roby, Alma L.	Jeffersonville	Clark	Ruddell, Karl R. (S)	Indianapolis	Marion
Rockey, Noah A.	Fort Wayne	Allen	Ruddell, Keith R.	Indianapolis	Marion
Rodin, Herman H.	South Bend	St. Joseph	Rudesill, Cecil L. (S)	Indianapolis	Marion
Rodriguez, Juan	Fort Wayne	Allen			

Name	City	County	Name	City	County
Rudesill, Robert L.	Indianapolis	Marion	Schafer, William C.	Washington	Daviess-Martin
Rudicel, Max	Kokomo	Howard	Schaffer, Edward V.	Indianapolis	Marion
Rudolph, Carl J.	South Bend	St. Joseph	Schantz, Richard	Remington	Jasper-Newton
Rudolph, Franklin G.	Hammond	Lake	Scharbrough, William	Medora	Jackson
Rudolph, Kenneth J.	Boonville	Warrick	Schauwecker, Cleon M.	Greencastle	Putnam
Rudolph, Stephen J., Jr.	A.P.O. 224, New York, N. Y.	Marion	Schechter, John S.	Indianapolis	Marion
Rudser, Donald H.	Whiting	Lake	Scheetz, Marion R.	Lewisville	Henry
Rudy, Donald B.	Larson AFB, Wash.	Wells	Scheier, Emil W.	Indianapolis	Marion
Runge, Paul W.	Richmond	Wayne-Union	Schell, Harry D.	Bloomington	Owen-Monroe
Ruoff, William	New Albany	Floyd	Schellhouse, Earl M.	Fort Wayne	Allen
Rupe, Lloyd O.	Elkhart	Elkhart	Schenck, Foss (S)	Logansport	Cass
Rupel, Ernest	Dunedin, Fla.	Marion	Schenck, Ralph E.	Portland	Jay
Rusche, Henry J.	Evansville	Vanderburgh	Scherb, Burton E.	Terre Haute	Vigo
Ruschli, Edward B.	Lafayette	Tippecanoe	Scherschel, John P.	Bedford	Lawrence
Rusk, Hubert M.	Wallace	Fountain-Warren	Schetgen, Joseph V.	Geneva	Adams
Russell, John R.	Indianapolis	Marion	Scheurich, Virgil	Oxford	Benton
Russell, Richard H.	Evansville	Vanderburgh	Schiller, Herbert A.	South Bend	St. Joseph
Russo, Andrew E.	Crown Point	Lake	Schimmelpfennig, Robert W.	Evansville	Vanderburgh
Rust, Byron K.	Indianapolis	Marion	Schirmer, Robert H.	Evansville	Vanderburgh
Rust, Roland B.	Indianapolis	Marion	Schlademan, Karl R.	Fort Wayne	Allen
Ruth, Martin L.	Indianapolis	Marion	Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Rutherford, Cyrus W. (S)	Indianapolis	Marion	Schlegel, Donald M.	Indianapolis	Marion
Rutherford, Charles E.	Otterbein	Benton	Schlemmer, George H.	Warsaw	Kosciusko
Ryan, Glen V.	Indianapolis	Marion	Schlesinger, Daniel J.	Hammond	Lake
Ryan, Hubert J.	Gary	Lake	Schlosser, Herbert C.	Elkhart	Elkhart
Ryan, William J.	Columbus	Bartholomew-Brown	Schmalhausen, Ansel W.	Indianapolis	Marion
S			Schmidt, Eugene E.	Fort Wayne	Allen
Sage, Charles V.	Richmond	Wayne-Union	Schmidt, Loren F.	Indianapolis	Marion
Sage, Russell A.	Indianapolis	Marion	Schmidt, Richard H.	Valparaiso	Porter
Sahlman, Hans	Fort Wayne	Allen	Schmiedicke, Paul H.	Lafayette	Tippecanoe
Saint, William K.	New Castle	Henry	Schmitt, Richard K.	Columbus	Bartholomew-Brown
Sala, Joseph J.	Gary	Lake	Schmitt, Robert J.	Michigan City	LaPorte
Sala, Walter R.	Gary	Lake	Schmoll, Robert J.	Fort Wayne	Allen
Salb, John P.	Jasper	Dubois	Schmoyer, Maurice R.	Indianapolis	Marion
Salb, Leo A. (S)	Jasper	Dubois	Schneider, Carl J.	Indianapolis	Marion
Salb, Max C.	Indianapolis	Marion	Schneider, Charles P.	Evansville	Vanderburgh
Sallee, William T.	Greensburg	Decatur	Schneider, Kenneth D.	Nashville	Bartholomew-Brown
Salon, Harry W.	Fort Wayne	Allen	Schneider, Louis A.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen	Schoen, Frederic L.	Fort Wayne	Allen
Salon, Nathan L.	Fort Wayne	Allen	Schoolfield, William E.	Orleans	Orange
Salzman, Morris	New York, N. Y.	Marion	Schoonveld, Arthur	Brook	Jasper-Newton
Sanders, Bertram W.	Connersville	Fayette-Franklin	Schott, Edward J. (S)	Terre Haute	Vigo
Sanders, Harry M.	Indianapolis	Marion	Schreiner, John E.	Bremen	Marshall
Sanders, Jesse A.	Auburn	De Kalb	Schrepferman, Wayne	Hamilton	Steuben
Sanderson, Robert B.	South Bend	St. Joseph	Schriefer, Victor V.	Evansville	Vanderburgh
Sandock, Isadore	South Bend	St. Joseph	Schroeder, Henry R.	Washington	Daviess-Martin
Sandock, Louis F.	South Bend	St. Joseph	Schroeder, Robert W.	Marion	Grant
Sandorf, Marvin H.	Indianapolis	Marion	Schubert, Jerome G.	Fort Wayne	Allen
Sandoz, Harry	South Bend	St. Joseph	Schuchman, Abe	Indianapolis	Marion
Santare, Vincent J.	Hammond	Lake	Schuchman, Gabriel	Indianapolis	Marion
Santiago, Carmen	Hammond	Lake	Schulfer, Richard J.	Hammond	Lake
Saperstein, Morris	Muncie	Delaware-Blackford	Schulhof, Maurice G.	Muncie	Delaware-Blackford
Sargent, Wallace B.	Hammond	Lake	Schulz, Kurt J.	Gary	Lake
Sarver, Francis E.	Fort Wayne	Allen	Schulze, Hans A.	Pendleton	Madison
Savage, Arthur R.	Fort Wayne	Allen	Schulze, William	Vincennes	Knox
Savery, Charles E.	Deerfield Beach, Fla.	St. Joseph	Schumaker, Robert A.	Terre Haute	Vigo
Sayers, Frank E.	Terre Haute	Vigo	Schuman, Edith B.	Bloomington	Owen-Monroe
Saylors, Rodger D.	Fort Wayne	Allen	Schuster, Dwight W.	Indianapolis	Marion
Scales, Alfred B.	Huntingburg	Dubois	Schut, Almon L.	Indianapolis	Marion
Scales, Allen D.	Huntingburg	Dubois	Schwartz, Frederick C.	Kokomo	Howard
Scamahorn, Malcolm O.	Pittsboro	Hendricks	Schwarz, Anton	Indianapolis	Marion
Scamahorn, Oscar T. (S)	Pittsboro	Hendricks	Scoins, William H.	Fort Wayne	Allen
Scea, Wallace A.	Pittsboro	Madison	Scott, Frank M.	South Bend	St. Joseph
Schaaf, Alvin D.	Jamestown	Boone	Scott, George E.	Indianapolis	Marion
Schaefer, C. Richard (S)	Indianapolis	Marion	Scott, H. Vaughn	Fort Wayne	Allen
			Scott, Irvin H.	Sullivan	Sullivan
			Scott, I. Winfield	Indianapolis	Marion

Name	City	County	Name	City	County
Scott, John S.	La Porte	La Porte	Shonk, Harold W.	Noblesville	Hamilton
Scott, John R.	Indianapolis	Marion	Shoptaugh, A. Glenn, Jr.	Indianapolis	Marion
Scott, Mildred E.	Hammond	Lake	Short, John T.	Fort Wayne	Allen
Scott, Robert P.	Indianapolis	Marion	Shortridge, Wilbur H.	Seymour	Jackson
Scott, Robert S.	Charlottesville	Hancock	Shoup, Homer B.	Greentown	Howard
Scott, Samuel L.	Indianapolis	Marion	Showalter, John P.	Waterloo	De Kalb
Scott, V. Brown	Shelbyville	Shelby	Showalter, John R.	Terre Haute	Vigo
Scudder, Arthur N.	Brownsburg	Hendricks	Shriner, Richard L.	South Bend	St. Joseph
Scully, John T.	Gary	Lake	Shrock, Ethan E.	Amboy	Miami
Seal, Perry F.	Brookville	Fayette-Franklin	Shroyer, Herbert	Dunkirk	Jay
Seaman, Charles F.	Indianapolis	Marion	Shuck, William A.	Madison	Jefferson-Switzerland
Sears, Don	Odon	Daviess-Martin	Shullenberger, Wendell A.	Indianapolis	Marion
Sears, M. Maywood (S)	Elkhart	Elkhart	Shulruff, Harry I.	East Chicago	Lake
Seat, Marshall H.	Washington	Daviess-Martin	Shultz, Harry M. (S)	Logansport	Cass
Sedam, Herbert L.	Indianapolis	Marion	Shumacker, Harris B., Jr.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll	Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Segar, Louis H.	Indianapolis	Marion	Sicks, Okla W.	Indianapolis	Marion
Segar, William E.	Indianapolis	Marion	Sidebottom, Earl W.	Indianapolis	Marion
Seibel, Robert	Nashville	Bartholomew-Brown	Siebe, Jack C.	Indianapolis	Marion
Seipel, Stanley	Lanesville	Harrison-Crawford	Siebenmorgen, Louis	Terre Haute	Vigo
Selby, Keith E.	South Bend	St. Joseph	Siebenmorgen, Paul	Terre Haute	Vigo
Sellers, Francis M.	South Bend	St. Joseph	Siekierski, Joseph M.	Griffith	Lake
Sellmer, George W.	Indianapolis	Marion	Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Selsam, Etta B. (S)	Terre Haute	Vigo	Sigmond, Harvey W.	Indianapolis	Marion
Senese, Thomas J.	Gary	Lake	Sigmund, William B.	Columbus	Bartholomew-Brown
Sennett, Cecil M.	Westville	La Porte	Silbert, David B.	Shelbyville	Shelby
Sennett, William K.	Macy	Miami	Silverman, Norman M.	Terre Haute	Vigo
Senseny, Eugene F.	Fort Wayne	Allen	Silvian, Harry A.	Whiting	Lake
Sensenich, Roscoe L. (H)	South Bend	St. Joseph	Simmons, Frederick H.	Marion	Grant
Seward, George W.	North Manchester	Wabash	Simmons, James E.	Indianapolis	Marion
Sexson, Hiram T.	Indianapolis	Marion	Simmons, Lloyd H.	Goshen	Elkhart
Seyler, Anna G.	Crown Point	Lake	Simms, J. Leon	Indianapolis	Marion
Shafer, Marion R.	Indianapolis	Marion	Simpson, Robert L.	Bluffton	Wells
Shafer, Richard H.	Alexandria	Madison	Simpson, William D.	Indianapolis	Marion
Shafer, Sid J.	Chicago, Ill.	Lake	Sims, J. Lawrence	Indianapolis	Marion
Shaffer, Kenneth L.	Vincennes	Knox	Singer, Elmer C.	Fort Wayne	Allen
Shaffer, William R.	Greensburg	Decatur	Singer, Paul J.	Jasper	Dubois
Shallenberger, Henry R.	Modoc	Randolph	Sinn, Charles M.	Evansville	Vanderburgh
Shanafelt, Donald K.	Indianapolis	Marion	Sirlin, Edward M.	Mishawaka	St. Joseph
Shanklin, Jack L.	Bicknell	Knox	Sisson, Norvel D.	South Bend	St. Joseph
Shanklin, Vernon A. (S)	Terre Haute	Vigo	Skeen, Earl D. (S)	Walkerton	St. Joseph
Shanks, Ray W.	Noblesville	Hamilton	Skillern, Penn G. (S)	South Bend	St. Joseph
Shannon, Wesley	Crawfordsville	Montgomery	Skillern, Scott D.	South Bend	St. Joseph
Shapiro, Joseph	East Chicago	Lake	Skomp, Claud E.	Marion	Grant
Shapiro, Seymour W.	East Chicago	Lake	Skrentny, Stanley	Hammond	Lake
Sharp, John L.	Crawfordsville	Montgomery	Slabaugh, Jancy S. (S)	Nappanee	Elkhart
Sharp, Merle C.	South Bend	St. Joseph	Slama, George F.	Gary	Lake
Sharp, William L.	Anderson	Madison	Slama, John T.	Gary	Lake
Shattuck, John C.	Brazil	Clay	Slaughter, Howard C.	Evansville	Vanderburgh
Shaw, James E.	Fort Wayne	Allen	Slaughter, John C.	Evansville	Vanderburgh
Sheehan, Francis G.	Indianapolis	Marion	Slaughter, Owen L.	Evansville	Vanderburgh
Sheek, Kenneth I.	Greenwood	Johnson	Slick, Crystal R.	Winchester	Randolph
Sheets, Charles E.	Manilla	Rush	Sloan, Herbert P.	New Albany	Floyd
Sheldon, Suel A.	Anderson	Madison	Sloan, Roy C.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph	Sloan, W. Keith	Madison	Jefferson-Switzerland
Shelley, Richard	Indianapolis	Marion	Slominski, Harry H.	South Bend	St. Joseph
Shellhouse, Michael	Gary	Lake	Slough, O. Thomas	Kendallville	Noble
Shenk, Earl M.	Kokomo	Howard	Sluss, David H.	Indianapolis	Marion
Shepard, Fred F.	College Corner, Ohio	Wayne-Union	Sluss, John W. (S)	Indianapolis	Marion
Sherer, Kenneth E.	Richmond	Wayne-Union	Smallwood, Robert B.	St. Petersburg, Fla.	Lawrence
Sherster, Harry	Indianapolis	Marion	Smelser, Herman W.	Connersville	Fayette-Franklin
Sherwood, Clarence E.	Fort Wayne	Allen	Smith, A. Wilson	Greencastle	Putnam
Sherwood, J. Vincent	Fort Wayne	Allen	Smith, Byron J.	Kingman	Fountain-Warren
Shevick, Alexander	Gary	Lake	Smith, Charles F.	Noblesville	Hamilton
Shields, Jack E.	Brownstown	Jackson	Smith, David J.	Indianapolis	Marion
Shields, Tom S.	Richmond	Wayne-Union	Smith, David L.	Indianapolis	Marion
Shinabery, Lawrence	Fort Wayne	Allen	Smith, Don C.	Columbus	Bartholomew-Brown
Shipley, Edward	Indianapolis	Marion			
Shively, John L.	Lafayette	Tippecanoe			
Shoemaker, Richard L.	Marion	Grant			
Sholty, William M.	Lafayette	Tippecanoe			

Name	City	County	Name	City	County
Smith, Edward B.	Indianapolis	Marion	Spolyar, Louis W.	Indianapolis	Marion
Smith, E. Rogers	Indianapolis	Marion	Sponder, Joseph	Gary	Lake
Smith, Francis C.	Indianapolis	Marion	Spray, Page E.	Elkhart	Elkhart
Smith, Fred, Jr.	Tell City	Perry	Sprecher, Herman C.	Evansville	Vanderburgh
Smith, Frederick R.	Spencer	Owen-Monroe	Sprenger, Thomas R.	Indianapolis	Marion
Smith, Gloster J.	Kokomo	Howard	Springstun, George H.	Oaktown	Knox
Smith, Herbert N.	Brookville	Fayette- Franklin	Springstun, Walter R.	Evansville	Vanderburgh
Smith, Herschel S.	Bloomington	Owen-Monroe	Sputh, Carl B., Jr.	Indianapolis	Marion
Smith, James S.	Muncie	Delaware- Blackford	Sroka, Alexander G.	Hammond	Lake
Smith, John H.	Greenfield	Hancock	Sroka, Stanley J.	Highland	Lake
Smith, Lee J.	North Liberty	St. Joseph	Stadler, Harold E.	Indianapolis	Marion
Smith, Lester A.	Indianapolis	Marion	Staff, Robert A.	Danville	Hendricks
Smith, Lowell C.	Lafayette	Tippecanoe	Stafford, James C. (S)	Plainfield	Hendricks
Smith, Mark E.	New Castle	Henry	Stafford, William C.	Plainfield	Hendricks
Smith, Philip L.	Fort Wayne	Allen	Stahl, Edward T.	Lafayette	Tippecanoe
Smith, Ralph O.	Vincennes	Knox	Stallman, Carl F.	Kendallville	Noble
Smith, Richard B.	Fort Wayne	Allen	Stalter, Gaylord W.	North Webster	Kosciusko
Smith, Rodney D. (S)	Bloomington	Owen-Monroe	Stamper, Joseph H.	Anderson	Madison
Smith, R. Lee	Osgood	Ripley	Stamper, Lucian A.	Richmond	Wayne-Union
Smith, Roger C.	Fort Wayne	Allen	Stamper, Robert J.	Anderson	Madison
Smith, Roy Lee	Indianapolis	Marion	Stangle, William J.	Bloomington	Owen-Monroe
Smith, Roy M.	Evansville	Vanderburgh	Stanley, John R.	Muncie	Delaware- Blackford
Smith, S. Joseph	Vincennes	Knox	Stanley, John S.	Miami, Fla.	Marion
Smith, Theodore J.	Whiting	Lake	Stansbury, William E.	Indianapolis	Marion
Smith, Wilbur F.	Indianapolis	Marion	Stansell, Gilbert B.	West Lafay- ette	Tippecanoe
Smith, William B.	Indianapolis	Marion	Stanton, James J. (S)	Logansport	Cass
Smith, William M.	Westville	La Porte	Starks, William O.	Muncie	Delaware- Blackford
Smithwood, Robert L.	Bluffton	Wells	Stasick, Murray	Hammond	Lake
Smoot, Emory B.	Washington	Daviess- Martin	Staten, Jesse C.	Indianapolis	Marion
Smoot, Samuel A. (S)	Terre Haute	Vigo	Stauffer, George E.	Mooreland	Henry
Snapp, Richard A.	Indianapolis	Marion	Stauffer, Richard C.	Fort Wayne	Allen
Sneary, Kenneth D.	Avilla	Noble	Stauffer, Walter A. (S)	Elkhart	Elkhart
Sneary, Max	Avilla	Noble	Staunton, Henry A.	South Bend	St. Joseph
Snider, Byron	Indianapolis	Marion	Stayton, Chester A.	Indianapolis	Marion
Snively, William D., Jr.	Evansville	Vanderburgh	Stayton, Chester A., Jr.	Indianapolis	Marion
Snodgrass, Robert E.	Indianapolis	Marion	Steckler, Robert J.	Evansville	Vanderburgh
Snowwhite, Arthur B.	Marion	Grant	Stecy, Peter	Whiting	Lake
Snyder, Earl R. (S)	Troy	Perry	Steele, Dick J.	Greencastle	Putnam
Snyder, Morris C.	Richmond	Wayne-Union	Steele, Everett B.	Crown Point	Lake
Snyder, Parker M.	Peru	Miami	Steele, Frank M.	Muncie	Delaware- Blackford
Snyderman, Sanford C.	Fort Wayne	Allen	Steele, Hugh H.	Lafayette	Tippecanoe
Sobol, Z. W.	Elkhart	Elkhart	Steele, Paul W.	Evansville	Vanderburgh
Solis, Roger V.	Hammond	Lake	Steen, Lowell H.	Whiting	Lake
Solomon, Reuben A.	Indianapolis	Marion	Steffen, Arthur J.	Wabash	Wabash
Somers, Gerald H.	Fort Wayne	Allen	Steffen, Julian T.	Wabash	Wabash
Sommers, Stephen D.	Indianapolis	Marion	Steffy, Ralph M.	Portland	Jay
Sonne, Irvin S., Jr.	New Albany	Floyd	Steigmeyer, David J.	Fort Wayne	Allen
Soper, Hunter A.	Indianapolis	Marion	Stein, Richard H.	Vincennes	Knox
Sorenson, Raymond	Kokomo	Howard	Steinem, Joseph L.	Connersville	Fayette- Franklin
Souder, Bonnell M.	Auburn	De Kalb	Steinkamp, Emil F. (S)	Huntingburg	Dubois
Souter, Martha C.	Indianapolis	Marion	Steinmetz, Edward F.	Indianapolis	Marion
Southard, Carl B.	Noblesville	Hamilton	Stellner, Howard A.	Fort Wayne	Allen
Southard, James E.	Danville	Hendricks	Stephens, Donald E.	Indianapolis	Marion
Southworth, John W.	Indianapolis	Marion	Stephens, Kuhrman H.	Indianapolis	Marion
Sovine, Joe W.	Indianapolis	Marion	Stephens, Lowell R.	Covington	Fountain- Warren
Spahr, Donald E.	Portland	Jay	Stempleton, John D.	Richmond	Wayne-Union
Spahr, John F. Jr.	Indianapolis	Marion	Stern, Samuel L.	Hammond	Lake
Spalding, Joseph J.	Indianapolis	Marion	Sterne, John H.	Evansville	Vanderburgh
Spalding, Wendell L.	Mishawaka	St. Joseph	Stevens, Edwin W.	Hammond	Lake
Spangler, Jesse S.	Kokomo	Howard	Stevens, Sydney L.	Indianapolis	Marion
Sparks, Alan L.	Indianapolis	Marion	Stewart, J. Frank W.	Vincennes	Knox
Sparks, Paul W.	Winchester	Randolph	Stewart, Milton B. (S)	Logansport	Cass
Spears, John K.	Paoli	Orange	Stewart, Walter E.	Terre Haute	Vigo
Speas, Robert C.	Terre Haute	Vigo	Stibbins, Warren E.	Muncie	Delaware- Blackford
Speckman, Glenn H.	Indianapolis	Marion	Stier, Paul L.	Fort Wayne	Allen
Spellman, Frank W.	Gary	Lake	Stillwell, William R.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe	Stimson, Harry R.	Gary	Lake
Spencer, Frederic	Vincennes	Knox	Stine, Marshall E.	Bremen	Marshall
Spencer, C. Herbert	Fort Wayne	Allen	Stinson, Dean K.	Rochester	Fulton
Spenner, Raymond W.	South Bend	St. Joseph	Stinson, William M.	Anderson	Madison
Spindler, Robert D.	Shelbyville	Shelby	Stiver, Daniel D.	South Bend	St. Joseph
Spinning, Alva L. (S)	Palm Springs, Calif.	La Porte			
Spivack, Mary	Gary	Lake			
Spivey, Russell J.	Indianapolis	Marion			

Name	City	County	Name	City	County
Stoelting, J. Lewis	Terre Haute	Vigo	Tasher, Dean C.	Westville	La Porte
Stoelting, Vergil K.	Indianapolis	Marion	Tate, Elizabeth	Dunkirk	Jay
Stogdill, William J.	South Bend	St. Joseph	Taub, Robert G.	Michigan City	La Porte
Stogsdill, Willis W.	Franklin	Johnson	Taube, Jack I.	Indianapolis	Marion
Stoltz, Robert M.	Valparaiso	Porter	Taylor, Clifford C.	Indianapolis	Marion
Stone, Alvin T.	Indianapolis	Marion	Taylor, Cyril	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion	Taylor, Donald R.	Muncie	Delaware- Blackford
Stoops, Jean T.	Wabash	Wabash	Taylor, Everett C.	Upland	Grant
Storey, D. Edmund	Indianapolis	Marion	Taylor, Frederic W.	Indianapolis	Marion
Storey, Joseph L.	Indianapolis	Marion	Taylor, James A.	Muncie	Delaware- Blackford
Stork, Harvey K.	Huntingburg	Dubois	Taylor, John R.	Palestine, Ill.	Sullivan
Stork, Urban	Evansville	Vanderburgh	Taylor, Loren F.	Martinsville	Morgan
Storms, Roy B.	Indianapolis	Marion	Taylor, Max T.	Indianapolis	Marion
Stouder, Albert E.	Kempton	Tipton	Taylor, Richard A.	Indianapolis	Marion
Stouder, Charles E.	Ellettsville	Owen-Monroe	Taylor, Robert G.	Fort Wayne	Allen
Stout, Francis E.	Muncie	Delaware- Blackford	Taylor, William R.	Richmond	Wayne-Union
Stout, Harry T.	Frankfort	Clinton	Teague, Frank W.	Indianapolis	Marion
Stout, Richard B.	Elkhart	Elkhart	Teal, Dorothy D.	Columbus	Bartholomew- Brown
Stout, Walter M.	New Castle	Henry	Tedford, John H.	Tucson, Ariz.	Clinton
Stover, Wendell C.	Boonville	Warrick	Teegarden, Joseph A. (S)	East Chicago	Lake
Stoycoff, Christ M. (S)	Gary	Lake	Teegarden, Joseph A., Jr.	East Chicago	Lake
Stratigos, Joseph S.	South Bend	St. Joseph	Teixler, Victor A.	Indianapolis	Marion
Strayer, Joseph W.	Lafayette	Tippecanoe	Templeton, Ames R.	Mishawaka	St. Joseph
Streck, Francis A.	Lawrenceburg	Dearborn- Ohio	Templeton, Ian S.	Indianapolis	Marion
Strecker, William L.	Terre Haute	Vigo	Templin, David B.	Lowell	Lake
Streepey, Jefferson I.	New Albany	Floyd	Tennant, David L.	Fort Wayne	Allen
Strickland, Karl S. (S)	Princeton	Gibson	Tennis, George T.	Greencastle	Putnam
Strickland, Neil R.	Indianapolis	Marion	Teplinsky, Louis L.	East Chicago	Lake
Strong, Daniel S. (S)	Terre Haute	Vigo	Terflinger, Fred W. (S)	Logansport	Cass
Stroup, Tyler J.	Indianapolis	Marion	Terrill, Richard W.	Fort Wayne	Allen
Strueh, Paul E.	Evansville	Vanderburgh	Terry, Lloyd	Danville	Hendricks
Stubbins, William M.	Elkhart	Elkhart	Terveer, John B.	Decatur	Adams
Stucky, Elsworth K.	Indianapolis	Marion	Test, Charles E.	Indianapolis	Marion
Stuckey, Jerry L.	Blytheville, Ark.	Marion	Teter, George V.	Indianapolis	Marion
Studebaker, Lloyd R.	LaGrange	LaGrange	Teters, Melvin S.	Middlebury	Elkhart
Stultz, Quentin F.	Ligonier	Noble	Tether, Joseph E.	Indianapolis	Marion
Stumer, Myer	Michigan City	La Porte	Tharpe, Ray	Indianapolis	Marion
Stump, Loyd K.	Indianapolis	Marion	Thatcher, Hugh K., Jr.	Indianapolis	Marion
Stump, Richard L.	Chesterfield	Madison	Thayer, Benet W.	North Vernon	Jennings
Stump, Thomas A.	Indianapolis	Marion	Thegze, George A.	East Chicago	Lake
Stumpf, Edwin E.	New Haven	Allen	Theobald, Sterling	Dyer	Lake
Sturgis, Donald G.	Sellersburg	Clark	Thimlar, James W. (S)	Fort Wayne	Allen
Stygall, James H. (S)	Indianapolis	Marion	Thomas, Clayton W.	Carmel	Hamilton
Sugarman, Benjamin E.	French Lick Springs	Orange	Thomas, Daniel D.	Gary	Lake
Sullenger, Adron A.	Vincennes	Knox	Thomas, Edward P.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo	Thomas, Everett W.	Warsaw	Kosciusko
Sullivan, Robert E.	Fort Wayne	Allen	Thomas, Fred A.	Indianapolis	Marion
Summerlin, Jack D.	Indianapolis	Marion	Thomas, Gerald J.	Gary	Lake
Sutton, William E.	Indianapolis	Marion	Thomas, Lowell I.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain- Warren	Thomas, Morris E.	Indianapolis	Marion
Swan, John R.	Indianapolis	Marion	Thompson, Alfred A. (S)	Tyner	Marshall
Swan, Richard C.	Anderson	Madison	Thompson, B. Jay	Marion	Grant
Swank, L. Forrest	Elkhart	Elkhart	Thompson, Claude N.	Waynetown	Montgomery
Sweeney, Michael J.	Evansville	Vanderburgh	Thompson, Frank M.	Huntington	Huntington
Sweet, Howard E.	Richmond	Wayne-Union	Thompson, Holland	Fort Wayne	Allen
Swihart, Homer R.	Elkhart	Elkhart	Thompson, John M.	South Bend	St. Joseph
Swihart, Leonard F.	Elkhart	Elkhart	Thompson, John V.	Indianapolis	Marion
Syler, Robert W.	Westville	La Porte	Thompson, Joseph F.	Indianapolis	Marion
Symmes, Alfred T.	Indianapolis	Marion	Thompson, Naiad Mason	Evansville	Vanderburgh
Symon, William E.	Bluffton	Wells	Thompson, Paul D.	Indianapolis	Marion
Szumilas, Peter P.	Indianapolis	Marion	Thompson, Robert A.	South Bend	St. Joseph
Szynal, John S.	Indianapolis	Marion	Thompson, Wayne H.	Indianapolis	Marion
	T		Thompson, Will A. (S)	Liberty	Wayne-Union
Tabaka, Francis B.	La Porte	La Porte	Thompson, Wm. R.	Winamac	Pulaski
Tager, Stephen N.	Evansville	Vanderburgh	Thornburg, Kenneth E.	Indianapolis	Marion
Talarico, Leonard H.	St. Louis, Mo.	Marion	Thorne, Charles E.	New Castle	Henry
Talbert, Pierre C.	Bluffton	Wells	Thornton, Harold C.	Indianapolis	Marion
Talbott, Dan E.	Indianapolis	Marion	Thornton, Maurice J.	South Bend	St. Joseph
Tan, Constancio C.	Bluffton	Wells	Thornton, Walter E. (S)	Fort Wayne	Allen
Tanner, Henry S.	Indianapolis	Marion	Thrasher, John R. (S)	New Augusta	Marion
Taraba, Ralph W.	Kokomo	Howard	Throop, Frank B.	Indianapolis	Marion
			Thurston, Harri- son S. (S)	Dayton, Ohio	Marion

Name	City	County	Name	City	County
Tilden, Margaret H.	Evansville	Vanderburgh	Valencia, M. M.	Gary	Lake
Tiley, George A.	Greenwood	Johnson	VanArsdall, Clarence R.	Terre Haute	Vigo
Tilka, Edward C.	Hammond	Lake	Van Bokkelen, Robert W.	Mooreville	Morgan
Tindal, Edward F. (S)	Muncie	Delaware-Blackford	Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Tindall, George T.	Indianapolis	Marion	Vance, William C.	Richmond	Wayne-Union
Tindall, Paul R.	Shelbyville	Shelby	Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Tindall, William R.	Shelbyville	Shelby	Vandever, Arthur C.	Sellersburg	Clark
Tinney, William E. (S)	Pass-A-Grille, Fla.	Marion	Vandivier, Robert M.	Indianapolis	Marion
Tinsley, Frank W.	Indianapolis	Marion	Van Dorn, Myron J.	Indianapolis	Marion
Tinsley, Walter B.	Indianapolis	Marion	Van Fleet, Josephine	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion	Van Kirk, John R.	Burlington	Carroll
Tipton, William R.	Greencastle	Putnam	Van Kirk, Paul P.	Frankfort	Clinton
Tirman, Wallace S.	South Bend	St. Joseph	Van Meter, C. Powell	Indianapolis	Marion
Tischer, E. Paul	Indianapolis	Marion	Van Ness, William C.	Summitville	Madison
Todd, David D. (S)	LaJolla, Calif.	Elkhart	VanNest, Willard A.	New Smyrna Beach, Fla.	De Kalb
Tomak, Milton E.	Linton	Greene	Van Nuys, John D.	Indianapolis	Marion
Tomlin, Hugh M.	Muncie	Delaware-Blackford	Van Rie, Leo P. (S)	Mishawaka	St. Joseph
Tondra, John M.	Indianapolis	Marion	Van Sandt, Eldon D.	Indianapolis	Marion
Topoligus, James N.	Bloomington	Owen-Monroe	Van Sandt, Frank A. (S)	Bloomfield	Greene
Topping, Malachi C.	Terre Haute	Vigo	Van Sandt, Jean Faint	Indianapolis	Marion
Torella, Jose A.	Indianapolis	Marion	Van Tassel, Charles J.	Indianapolis	Marion
Tosick, William A.	Indianapolis	Marion	Van Vactor, Helen D.	Indianapolis	Marion
Toumey, Fred L.	Indianapolis	Marion	Van Wienen, John	Martinsville	Morgan
Tower, James H., Jr.	Shelbyville	Shelby	Vaughn, Walter R.	Vincennes	Knox
Tower, Thomas K.	Campbellsburg	Washington	Veach, Lester W.	Bainbridge	Putnam
Tranter, William F.	Sharpville	Tipton	Veach, William L.	Terre Haute	Vigo
Traver, Perry C. (S)	South Bend	St. Joseph	Veach, Richard L.	Bainbridge	Putnam
Tremain, Milton A. (S)	Adams	Decatur	Vellios, Frank	Indianapolis	Marion
Treon, James F. (S)	Aurora	Dearborn-Ohio	Venable, George L.	North Manchester	Wabash
Trepagnier, Francis B.	E. Chicago	Lake	Venis, Kemper N.	Muncie	Delaware-Blackford
Trimble, John G.	Kokomo	Howard	Vermilya, Robert W.	Lafayette	Tippecanoe
Trimosky, Frank G.	Gary	Lake	Verplank, Grover L. (S)	Gary	Lake
Trout, Carl J.	Lafayette	Tippecanoe	Viehe, Robert W.	Evansville	Vanderburgh
Troutwine, William R.	Crown Point	Lake	Vietzke, Paul C. F.	Valparaiso	Porter
Troy, Jack M.	Whiting	Lake	Vingis, Bronie	Greenfield	Hancock
Troyer, Dana	Goshen	Elkhart	Viney, Charles L.	Logansport	Cass
Truman, E. Michael	Brookville	Fayette-Franklin	Visher, John W.	Evansville	Vanderburgh
Trusler, Harold M.	Indianapolis	Marion	Vivian, Donald E.	New Castle	Henry
Tubbs, George R. (S)	Lafayette	Tippecanoe	Vlaskamp, Elaine M.	Muncie	Delaware-Blackford
Tuchman, Joseph H.	Indianapolis	Marion	Vogel, John L.	Columbia City	Whitley
Tucker, Oral A.	Daleville	Delaware-Blackford	Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Tucker, Robert L.	Pekin, Ill.	Marion	Vogel, L. John	Mount Vernon	Posey
Tucker, Warren S.	Indianapolis	Marion	Voges, Edward C.	Terre Haute	Vigo
Tuholski, James M.	Evansville	Vanderburgh	Vollrath, Victor J.	Indianapolis	Marion
Tully, John A. (S)	New Castle	Henry	VonAsch, George	La Porte	La Porte
Turgt, Robert W.	Gary	Lake	von der Lieth, Wm. C.	Vincennes	Knox
Turley, Verne L.	Fowler	Benton	Von Der Haar, Gerard	Indianapolis	Marion
Turner, Anna Goss	Madison	Jefferson-Switzerland	Voorhies, McKinley	Gary	Lake
Turner, Harold B.	Bloomfield	Greene	Vore, Hugh A.	East Chicago	Lake
Turner, Isabel B.	Evansville	Vanderburgh	Vore, Louring W.	Plymouth	Marshall
Turner, Jack J.	Bloomfield	Greene	Vore, Robert E.	Indianapolis	Marion
Turner, John P.	Goshen	Elkhart	Voyles, Charles F. (S)	Indianapolis	Marion
Turner, Maurice A.	Indianapolis	Marion	Voyles, Harry E.	New Albany	Floyd
Turner, Oscar A. (S)	Madison	Jefferson-Switzerland	Vurpillat, Francis J.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh	Vye, James P.	Gary	Lake
Tyler, Frank T. (S)	New Albany	Floyd	Wachob, Tom W., Jr.	Kokomo	Howard
Tyner, Harlan H.	Indianapolis	Marion	Wade, Alfred A. (S)	Howe	LaGrange
Tyrrell, Joseph J.	Calumet City, Ill.	Lake	Wade, Reynolds W.	New Haven	Allen
Tyrrell, Thomas C.	Calumet City, Ill.	Lake	Wagner, Arthur L.	Jasper	Dubois
Ullom, Ralph B.	Indianapolis	Marion	Wagner, David G.	Goshen	Elkhart
Ulrey, Robert P.	Elwood	Madison	Wagner, Richard	Huntington	Huntington
Urschel, Dan L.	Mentone	Kosciusko	Wagoner, B. D.	Union City	Randolph
Vagner, S. Bernard	South Bend	St. Joseph	Wagoner, George W.	Delphi	Carroll
Vail, George A.	Lawrenceburg	Dearborn-Ohio	Wagoner, John R.	Houston, Tex.	Tippecanoe
			Wait, Jerome H.	Columbia City	Whitley
			Waits, Chester L.	Colfax	Clinton
			Waldo, Guy H.	Bedford	Lawrence
			Waldo, J. Thayer	Indianapolis	Marion
			Walerko, Frank	Mishawaka	St. Joseph
			Walker, Adolph P.	Munster	Lake
			Walker, Edwin M., Jr.	South Bend	St. Joseph
			Walker, Floyd B.	Fort Wayne	Allen

Name	City	County	Name	City	County
Walker, Frank C. (S)	Indianapolis	Marion	Weiss, Louis L.	Indianapolis	Marion
Walker, Jack M.	Muncie	Delaware- Blackford	Weissman, Charles G.	Hammond	Lake
Walker, James L.	LaFontaine	Wabash	Weitemier, Raymond A.	Richmond	Wayne-Union
Walker, Louis	Greensburg	Decatur	Weitzel, Roland	Princeton	Gibson
Walker, Robert K.	Indianapolis	Marion	Welborn, Mell B.	Evansville	Vanderburgh
Walker, William F.	Evansville	Vanderburgh	Welch, Norbert M.	Vincennes	Knox
Wallace, Collins R.	Indianapolis	Marion	Weldy, Bryce P.	Hartford City	Delaware- Blackford
Wallace, Elmer L.	New Albany	Floyd	Weller, Charles A. (S)	Indianapolis	Marion
Wallace, Hawthorne C.	Crawfordsville	Montgomery	Weller, Ralph	Rossville	Clinton
Walter, Robert F.	Evansville	Vanderburgh	Welpott, Jean F.	Bloomington	Owen-Monroe
Walters, Charles E.	Mishawaka	St. Joseph	Wells, James H.	Stockton, Calif.	Marion
Walters, Eleanore	Gary	Lake	Welty, Scudder G.	Fort Wayne	Allen
Walters, Jack	Franklin	Johnson	Wenzler, Paul J.	Bloomington	Owen-Monroe
Walters, Richard E.	Columbus	Bartholomew- Brown	Werry, Leslie E.	Hartford City	Delaware- Blackford
Walters, William H.	Michigan City	La Porte	Wertenberger, Morris D.	Richmond	Wayne-Union
Walther, Joseph E.	Indianapolis	Marion	West, Joseph L.	Indianapolis	Marion
Walton, William M.	Indianapolis	Marion	Westfall, B. Kemper	Indianapolis	Marion
Wanninger, Horace	Richmond	Wayne-Union	Westfall, George S.	Goshen	Elkhart
Ward, Gerald F.	Fort Wayne	Allen	Westfall, John B.	Indianapolis	Marion
Ward, James W.	South Bend	St. Joseph	Westhaysen, Peter	Hammond	Lake
Ward, Paula B.	Fort Wayne	Allen	Whallon, Arthur J. (S)	Richmond	Wayne-Union
Ward, Wesley C.	Indianapolis	Marion	Wharton, Russell O.	Gary	Lake
Ware, Herbert E.	Muncie	Delaware- Blackford	Wheeler, David E.	Indianapolis	Marion
Warfel, Frederick C. (S)	Indianapolis	Marion	Whipps, Charles E. (S)	Carlisle	Sullivan
Warfield, Chester H.	Fort Wayne	Allen	Whisler, Frederick M.	Wabash	Wabash
Warman, Alvah P. (S)	Indianapolis	Marion	Whitcomb, Roger F.	Shelbyville	Shelby
Warn, William J.	Milan	Ripley	White, Chester S. (S)	Rosedale	Parke- Vermillion
Warner, Charles L.	Evansville	Vanderburgh	White, Donald G.	South Bend	St. Joseph
Warren, Carroll B.	Marion	Grant	White, Donald J.	Indianapolis	Marion
Warren, Lewis T.	Michigan City	La Porte	White, Gilbert H., Jr.	Hammond	Lake
Warrick, Francis B.	Richmond	Wayne-Union	White, Harvey E.	Farmland	Randolph
Warrick, Homer L.	Osceola	St. Joseph	White, Isaac D. (S)	Long Beach, Calif.	Parke- Vermillion
Warriner, James B.	Indianapolis	Marion	White, James V.	Terre Haute	Vigo
Warshaw, Seymour	Indianapolis	Marion	White, John B.	Indianapolis	Marion
Warvel, John H.	Indianapolis	Marion	White, Philip T.	Indianapolis	Marion
Warvel, Joseph L. (S)	North Manchester	Wabash	Whitlock, Francis C.	Mishawaka	St. Joseph
Washington, G. Kenneth	Gary	Lake	Whitlock, Merle E.	Mishawaka	St. Joseph
Watson, James L.	Evansville	Vanderburgh	Whitsitt, Schuyler A. (S)	Madison	Jefferson- Switzerland
Watterson, Gerald T.	Connersville	Fayette- Franklin	Wiatt, Leonard	Knightstown	Henry
Weaver, Marlin	Indianapolis	Marion	Widdifield, G. E.	Indianapolis	Marion
Weaver, Timothy M. (S)	Brazil	Clay	Wiedemann, Frank E. (S)	Terre Haute	Vigo
Weaver, Wm. W.	New Albany	Floyd	Wierzalis, Edward F.	Hartford City	Delaware- Blackford
Webb, Harry D.	Anderson	Madison	Wiethoff, Clifford A.	Seymour	Jackson
Webb, Lawrence C.	Warren	Huntington	Wiggins, Dulania S. (S)	Newcastle	Henry
Weber, Edgar H.	Evansville	Vanderburgh	Wiland, Olin K.	Richmond	Wayne-Union
Weber, John R.	Fort Wayne	Allen	Wilder, Gordon B.	Anderson	Madison
Weber, Joseph G. S.	Terre Haute	Vigo	Wilder, William T.	Anderson	Madison
Webster, Joel S.	Bluffton	Wells	Wildman, Roscoe E.	Peru	Miami
Webster, Paul L.	Ligonier	Noble	Wilhelm, Agatha M.	South Bend	St. Joseph
Webster, Robert K.	Brazil	Clay	Wilhelmus, C. Kenneth	Evansville	Vanderburgh
Weddle, Chas. O.	Lebanon	Boone	Wilhelmus, Charles M. (S)	Newburgh	Warrick
Weeks, Patrick H. (S)	Michigan City	La Porte	Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Weems, Mallory P.	Jeffersonville	Clark	Wilkens, Irvin W.	Indianapolis	Marion
Wehrman, Jule O. (S)	Indianapolis	Marion	Wilkinson, Roger L.	Anderson	Madison
Weigand, Clayton G.	Indianapolis	Marion	Willan, Horace R.	Martinsville	Morgan
Weinbaum, Jack G.	Terre Haute	Vigo	Williams, A. Berniece	Fort Wayne	Allen
Weinberg, Benjamin A.	Whiting	Lake	Williams, Aubrey H.	Fort Wayne	Allen
Weinberg, Samuel	Marion	Grant	Williams, Alexander S.	Gary	Lake
Weinland, George C.	Indianapolis	Marion	Williams, Charles D.	Indianapolis	Marion
Weinstein, Edwin B.	Richmond	Wayne-Union	Williams, Clifford L.	Indianapolis	Marion
Weinstock, Adolph	Rolling Prairie	La Porte	Williams, Earl K.	Rensselaer	Jasper- Newton
Weir, Dale	LaGrange	LaGrange	Williams, Edwin D.	Gary	Lake
Weirich, Charles I.	Butler	De Kalb	Williams, Everett W.	Columbus	Bartholomew- Brown
Weisenberger, Brockton L.	Ironton, Ohio	Marion	Williams, Francis M., Jr.	Anderson	Madison
Weiskopf, Henry S.	Gary	Lake	Williams, Fielding P.	Huntingburg	Dubois
Weiss, Albert E.	Michigan City	LaPorte	Williams, Harold O.	Kendallville	Noble
Weiss, Eugene	South Bend	St. Joseph	Williams, Howard S.	Indianapolis	Marion
Weiss, Henry G.	Evansville	Vanderburgh			
Weiss, Jason	Indianapolis	Marion			
Weiss, John T.	Hobart	Lake			

Name	City	County	Name	City	County
Williams, Hugh L.	Indianapolis	Marion	Worley, Henry L.	New Albany	Floyd
Williams, John H.	Shipshewana	LaGrange	Worley, Richard H.	Indianapolis	Marion
Williams, Paul D.	Indianapolis	Marion	Worth, C. Willard	Milroy	Rush
Williams, Robert D.	Markleville	Madison	Wrege, Malcolm L.	Indianapolis	Marion
Williams, Robert E.	Lafayette	Tippecanoe	Wright, Cecil S.	Anderson	Madison
Williams, Robert H.	Anderson	Madison	Wright, J. Wm., Jr.	Indianapolis	Marion
Williams, Russell S.	Indianapolis	Marion	Wright, Wm. C.	Fort Wayne	Allen
Willis, Charles F.	Evansville	Vanderburgh	Wurster, Herbert C.	Mishawaka	St. Joseph
Willison, George W.	Evansville	Vanderburgh	Wyatt, James L., II	Fort Wayne	Allen
Willitts, Bruce K.	Indianapolis	Marion	Wyatt, James L., III	Fort Wayne	Allen
Willner, Alan	Clarksville	Clark	Wyeth, Charles (S)	Terre Haute	Vigo
Wills, Max	Auburn	De Kalb	Wygant, Marion D.	Mishawaka	St. Joseph
Wilmore, Ralph C.	Indianapolis	Marion	Wyland, Byron J. (S)	Mishawaka	St. Joseph
Wilson, David	Evansville	Vanderburgh	Wynegar, David E.	Richmond	Wayne-Union
Wilson, Fred L.	Terre Haute	Vigo	Wynn, Justice F.	Evansville	Vanderburgh
Wilson, Fred M.	Indianapolis	Marion	Wynne, Roland E. (S)	Bedford	Lawrence
Wilson, Guy H.	Bicknell	Knox	Wytenbach, John E.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph		Y	
Wilson, John	Columbia		Yacko, Michael L.	Indianapolis	Marion
	City	Whitley	Yale, Charles A.	Fairmount	Grant
Wilson, John D.	Evansville	Vanderburgh	Yanson, Mannfredo R. S.	Bluffton	Wells
Wilson, Leslie	Fort Wayne	Allen	Yarling, John E. (S)	Peru	Miami
Wilson, Ned A.	Bridgeport	Marion	Yast, Charles J.	Gary	Lake
Wilson, Oliver R.	Indianapolis	Marion	Yegerlehner, Roscoe S.	Kentland	Jasper-
Wilson, Orley E.	Elkhart	Elkhart			Newton
Wilson, Paul E. (S)	Boonville	Warrick	Yencer, Martin W. (S)	Richmond	Wayne-Union
Wilson, Paul H.	Logansport	Cass	Yingling, Robert J.	Indianapolis	Marion
Wilson, Ralph	Evansville	Vanderburgh	Yocum, Paul S.	Gary	Lake
Wilson, Roland B.	Fort Wayne	Allen	Yocum, Paul S., Jr.	Gary	Lake
Wilson, Talmage L.	Bloomington	Owen-Monroe	Yocum, William S.	Gary	Lake
Wilson, Wymond B.	Mentone	Kosciusko	Yoder, Albert C. (S)	Goshen	Elkhart
Wimmer, Robert N. (S)	Gary	Lake	Yoder, C. Richard	Elkhart	Elkhart
Winter, Donald K.	Logansport	Cass	Yoder, Dewey D.	Columbus	Bartholomew-
Winter, William P.	Martinsville	Morgan			Brown
Wise, Charles L.	Camden	Carroll	Yoder, Jonathan G.	Goshen	Elkhart
Wise, William R.	Indianapolis	Marion	Yoder, Richard P.	Bluffton	Wells
Wiseheart, Oscar H.			York, Arthur F.	Anderson	Madison
(S)	North Salem	Hendricks	Young, C. Curtis	Evansville	Vanderburgh
Wiseheart, Robert H.	Lebanon	Boone	Young, George M.	Gary	Lake
Wiseman, V. Earle	Greencastle	Putnam	Young, Gerald S.	Muncie	Delaware-
Wisener, Guthrie H. (S)	Richmond	Wayne-Union			Blackford
Wishard, Wm. N., Jr.	Indianapolis	Marion	Young, James W.	Indianapolis	Marion
Wissman, William L.	Columbus	Bartholomew-	Young, John E.	Indianapolis	Marion
		Brown	Young, John M.	Indianapolis	Marion
Witham, Robert L.	Indianapolis	Marion	Young, Ralph H.	Goshen	Elkhart
Witt, William R.	Jeffersonville	Clark	Young, Robert G.	Marion	Grant
Wixted, John F.	Mishawaka	St. Joseph	Young, Robert L.	Gary	Lake
Wixted, Julia F.	Mishawaka	St. Joseph	Yunker, Philip E.	Howe	LaGrange
Wohlfeld, Gerald	New Albany	Floyd		Z	
Wohlfeld, Julius B.	Bedford	Lawrence	Zalac, Donald A.	Michigan City	La Porte
Wojcik, Ladislav D.	Marion	Grant	Zallen, Stanley G.	East Chicago	Lake
Wolfe, William E.	La Porte	La Porte	Zaring, Byron K.	Columbus	Bartholomew-
Wolfe, Nelson	New Albany	Floyd			Brown
Wolfram, Don J.	Indianapolis	Marion	Zehr, Noah (S)	Fort Wayne	Allen
Wolverton, George M.	Clarksville	Clark	Zeiger, Irvin	South Bend	St. Joseph
Woner, John W.	Linton	Greene	Zell, Evertson H.	Indianapolis	Marion
Wong, Norman F.	Linden	Montgomery	Zeps, E. Frances	Richmond	Wayne-Union
Wong, Samuel N.	Hammond	Lake	Zerfas, Charles P. A.	Beech Grove	Marion
Wood, Donald E.	Indianapolis	Marion	Zerfas, Leon G.	Camby	Marion
Wood, Elmer U. (S)	Columbus	Bartholomew-	Zerfas, Phyllis K.	Indianapolis	Marion
		Brown	Zeier, Francis G.	Evansville	Vanderburgh
Wood, Opal L.	Brazil	Clay	Zierer, Reuben O.	Anderson	Madison
Wood, Russell W.	Oakland City	Gibson	Zimmer, Henry J.	Mishawaka	St. Joseph
Wood, William H.	Indianapolis	Marion	Zimmerman, Harold	Evansville	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion	Zimmerman, Wm. H.	Dublin	Wayne-Union
Woodbury, John W.	Marion	Grant	Zink, Robert O.	Madison	Jefferson-
Woodcock, Charles E.					Switzerland
(S)	Greenwood	Johnson	Ziperman, H. Haskell	Ft. Sam Hous-	
Woods, Arba L. (S)	Poseyville	Posey		ton, Tex.	Marion
Woods, Haldon C.	Markle	Huntington	Ziss, Robert C.	Evansville	Vanderburgh
Woods, James R., Jr.	Greenfield	Hancock	Zivich, John M.	East	
Woods, Wm. P. (S)	Evansville	Vanderburgh		Chicago	Lake
Woolery, Richard H.	Bedford	Lawrence	Zucker, Edward	Gary	Lake
Wooling, Kenneth R.	Indianapolis	Marion	Zullo, Robert S.	Michigan City	La Porte
Work, Bruce A.	Frankfort	Clinton	Zweig, Elmer S.	Fort Wayne	Allen
Work, James A., Jr. (S)	Elkhart	Elkhart	Zwerner, Paul F.	Terre Haute	Vigo
Worley, Ansel C.	Fort Wayne	Allen	Zwick, Harold F.	Decatur	Adams
Worley, Joseph P.	Indianapolis	Marion	Zwickel, Ralph E.	Evansville	Vanderburgh

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the counties in which they reside.

(Paid-up members of the Indiana State Medical Association as of June 1, 1958)

ADAMS COUNTY

Berne

Beaver, Norman E. 165 W. Water St.
Boze, Robert L. 167 N. Jefferson St.
Luginbill, Howard M. 165 S. Jefferson St.

Decatur

Burk, James M. 115 N. Third St.
Carroll, John C. 134 N. First St.
Freeby, C. William. 226 S. Second St.
Girod, Arthur H. 1004 W. Monroe St.
Kohne, Gerald J. 134 S. Third St.
Parrish, Richard K. 238 S. Second St.
Reppert, Roland L. 222 S. Second St.
Rich, Norval. 415 W. Madison St.
Terveer, John B. 222 S. Second St.
Zwick, Harold F. 226 S. Second St.
Hinchman, Clarence P. Geneva
Schetgen, Joseph V. Geneva

ALLEN COUNTY

Fort Wayne

A

Adams, E. Wade. 710 W. Wayne
Aiken, Arthur F. 1923 E. State Blvd. (3)
Aiken, Nevin E. 1923 E. State Blvd. (3)
Arata, Justin E. 304 Medical Center Bldg. (2)

B

Bailey, Paul P. 206 Medical Center Bldg. (2)
Ball, John R. 320 Medical Center Bldg. (2)
Ball, Margaret J. 1414 Park Ave.
Baltes, Joseph H. 821 Broadway (2)
Barch, John W. 1301 S. Harrison St.
Bash, Wallace E. 2424 Fairfield Ave. (6)
Beams, Ralph H. 715 Medical Center Bldg. (2)
Beierlein, Karl M. 2521 Fairfield Ave. (6)
Benninghoff, Daniel R. 208 Medical Center Bldg. (2)

Bergendahl, Emil H. 102 Medical Center Bldg. (2)
Berghoff, James R. 306 E. Jefferson St. (3)
Berghoff, Raymond J. 306 E. Jefferson St. (3)
Beutler, Theodore V. 527 W. Berry St.
Blichert, Peter A. 334 Medical Center Bldg. (2)
Blosser, Howard V. (S) 1122 W. Washington Blvd. (2)

Bolman, Ralph M. 717 Broadway (2)
Borders, Theodore R. 1147 S. Lafayette St. (2)
Bowers, Gah T. 1417 N. Anthony Blvd.
Bowers, Jesse W. (S) 418 Gettle Bldg.
Bridges, William L. 520 Medical Center Bldg. (2)
Bromley, L. W. 2730 E. State St.
Brosius, Robert H. W. 1603 Wells St. (7)
Brown, Frederic W. 2521 Fairfield Ave. (6)
Bryan, Franklin A. 402 W. Washington Blvd. (2)
Buckner, Doster. 533 W. Washington Blvd. (2)
Buckner, George D. 533 W. Washington Blvd. (2)

C

Calvin, Jessie C. (S) 312 W. Wayne St. (2)
Carlo, Ernest R. 2902 Fairfield Ave. (6)
Cartwright, Emor L. (S) 3718 Hiawatha Blvd.
Chambers, Alan R. 601 W. Wayne St. (2)
Clark, William R. 3622 S. Calhoun St. (6)
Cochran, Harry A., Jr. 1301 S. Harrison St.
Conley, John E. 620 W. Berry St. (2)
Connelly, Richard D. 2201 S. Calhoun
Cooney, Charles J. 527 W. Berry St. (2)

Craig, Richard M. 3024 Fairfield Ave. (6)
Culp, John E. 2902 Fairfield Ave. (6)

D

Dancer, Charles R. (S) 905 Columbia Ave. (3)
Datzman, Richard C. 525 Medical Center Bldg. (2)
Dieter, William J. 1002 Somerset Lane
Ditton, Irwin W. (S) 1214 E. Wayne St. (4)
Duemling, Arnold H. Weyrick Bldg.
Dunstone, Harry C. 502 Medical Center Bldg. (2)

E

Edlavitch, Baruch M. (S) 716 Rockhill (2)
Elston, Lynn W. 604 Medical Center Bldg. (2)
Elston, Ralph W. 604 Medical Center Bldg. (2)
Emenhiser, John L. 1411 Reed Rd.

F

Ferguson, Arthur N. 2902 Fairfield Ave. (6)
Fichman, Abraham M. 323 W. Berry St. (2)
Foy, Hayward W. 1747 Wells St.
Franke, Gordon R. 1202 E. State Blvd.
Frankhouser, Charles M. A. 520 Medical Center Bldg. (2)

G

Garton, Harry W. 1635 Broadway
Gerding, William J. 2638½ S. Calhoun
Gladstone, Naf H. 335 W. Berry St. (2)
Glock, Homer E. (S) 324 Medical Center Bldg. (2)
Glock, Maurice E. 312 W. Wayne St. (2)
Glock, Wayne R. 2521 Fairfield Ave. (6)
Goebel, Carl W. 327 W. Creighton (6)
Graham, George M. 1301 S. Harrison St.
Greenlee, Robert L. 1110 W. Washington Blvd.
Greist, Walter D. 3024 Fairfield Ave. (6)
Griffith, Harold R. 520 Medical Center Bldg. (2)

H

Hackett, Walter G. 2701 S. Anthony
Haffner, Herman G. 202 E. Jefferson St. (2)
Haley, Alvin J. 533 W. Washington Blvd. (2)
Haller, Robert L. 604 W. Wayne St. (2)
Hamilton, Emory D. 228 Medical Center Bldg. (2)
Harshman, Louis P. Veterans Hospital
Harvey, Harry C. 406 W. Berry St. (2)
Hasewinkle, August M. 1129 E. State St. (3)
Hastings, Warren C. 111 Medical Center Bldg. (2)
Hattendorf, Anton P. 725 Medical Center Bldg. (2)
Havens, Russell E. 228 Medical Center Bldg. (2)
Hershberger, Philip. 2521 Fairfield Ave. (6)
Hickman, Donald. 1834 S. Calhoun St.
Higgins, Kenneth E. 2000 Taylor St.
Hipskind, Richard E. 332 E. Pontiac
Hoffman, Arthur F. 519 Medical Center Bldg. (2)
Holsinger, Robert E. 115 Medical Center Bldg. (2)
Horning, Richard R. 416 Medical Center Bldg. (2)
Howe, Fordyce L. 1525 Oxford St.
Humphreys, John L. 1301 S. Harrison St.

J

Jackson, John F. 519 Medical Center Bldg. (2)
Johnston, Richard M. 519 Medical Center Bldg. (2)
Juergens, Richard B. R. R. #2
Jurgensen, Walter T. 3415 Fairfield Ave. (6)

K

Karol, Herbert J. 324 Medical Center Bldg. (2)
Kaufman, Julian. 229 W. Berry St.
Keck, Carleton A. 2902 Fairfield Ave. (6)
Kent, Richard N. 731 Medical Center Bldg. (2)
Keyes, Robert C. 3714 S. Calhoun

Kidder, Orva T. Irene Byron Hospital (8)
 Kimbrough, Robert F. 2730 E. State St.
 Kleifgen, William A. 617 W. Washington Blvd. (2)
 Klooze, Kenneth W. 2156 Fairfield Ave. (6)
 Knight, Lewis W. 2521 Fairfield Ave. (6)
 Krueger, John E. 204 E. Suttentfield
 Kruse, Edward H. (S) 705 Lincoln Tower (2)
 Kruse, Walter E. 410 McKinnie

L

Ladig, Donald S. 221 Medical Center Bldg. (2)
 Lampe, Alfred H. 2902 Fairfield Ave. (6)
 Land, Francis L. 116 W. Rudisill Blvd.
 Leming, Ben L. 2902 Fairfield Ave. (6)
 Lenk, George G. 1805 E. Washington
 Lloyd, Robert P. 717 Broadway
 Lohman, Robert M. 4017 S. Wayne St.
 Lorman, James G. 520 Medical Center Bldg. (2)
 Loudermilk, Jack L. 520 Medical Center Bldg. (2)
 Lyon, William C. 710 W. Wayne St.

M

Mackel, Frederick O. 2521 Fairfield Ave. (6)
 Manning, George. 111 Medical Center Bldg. (2)
 Marshall, Caesar L. 438 E. Lewis St.
 Mayes, Warren E. 116 W. Rudisill Blvd.
 McArdle, Edward G. 2201 S. Calhoun St. (5)
 McCallister, John W. 424 Medical Center Bldg. (2)
 McCoy, Roy R. 3701 S. Harrison St. (6)
 McDowell, George A. 215 Medical Center Bldg. (2)
 McEachern, Cecil G. 2424 Fairfield Ave.
 McKeeman, Donald H. 633 W. Wayne St. (2)
 McKeeman, Leland S. 302 Medical Center Bldg. (2)
 Mensch, James R. 2230 Alabama Ave.
 Mercer, Samuel R. 710 Medical Center Bldg. (2)
 Meyer, Hans. 801 E. State St.
 Meyer, Herman A. 1030 W. Wayne St. (2)
 Meyer, Theodore O. 228 Medical Center Bldg. (2)
 Michaelis, Stephen C. 2154 Fairfield Ave. (6)
 Miller, Edward D. 1117 E. State Blvd.
 Miller, H. Paul. 2715 Broadway (6)
 Miller, Mahlon F. 222 Medical Center Bldg. (2)
 Miller, Orval J. 324 W. Berry St. (2)
 Miller, Richard H. 511 Medical Center Bldg. (2)
 Miller, Robert B. 412 Medical Center Bldg. (2)
 Miller, William J. 2902 Fairfield Ave. (6)
 Moats, Carl F. 4007 S. Wayne St. (6)
 Moats, George E. (S) 615 E. Washington Blvd.
 Moeller, Victor C. 2424 Fairfield Ave.
 Moravec, Arthur E. 705 Lincoln Tower (2)
 Mortenson, Leland J. 214 Medical Center Bldg. (2)
 Mueller, Lawrence W. 533 W. Washington Blvd. (2)
 Murdock, Harvey L. 417 Medical Center Bldg. (2)

N-O

Null, John H. 204 E. Suttentfield St.
 Nolan, Gerald R. 1626 Oxford St.
 O'Brian, John F. 1805 E. Washington Blvd.
 O'Rourke, Carroll. 604 W. Berry St. (2)
 Oyer, John H. 130 W. Creighton

P

Painter, Donald S. 222 Medical Center Bldg. (2)
 Parker, Carey B. 1105 S. Harrison St.
 Parrot, Donald J. 1706 Sherman
 Pauly, Leonard R. 730 W. Berry St.
 Pearson, Huey L. 1801 S. Hanna
 Perrin, Kermit F. 2701 S. Anthony Blvd.
 Perry, Frederic G. 2902 Fairfield Ave. (6)
 Philbert, Richard N. 4349 S. Anthony Blvd.
 Pickett, Merle E. 228 Medical Center Bldg. (2)
 Ponczek, Edward. 3418 S. Hanna
 Popp, Milton F. 610 Medical Center Bldg. (2)
 Powell, M. Jack. 730 W. Berry St. (2)

Q-R

Rawles, Lyman T. (S) 3131 Fairfield Ave. (6)
 Ray, Herbert A. (S) 402 Medical Center Bldg. (2)

Rice, Wilkie B. (S) 1101 E. Pontiac (5)
 Rissing, Walter J. 229 W. Berry St. (2)
 Rocky, Noah A. 1224 E. State (3)
 Rodriguez, Juan. 2902 Fairfield Ave. (6)
 Roser, Arthur J. 617 W. Washington Blvd. (2)
 Rossiter, Dudley L. 3629 S. Harrison
 Rothberg, Maurice. 625 W. Berry St.
 Rothschild, Charles J. (S) 319 Medical Center Bldg. (2)
 Rousseau, John W. 2521 Fairfield Ave. (6)

S

Sahlmann, Hans. Veterans Hospital
 Salon, Harry W. 535 W. Berry (2)
 Salon, Joel W. 604 W. Wayne St. (2)
 Salon, Nathan L. 604 W. Wayne St. (2)
 Sarver, Francis E. 320 Medical Center Bldg. (2)
 Savage, Arthur R. 302 W. Berry St. (2)
 Saylors, Rodger D. R. R. #2
 Schellhouse, Earl M. 1240 W. Main St. (7)
 Schladeinan, Karl R. 510 Medical Center Bldg. (2)
 Schmidt, Eugene E. 228 Medical Center Bldg. (2)
 Schmoll, Robert J. 515 W. Wayne St. (2)
 Schneider, Louis A. 730 W. Berry St. (2)
 Schoen, Frederic L. 902 W. Wayne St. (2)
 Schubert, Jerome C. 1320 Broadway
 Scoins, William H. 1301 S. Harrison St. (2)
 Scott, H. Vaughn. 2902 Fairfield Ave. (6)
 Senseny, Eugene F. 2902 Fairfield Ave. (6)
 Shaw, James E. Penn Railroad Office
 Sherwood, Clarence E. Irene Byron Hospital (8)
 Sherwood, J. Vincent. Irene Byron Hospital (8)
 Shinabery, Lawrence. 1850 Broadway (6)
 Short, John T. 2902 Fairfield Ave. (6)
 Singer, Elmer C. 825 Oakdale Dr.
 Smith, Philip L. 2902 Fairfield Ave. (6)
 Smith, Richard B. 711 Medical Center Bldg. (2)
 Smith, Roger C. 711 Medical Center Bldg. (2)
 Snyderman, Sanford C. 102 Medical Center Bldg. (2)
 Somers, Gerald H. 2506 Lower Huntington Rd (6)
 Spencer, C. Herbert. 519 Medical Center Bldg. (2)
 Stauffer, Richard C. 2730 E. State St.
 Steigmeyer, David J. 1411 N. Anthony Blvd.
 Stellner, Howard A. 324 W. Berry St.
 Stier, Paul L. 721 Broadway
 Sullivan, Robert E. 2424 Fairfield Ave. (6)

T

Taylor, Robert G. 2902 Fairfield Ave. (6)
 Tennant, David L. 1832 S. Calhoun (6)
 Terrill, Richard W. 2521 Fairfield Ave. (6)
 Thimlar, James W. (S) 602 E. Lewis (2)
 Thompson, Holland. Irene Byron Hospital (8)
 Thornton, Walter E. (S) 601 W. Oakdale Dr.

V-W

Vogel, Lloyd A., Jr. 116 W. Rudisill
 Walker, Floyd B. 3505 S. Monroe
 Ward, Gerald F. 206 Medical Center Bldg. (2)
 Ward, Paula B. 2014 Curdes Ave.
 Warfield, Chester H. 730 W. Berry St. (2)
 Weber, John R. 710 W. Wayne St. (2)
 Welty, Scudder G. 2423 S. Calhoun St. (6)
 Williams, A. Berniece. 3526 N. Washington Rd. (6)
 Williams, Aubrey H. 2902 Fairfield Ave. (6)
 Wilson, Leslie. Veterans Hospital (3)
 Wilson, Roland B. 1207 S. Lafayette (2)
 Worley, Ansel C. 317 Medical Center Bldg. (2)
 Wright, William C. 621 Medical Center Bldg. (2)
 Wyatt, James L., III. 310 E. Washington St.
 Wyatt, James L., II. 233 E. Jefferson (2)

X-Y-Z

Zehr, Noah (S) 301 W. Creighton (6)
 Zweig, Elmer S. 344 W. Berry St. (2)

Emme, Richard W. Harlan
 Cutshaw, James A. Monroeville

Harless, Fred.....Monroeville
 Dahling, Clemens W.....New Haven
 Emenhiser, Donald C.....New Haven
 Hoetzer, Eldore M.....New Haven
 Stumpf, Edwin E.....New Haven
 Wade, Reynolds W.....New Haven
 Moser, Edward (S).....Woodburn

Baumgartner, Jeraldine C.....Gateway House,
 Smith College, Northhampton, Mass.
 Bichacoff, Billie D....341 Webster Springs, W. Va.
 Draper, Merlin H. (S)
 59 Dolphin Dr., St. Petersburg, Fla. (6)
 Haller, Richard C.

253 S. 44th St., Philadelphia, Pa.
 Havice, Jay F.....Box 56, Lake Lure, N. Carolina
 Keller, Foster C....253 Acton Rd., Columbus, Ohio
 McFall, J. S. R.

608 Cadagua Ave., Coral Gables, Fla.
 Prentiss, Nelson H....V. A. Hospital, Oteen, N. C.

BARTHOLOMEW-BROWN COUNTIES

Columbus

Adler, David L....Bartholomew County Hospital
 Beggs, Lowell F.....832 Washington St.
 Clay, Eleanor.....911 Washington St.
 Davis, Marvin R.....2300 Washington St.
 Echsnor, Herman J.....1813 25th St.
 Elkouri, Harvey D.....Bakalar Air Force Base
 Fisher, Walter S.....422 Ninth St.
 Hart, Robert B.....712 Washington St.
 Hawes, James K. (S).....P. O. Box 308
 Hawes, Marvin E.....522 Seventh St.
 Henry, Alvin L.....621 Franklin St.
 Krueger, Robert B.....814 Washington St.
 Longo, Amerigo V.....Bakalar Air Force Base
 Macy, George W.....718 Washington St.
 Marr, Griffith.....741 Washington St.
 McCullough, Henry G.....Old Indianapolis Rd.
 Mohler, Floyd W.....726 Seventh St.
 Norton, Harold J.....909 Pearl St.
 O'Bryan, Richard B.....326 16th St.
 Overshiner, Lyman.....1001 N. Fifth St.
 Reid, Robert M.....2225 Central Ave.
 Ritteman, George W.

Bartholomew County Hospital

Rothring, Howard E.....2120 Washington St.
 Ryan, William J.....911 Washington St.
 Schmitt, Richard K.....423 Ninth St.
 Sigmund, William B.....2355 Central Ave.
 Smith, Don C.....911 Washington St.
 Teal, Dorothy D.....728 Franklin St.
 Walters, Richard E.....Fifth and Union Sts.
 Williams, Everett W.....2225 Central Ave.
 Wissman, William L.....2225 Central Ave.
 Wood, Elmer U. (S).....2012 Washington St.
 Yoder, Dewey D.....415½ Seventh St.
 Zaring, Byron K.....718 Washington St.

Dudding, Joseph E.....Hope
 Jacobs, E. Robert.....Hope
 Schneider, Kenneth D.....Nashville
 Seibel, Robert.....Nashville

BENTON COUNTY

Leak, Robert H.....Boswell
 Coddens, Avery L.....Earl Park
 Altier, William H.....Fowler
 Miller, Dan T. (S).....Fowler
 Turley, Verne L.....Fowler
 McCabe, James E. (S).....Otterbein
 Rutherford, Charles E.....Otterbein
 Scheurich, Virgil.....Oxford

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Riley, Frank H. (S).....Jamestown
 Schaaf, Alvin D.....Jamestown

Lebanon

Beck, Herma A. (S).....Boone County Bank Bldg.
 Coons, John D.....Boone County Bank Bldg.
 Coons, Ritchie.....303 W. Washington St.
 Grigsby, Hardin B.....Boone County Bank Bldg.
 Headley, Lloyd M.....1111 N. Lebanon St.
 Honan, Paul R.....1726 N. Lebanon St.
 Kern, Clarence G.....1726 N. Lebanon St.
 Lenox, Jack.....303 W. Washington St.
 Porter, Jack.....209 W. North St.
 Rainey, Everett A. (S).....912 N. Meridian St.
 Weddle, Charles O.....905 N. Lebanon St.
 Wiseheart, Robert H.....905 N. Lebanon St.

Bassett, Clancy (S).....Thorntown
 Bassett, Margaret A.....Thorntown
 Gregg, Edwin E.....Thorntown
 Bailey, Lawrence S.....Zionsville
 Harvey, Ralph J.....Zionsville
 Lovett, Harvey D.....Whitestown

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Van Kirk, John R.....Burlington
 Kennedy, Eva N. (S).....Camden
 Lemon, Herbert K. (S).....R. 1, Camden
 Wise, Charles L.....Camden

Delphi

Crampton, Charles C. (S).....115 E. Main St.
 Petry, T. Neal.....111 E. Franklin St.
 Seese, Robert M.....101 W. North St.
 Wagoner, George W.....Front & Union Sts.

Adams, Max R.....Flora
 McLaughlin, James R.....Flora

CASS COUNTY

Dutchess, C. Toney.....Galveston

Logansport

Adamski, Michael.....408 North St.
 Bailey, Earl W.....212 Fifth St.
 Ballard, Charles A (S).....325½ E. Market St.
 Bean, Joseph S.....Memorial Hospital
 Burnett, Paul C.....Logansport State Hosp.
 Chu, Johnson C. S.....Logansport State Hosp.
 Cobb, Clarence M.....Memorial Hosp.
 Davis, John C. (S).....Masonic Temple
 Eckert, Russell A.....1101 Michigan Ave.
 Fitzgerald, Brice E.....126 Fourth St.
 Gatzimos, Christos D.....1101 Michigan Ave.
 Glendening, Richard L.....422 North St.
 Hall, Bernard R.....415 North St.
 Harrington, James F.....1001 E. Broadway
 Hedde, Eugene L.....211 S. Third St.
 Hillis, Lowell J.....203 S. Third St.
 Hochhalter, Marian.....86 9th St.
 Hogle, Frank D.....Logansport State Hosp.
 Holloway, William A. (S).....201 S. Third St.
 Jewell, Earl B. (S).....3019 S. Pennsylvania St.
 Jones, J. Carl.....R. R. 3
 Killian, E. Camille.....211 S. Third St.
 King, Jay M.....201 S. Third St.
 Maschmeyer, Robert H....Logansport State Hosp.
 Mikan, V. Robert.....216 9th St.
 Morrical, Russell J.....212 Fifth St.
 Pfuetze, Max.....408 North St.
 Schenck, Foss (S).....Logansport State Hosp.
 Shultz, Henry M. (S).....412 Fourth St.
 Sloan, Roy C.....Logansport State Hosp.
 Stanton, James J. (S).....220 S. Sixth St.
 Stewart, Milton B. (S).....1515 Broadway
 Terfinger, Fred W. (S).....2607 Broadway
 Viney, Charles L.....Masonic Temple

Wilson, Paul H. 422 North St.
 Winter, Donald K. 422 North St.

Newcomb, William K. Royal Center
 Flanagan, Estle P. (S) Walton
 Lybrook, Daniel E. (S) Young America

CLARK COUNTY

Hover, Galen. Charlestown
 Goodman, Eli S. Charlestown
 Lehman, Harold Charlestown
 Mudd, Joseph P. Clarksville
 Willner, Alan Clarksville
 Wolverton, George M. Clarksville
 Carr, Joseph H. Henryville
 Greene, William R. Henryville

Jeffersonville

Adair, Samuel. 201 E. Market
 Baldwin, John H. (S) 425 Meigs Ave.
 Bizer, Mier A. 1206 Spring St.
 Bruner, Ralph W. 437 Spring St.
 Carlberg, Dale L. 226 E. Maple
 Carney, Joel T. 347 Spring St.
 Carney, John D. 344 Spring St.
 Clark, William B., Jr. 437 Spring St.
 Dare, Lee A. 209 E. Maple St.
 Forsee, Norman E. 437 Wall St.
 Havens, A. Lyle. 432 Wall St.
 Huoni, John S. 1405 Youngstown Shopping Center
 Isler, Nathaniel C. 519 Spring St.
 Reeder, H. H. 140 High Street
 Roby, Alma L. 201 E. Market St.
 Weems, Mallory P. 404 Spring St.
 Witt, William R. Pfifer Bldg.

Regan, George L. Sellersburg
 Sturgis, Donald G. Sellersburg
 Vandeventer, Arthur C. Sellersburg

CLAY COUNTY

Brazil

Garvin, Donald B. 111 N. Walnut St.
 Maurer, J. Frank. 111 N. Walnut St.
 Maurer, Robert M. 111 N. Walnut St.
 McCormick, Wilbur C. R. R. 2
 Mehne, Richard G. 1½ E. National Ave.
 Shattuck, John C. 1½ E. National Ave.
 Weaver, Timothy M. (S) Brazil Trust Bldg.
 Webster, Robert K. 28 N. Franklin St.
 Wood, Opal L. 111 N. Walnut St.

Moon, Charles E. Center Point
 Bond, Walter C. Clay City
 Glosson, Jack R. Clay City
 Rentschler, Lewis C. (S) Clay City
 Muncie, Henry L. (S) Cloverland

CLINTON COUNTY

Waits, Chester L. Colfax

Frankfort

Applegate, Albert E. 51 E. Walnut St.
 Beardsley, Frank A. 51 S. Jackson St.
 Carrel, Francis E. 214 Ross Bldg.
 Dykhuizen, Theodore A. 59 S. Main St.
 Erdel, Milton W. 2 E. White St.
 Flora, Fred. 59 S. Main St.
 Hammersley, George K. 361 E. Clinton St.
 Hedgcock, Robert A. 259 E. Clinton St.
 Holmes, Claude D. (S) 9½ W. Clinton St.
 Kneidel, John H. Clinton County Hospital
 Mather, Robert L. 4 E. White St.
 Reed, John D. R. R. 4
 Stout, Harry T. 361 E. Clinton St.
 Van Kirk, Paul P. 204 W. Washington St.
 Work, Bruce A. 47½ S. Jackson St.

Bush, Charles E. Kirklin
 Carlyle, Ivan E. (S) Michigantown
 Lind, Jaap J. Mulberry

Grove, Robert H. Rossville
 Ketcham, John S. Rossville
 Weller, Ralph Rossville
 Holmes, John L. 510 Moss St., Columbia, Mo.
 Tedford, John H. 4161st USAF Hosp., Tucson, Ariz.

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVISS-MARTIN COUNTIES

Rohrer, James R. Elnora

Loogootee

Chattin, Robert E. 102 Wood
 Lett, Emory B. 408 E. Main

Coleman, Henry G. Odon
 Sears, Don. Odon

Washington

Arthur, Nora M. (S) R. R. 4
 Blazey, Arthur G. 7 E. Walnut St.
 Chattin, Vance J. 514 E. Main St.
 Farris, John J. 514 E. Main St.
 Fox, C. Philip. 305 Peoples Bank Bldg.
 Lindsay, Hamlin B. 511 E. Main St.
 Lloyd, Claude A. 107 N. E. Second St.
 McKittrick, Jack. Peoples Bank Bldg.
 McNaughton, Lawrence M. 400 E. Hebron St.
 Norton, Horace. 511 E. Hebron St.
 Rang, A. A. 211 N. E. Ninth St.
 Rang, Robert H. 1312 Bedford Rd.
 Ross, Glenn E. 217 N. E. Tenth St.
 Schafer, William C. 1312 Bedford Rd.
 Schroeder, Henry R. 101 N. E. First St.
 Seat, Marshall H. Williams Bldg.
 Smoot, Emory B. 507 E. Main St.

DEARBORN-OHIO COUNTIES

Aurora

Baker, Leslie M. 223 Mechanic St.
 Jackson, John K. 223 Mechanic St.
 Olcott, Charles W. 203 Main St.
 Treon, James F. (S) 505 Fifth St.

McNeely, Matthew J. Dillsboro
 Elliott, John C. (S) Guilford

Lawrenceburg

Fagaly, William J. 238 Short St.
 Houston, Fred D. 30 W. High St.
 Pfeifer, James M. 319 Front St.
 Streck, Francis A. 326 Walnut St.
 Vail, George A. 28 Oakley Ave.

Fessler, Gordon S. Rising Sun

DECATUR COUNTY

Tremain, Milton A. (S) Adams

Greensburg

Acher, Robert P. 221 E. Washington St.
 Callaghan, Winship C. 304 Bates Bldg.
 Dickson, Dale D. Bates Bldg.
 Miller, James C. 205 Bates Bldg.
 Morrison, James T. 207 N. Franklin
 Overpeck, Charles. Murphy Bldg.
 Sallee, William T. Bates Bldg.
 Shaffer, William R. 214 N. Franklin
 Walker, Louis. 215 N. Franklin

Harkcom, Harry E. St. Paul
 Porter, Edward A. (S) Westport
 Porter, Robert A. Westport

DE KALB COUNTY

Auburn

Covell, Harry M. 127 W. Seventh St.
 Geisinger, Lewis N. (S) Auburn
 Hines, Archie V. Auburn
 Hines, John H. 403 S. Main St.
 Hippensteel, Harland V. 208 W. Seventh St.

Nugen, Harold 223 W. Seventh St.
 Rogers, Evered E. 212 W. Sixth St.
 Sanders, Jesse A. Auburn
 Souder, Bonnell M. Auburn
 Wills, Max 127 W. Seventh St.

Hathaway, Clayton B. Butler
 Weirich, Charles I. Butler

Garrett

Carpenter, Ramesh S. 514 S. Randolph
 Jinnings, Loren E. 200 S. Randolph
 Kantzer, Floyd B. 200 S. Randolph
 Nason, Robert A. 123 E. King
 Novy, Charles A. 200 S. Randolph
 Reynolds, Russell P. 215 S. Randolph

Coleman, Floyd B. Waterloo
 Showalter, John P. Waterloo
 Van Nest, Willard A.

501 Magnolia St., New Smyrna Beach, Fla.

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D. Albany
 Puterbaugh, Karl E. Albany
 Hurley, John R. Daleville
 Tucker, Oral A. Daleville
 Ko, Richard C. B. Gaston
 Langsdon, Fred R. Gaston

Hartford City

Dodds, James U. 227 W. Main St.
 Dudgeon, Charles A. 720 N. Spring
 Jackson, Dean B. 401 W. Washington St.
 Owsley, Guy A. 214 N. High St.
 Parks, George. 720 N. Spring
 Weldy, Bryce P. 227 W. Franklin St.
 Werry, Leslie E. 218 W. Washington St.
 Wierzalis, Edward F. Rural Loan Bldg.

Burns, Paul E. Montpelier
 Douglas, William T. Montpelier

Muncie

Adams, Julia L. R. R. 6
 Adams, William B. Ball Memorial Hosp.
 Alvey, Charles R. 217 S. Cherry St.
 Ball, Clay A. (S) 303 W. Adams St.
 Ball, Phillip 420 W. Washington St.
 Benken, Lawrence D. 2423 W. Jackson
 Bergwall, Warren L. Tillotson Ave.
 Bibler, Henry E. 311 W. Adams St.
 Botkin, Charles (S) 508 W. Jackson St.
 Botkin, Clyde G. 508 W. Jackson St.
 Botkin, Thomas. 400 White River Blvd.
 Brown, Leland G. 412 White River Blvd.
 Brown, Thomas M. 412 White River Blvd.
 Burwell, Stanley W. 424 W. Jackson St.
 Butterfield, Robert M. 315 W. Jackson St.
 Clark, Robert M. 115 N. Cherry St.
 Clauser, Eldo H. M. 315 S. Jefferson St.
 Clevenger, Joseph H. 424 W. Jackson St.
 Cochran, Robert B. 420 W. Washington St.
 Covalt, Wendell E. 305 Western Reserve Bldg.
 Crawford, Alvin S. Ball Memorial Hospital
 Cullison, John L. 1600 W. Jackson St.
 Cure, Elmer T. 122 W. Jackson St.
 Davis, Edgar C. 107 Plaza Bldg.
 Deutsch, William. 309 Johnson Bldg.
 Dunn, Ferrell W. (S) 2210 Janney Ave.
 Dunning, Thomas W. 2327 S. Madison
 Fair, Herbert D. (S) 201 Alameda Ave.
 Ferguson, Samuel H. 420 W. Washington St.
 Funk, John W. 217 W. Charles St.
 Galliher, Marjorie J. 115 S. Liberty St.
 Garling, Luvern C. 420 W. Washington St.
 Geckler, Charles E. 203 Western Reserve Bldg.
 Gill, Thomas A. 808 W. Jackson St.
 Greiber, Marvin F. 420 W. Washington St.
 Gustafson, Milton. 808 W. Jackson St.
 Hall, Orville A. 514 Wysor Bldg.
 Hall, Robert S. 514 Wysor Bldg.

Hayes, Theodore R. 210 S. High St.
 Hearn, Charles J. 420 W. Washington St.
 Heinrichs, Harry H. (S) 214 Cromer St.
 Henderson, Ramon A. 806 W. Main St.
 High, Ralph L. 420 W. Washington St.
 Hill, Howard E. 402 W. Jackson St.
 Hostetter, Irwin S. 115 N. Cherry St.
 Hurley, Anson G. 1111 W. Jackson St.
 Imhof, Joseph D. 206 Western Reserve Bldg.
 Kammer, Grace C. 1005 W. Parkway Dr.
 Kammer, Walter F. 420 W. Washington St.
 Kern, Charles B. (S) 31 Mann
 Kibler, Charles E. 420 W. Washington St.
 Kirshman, Forrest E. 211 S. High St.
 Koss, K. William. 1600 W. Jackson St.
 LaDuron, Jules F. 615 S. Liberty St.
 McClintock, James A. 316 W. Adams St.
 McCoy, George E. 806 W. Jackson St.
 McDowell, Fletcher W. 315 S. Jefferson St.
 Mathewson, Russell C. 420 W. Washington St.
 Molloy, William J. (S) 619 E. Charles St.
 Montgomery, Lall G. Ball Memorial Hosp.
 Moore, Thomas C. 100 N. Cherry St.
 Moore, Will C. 110 N. Cherry St.
 Morris, Jean W. 247 Johnson Bldg.
 Nelson, Harold E. 424 W. Jackson St.
 Owens, Richard R. 406 Western Reserve Bldg.
 Owens, Thomas R. 202 Western Reserve Bldg.
 Peacock, Robert C. 124 S. High St.
 Pippenger, Wayne G. Ball State Teachers College
 Quick, William J. 314 E. Washington St.
 Rathkey, Arthur S. 420 W. Washington St.
 Rettig, Arthur C. 314 W. Jackson St.
 Rivers, Glynn A. 625 W. Adams St.
 Robinson, H. Thomas 420 W. Washington St.
 Saperstein, Morris. 2327 S. Madison St.
 Schulhof, Maurice G. 420 W. Washington St.
 Smith, James S. 501 Kirby
 Stanley, John R. 310 W. Jackson St.
 Starks, William O. 420 W. Washington St.
 Steele, Frank M. 420 W. Washington St.
 Stibbens, Warren. 2210 Janney St.
 Stout, Francis E. 2423 W. Jackson St.
 Taylor, Donald R. Ball Memorial Hosp.
 Taylor, James A. Delco Remy Plant
 Tindal, Edward F. (S) 214 Wysor Bldg.
 Tomlin, Hugh M. 420 W. Washington St.
 Venis, Kemper N. 108 N. Liberty St.
 Vlaskamp, Elaine M. 401 W. Main St.
 Walker, Jack M. 412 White River Blvd.
 Ware, Herbert E. 514 Wysor Bldg.
 Young, Gerald S. 316 W. Jackson St.

Jump, Charles A. (S) Selma
 Hill, Robert E. Yorktown
 Moss, Mavor J. Yorktown

DUBOIS COUNTY

Backer, Henry G. Ferdinand
 Bogmenko, Leon T. Holland

Huntingburg

Amini, Sohrab 521 Fourth St.
 Bretz, John M. 302 Fourth St.
 Heaton, Elton. 215 Walnut St.
 Scales, Alfred B. 409 Van Buren
 Scales, Allen D. 409 Van Buren
 Steinkamp, Emil F. (S) 302 Walnut St.
 Stork, Harvey K. 532 Fourth St.
 Williams, Fielding P. 215 W. Walnut St.

Jasper

Blessinger, Paul J. 325 E. Sixth St.
 Gootee, Thomas H. 101-4 Central Bldg.
 Heck, Martin C. 801 Newton
 Held, George A. 716 W. Ninth St.
 Klammer, Charles H. Metzger Bldg.
 Lukemeyer, St. John. 109 W. 12th St.
 Ploetner, Edward J. Sixth & Newton Sts.
 Salb, John P. Jasper
 Salb, Leo A. (S) 301 E. Sixth St.

Singer, Paul J.....116 E. Seventh St.
 Wagner, Arthur L.....801 Newton St.
 Beaven, John B.
 St. Joseph's Infirmary, Louisville, Ky.
 Greenburg, Rolland
 U. S. Navy Hospital, Great Lakes, Ill.

ELKHART COUNTY

Horswell, Richard G.....Bristol
 Neidballa, Edward G.....Bristol

Elkhart

Arlook, Theodore D.....912 W. Franklin St.
 Bender, Robert L.....411 S. Third St.
 Benson, James E.....405 S. Second St.
 Billings, Elmer R.....405 S. Third St.
 Bloom, George R.....506 S. Second St.
 Bolin, Robert S.....209 S. Second St.
 Bowdoin, George E.....515 S. Second St.
 Campbell, Patrick B.....605 Oakland Ave.
 Classen, Pete R. C.....4112 S. Main St.
 Compton, Walter A.....1127 Myrtle St.
 Conklin, Raymond L.....323 E. Crawford
 Cormican, Herbert L.....316 S. Fourth St.
 Crandall, Lathan A.

Miles-Ames Research Laboratory

DeDario, Leonard M.....123 W. Marion St.
 Dovey, Edward G.....Equity Bldg.
 Elliott, Lloyd A.....405 S. Second St.
 Elliott, Thomas A.....405 S. Second St.
 Fleming, Claude F. (S).....217 W. Jefferson St.
 Futterknecht, James O.....405 S. Second St.
 Gattman, George B.....427 S. Second St.
 Graber, Virgil R.....413 W. Franklin St.
 Hannah, Jack W.....1906 E. Jackson Blvd.
 Hull, Arthur W.....221 Jefferson
 Ivy, John H.....405 S. Second St.
 Keating, John U.....215½ W. Lexington
 Kintner, Burton E.....506 S. Second St.
 Kistner, Arthur W.....400 Equity Bldg.
 Koehler, Elmer G.....416 W. Lexington Ave.
 Leasure, Kenneth.....1000 W. Marion St.
 Lundt, Milo O.....521 S. Second St.
 Markel, Ivan J.....215 W. Franklin St.
 McArt, Bruce A.....123 W. Marion St.
 Martin, Paul H.....202 Harrison St.
 Mendez, Carlos.....116 W. Marion St.
 Middleton, Ramona J.....209 S. Second St.
 Miller, Galen R.....903 W. Franklin St.
 Miller, Hugh A.....417 Prospect
 Miller, Samuel T.....506 S. Second St.
 Minger, Edward P.....1118 E. Jackson Blvd.
 Mishkin, Irving.....209 S. Second St.
 Norris, Allen A. (S).....401 W. Marion St.
 Paff, William A.....115 S. Third St.
 Paine, George E.....329 Meisner Ave.
 Pancost, Vernon K.....200 Equity Bldg.
 Parshall, Dale B.....133 W. Lusher Ave.
 Patrick, Glenn B.....427 S. Second St.
 Rouen, Robert.....114 Monger Bldg.
 Rupe, Lloyd O.....209 Equity Bldg.
 Schlosser, Herbert C.....116 W. Marion St.
 Sears, Murray M. (S).....304 Equity Bldg.
 Sobol, Z. W.....405 S. Second St.
 Spray, Page E.....316 Fourth St.
 Stauffer, Walter A. (S).....701 Strong Ave.
 Stout, Richard B.....1501 Greenleaf Blvd.
 Stubbins, William M.....412 S. Second St.
 Swank, L. Forrest.....315 Equity Bldg.
 Swihart, Homer R.....124 W. Marion St.
 Swihart, Leonard F.....214 W. Marion St.
 Wilson, Orley E.....217 N. Main St.
 Work, James A., Jr. (S).....133 Monger Bldg.
 Yoder, C. Richard.....603 Oakland

Goshen

Amstutz, Henry C.....112 W. High Park
 Bartholomew, Mary L.....317 E. Lincoln

Bender, Cecil K.....320 S. Fifth St.
 Bigler, Frederick W.....314 S. Fifth St.
 Bosler, Howard A....Waterford Mills, mail Goshen
 Bowser, Philip G.....107 S. Fifth St.
 Chandler, Leon H.....Shoots Bldg.
 Freeman, Floyd M. (S).....109 W. Washington St.
 Hostetler, Carl M.....304 E. Lincoln
 Martin, Floyd S.....127 E. Lincoln
 Qulty, Thomas J.....112 E. Madison St.
 Simmons, Lloyd H.....208 E. Lincoln
 Troyer, Dana.....107 S. Fifth St.
 Turner, John P.....115 E. Washington St.
 Wagner, David G.....307 S. Seventh St.
 Yoder, Albert C. (S).....113 S. Fifth St.
 Yoder, Jonathan G.....314 E. Lincoln
 Young, Ralph H.....113 E. Madison

Massanari, Walter.....Millersburg
 Miller, Donald G.....Middlebury
 Teters, Melvin S.....Middlebury

Nappanee

Fleetwood, Raymond A.....357 N. Nappanee
 Kendall, Forest M.....252 W. Market St.
 Price, Douglas W.....162 E. Market St.
 Roose, Lisle W.....357 N. Nappanee
 Slabaugh, Jancy S. (S).....111 N. Main St.

De Fries, John J.....New Paris
 Abel, Robert.....Wakarusa
 Amick, Charles L.....Wakarusa
 Guttman, John B.....Wakarusa
 Todd, David D. (S)
 5835 Beaumont Ave., La Jolla, Calif.

FAYETTE-FRANKLIN COUNTIES

Brookville

Foreman, Walter A.....617 Main St.
 Peters, Elmer E.....830 Main St.
 Seal, Perry F.....901 N. Main St.
 Smith, Herbert N.....812 Main St.
 Truman, E. Michael.....814 Main St.

Connersville

Dale, Maxwell H.....818 Grand
 Ellis, George M., Jr.....108 E. 10th St.
 Entner, Charles L.....716 Grand Ave.
 Fruth, Rodney B.....634 Eastern Ave.
 Fruth, Virgil J.....634 Eastern Ave.
 Gregg, Albert F.....124 E. Sixth St.
 Hudson, Arlington M.....20th at Indiana
 Kemp, William A.....122 W. Seventh St.
 Kerrigan, William F.....718 Central Ave.
 Lockhart, Jack M.....520 Eastern Ave.
 Mountain, Francis B.....930 Central Ave.
 Neukamp, Frank H.....621 Central Ave.
 Sanders, Bertram W.....1533 Virginia Ave.
 Smelser, Herman W.....823 Central Ave.
 Steinem, Joseph L.....812 Grand Ave.
 Watterson, Gerald T.....1910 Virginia Ave.

Poston, Clement L.....R. R. 2, Laurel

FLOYD COUNTY

Engleman, Harry K. (S).....Georgetown

New Albany

Baker, Avey M.....811 E. Spring St.
 Baxter, Samuel M.....1201 E. Spring St.
 Briscoe, Clarence E. (S).....1413 E. Spring St.
 Brown, Kenneth H.....410 E. Spring St.
 Byrn, Howard W. (S).....415 Elsby Bldg.
 Cannon, Daniel H.....1203 E. Spring St.
 Davis, Parvin M.....601 E. Spring St.
 Edwards, William F.....Floyd County Bank Bldg.
 Garner, William H.....919 E. Spring St.
 Gentile, John P.....101 Adams St.
 Geyer, Joseph.....Silvercrest Sanitarium
 Harris, Robert W.....602 E. Spring St.
 Hauss, Augustus P.....212 Elsby Bldg.

Hess, Paul P. Floyd Co. Bank Bldg.
 Higgins, John R. 700 E. Spring St.
 LaFollette, Donald 500 E. Spring St.
 LaFollette, Robert E. 500 E. Spring St.
 McCullough, James Y. 624 E. Spring St.
 May, William D. Silvercrest Sanitarium
 Paris, John M. 602 E. Spring St.
 Pierce, Gene S. R. R. 21
 Robertson, Addis N. 820 E. Spring St.
 Ruoff, William 1911 Elm St.
 Sloan, Herbert P. 1207 E. Spring St.
 Sonne, Irvin S., Jr. 703 E. Spring St.
 Streepey, Jefferson I. 1102 E. Spring St.
 Tyler, Frank T. (S) Hausfeldt Lane
 Voyles, Harry E. 213 Elsy Bldg.
 Wallace, Elmer L. 1516 State St.
 Weaver, William W. 1104 E. Spring St.
 Wohlfeld, Gerald Silvercrest Sanitarium
 Wolfe, Nelson 1117 E. Spring St.
 Worley, Henry L. 1104 E. Spring St.

Allen, Frederick K. 518 Broxburn, Tampa 4, Fla.
 Garner, William, Jr.
 1st USAF Hosp., Selfridge AFB, Michigan

FOUNTAIN-WARREN COUNTIES

Attica

Fisher, John E. Masonic Bldg.
 Maris, Lee J. 201 Brady
 Petrich, Peter R. 401 S. Perry St.
 Raymundo, Vivencio F. 401 S. Perry St.

Hoffman, Max N. Covington
 Humphrey, Edward M.

Olin Mathieson Corp., Covington

Stephens, Lowell R. Covington
 Suzuki, Tsutomu T. Covington
 Smith, Byron J. Kingman
 McCord, Carl B. (S) Veedersburg
 Person, Theodore C. Veedersburg
 Rusk, Hubert M. Wallace
 Nelson, Carl A. West Lebanon
 Crain, James W. Williamsport
 Spinning, A. L. (S)
 1563 S. Palm Canyon, Palm Springs, Calif.

FULTON COUNTY

Herrick, Charles L. Akron
 Miller, Virgil C. Akron
 Dielman, Franklin C. (S) Fulton
 Kraming, Kenneth K. Kewanna
 Kelsey, L. E. Kewanna

Rochester

Glackman, John C. (S) 912 Main St.
 Guthrie, James U. 116 W. Ninth St.
 Herendeen, Elbie V. 120 W. Ninth St.
 Johnson, Frank P. 817 E. 9th St.
 Richardson, Charles L. 121 W. Eighth St.
 Rowe, Howard H. 705 Jefferson St.
 Stinson, Dean K. 816 Main St.

GIBSON COUNTY

Geick, Raymond G. Fort Branch
 Marchand, Edwin V. Haubstadt
 Petitjean, Harold G. Haubstadt
 Dye, William E. Oakland City
 Ropp, Eldon R. Oakland City
 Wood, Russell W. Oakland City
 Geller, Samuel Owensville

Princeton

Brazelton, Osborne T. (S) 222 E. Clark
 Carpentier, Harry F. 105 E. Broadway
 Folck, John K. 115 N. Prince St.
 Graves, Orville M. 117 S. Hart St.
 McCarty, Virgil 113 S. Main St.
 McElroy, Robert S. 116 S. Main St.
 Peck, James F. 218 Broadway

Strickland, Karl S. (S) 230 W. Broadway
 Weitzel, Roland 112 S. Hart St.

Chappell, Harold R. 403 Irwin Dr., S. Wherry,
 Fort Bragg, N. Carolina

GRANT COUNTY

Grant, M. Arthur Fairmount
 Yale, Charles A. Fairmount
 Garrison, Leon J. Gas City
 Koontz, William A. Gas City
 Baskett, Russell J. Jonesboro

Marion

Abell, Charles F. 321 Marion Nat'l Bank Bldg.
 Alderfer, Henry 131 N. Washington St.
 Ansbacher, Stefan (H) R. R. 1
 Ayres, Wendell W. 303 Glass Block
 Bailey, Douglas A. 107 E. 31st St.
 Bloom, Asa W. 724 W. Third St.
 Boyer, Grace B. 605 Locust St.
 Braunlin, Robert F. 711 Marion Nat'l Bank Bldg.
 Braunlin, William H. (S)

709-15 Marion Nat'l Bank Bldg.

Brown, Robert M. 520 Marion Nat'l Bank Bldg.
 Comeau, William J. Marion General Hosp.
 Cunningham, Robert D. 510 Glass Block
 Daniels, George R. (S) 106 N. E Street
 Davis, Joseph B. 131 N. Washington St.
 Davis, Merrill S. 131 N. Washington St.
 Davis, Richard 131 N. Washington St.
 Diamond, Leo L. 413 Marion Nat'l Bank Bldg.
 Fisher, Henry 1502 S. Washington St.
 Ganz, Max 930 S. Adams
 Goldsmith, David A. 1225 Jeffras Ave.
 Gustafson, Carl J. Veterans Hospital
 Hummel, Russel M. 317 Marion Nat'l Bank Bldg.
 Jarrett, John C. 131 N. Washington St.
 Lahr, Richard E. 1121 W. Third St.
 Langrall, Harrison M. Jr. 131 N. Washington St.
 Lavengood, Russell W. 225 Glass Block
 Long, Max R. 803 S. Boots St.
 Lonngren, Dudley H. 131 N. Washington St.
 Love, V. Logan 131 N. Washington St.
 MacNamee, D. Hugh 131 N. Washington St.
 Miller, H. Allison 320 Glass Block
 Oatman, Jack G. 131 N. Washington St.
 Pattison, John D. 131 N. Washington St.
 Powell, J. Paxton 501 Glass Block
 Price, Ambrose M. 309½ Adams St.
 Renbarger, Lester L. 1531 W. Second
 Rhamy, Arthur P. 506 Glass Block
 Rhorer, John G. 201 S. D St.
 Schroeder, Robert W. 317 N. Western Ave.
 Shoemaker, Richard L. 211 E. South St. A
 Simmons, Frederick H. 525 Glass Block
 Skomp, Claud E. 302 Marion Nat'l Bank Bldg.
 Snowwhite, Arthur B. 311 Glass Block
 Thompson, B. Jay Marion General Hosp.
 Warren, Carroll B. 511 Glass Block
 Weinberg, Samuel 104 W. Third St.
 Wojcik, Ladislav D. 131 N. Washington St.
 Woodbury, John W. 131 N. Washington St.
 Young, Robert G. 2927 S. Washington St.

Beck, Thomas A. Swayzee
 Taylor, Everett C. Upland
 Rifner, Eugene S. Van Buren

GREENE COUNTY

Bloomfield

Graf, Jerome A. Bloomfield
 Mount, Mathias S. 55 N. Franklin St.
 Turner, Harold B. 8 East Main St.
 Turner, Jack J. 8 East Main St.
 Van Sandt, Frank A. (S) 110½ E. Main St.

Porter, Carl M. Jasonville
 Rotman, Harry G. Jasonville

Rotman, Sam I.	Jasonville
Bailey, Edwin B.	Linton
Broshears, Kenneth P.	Linton
Craft, William F.	Linton
Raney, Ben B.	Linton
Tomak, Milton E.	Linton
Woner, John W.	Linton
Hamilton, M. Luther (S)	Newberry
Fender, Asa H.	Worthington
Moses, George E.	Worthington
Moses, Robert E.	Worthington

HAMILTON COUNTY

Karlick, Joseph	Arcadia
McDaniel, Franklin P. (S)	Atlanta
Donahue, Claude M.	Carmel
Thomas, Clayton W.	Carmel
Havens, Oscar	Cicero

Noblesville

Ambrose, Jesse C.	298 N. Ninth Street
Campbell, Sam W.	952 Maple St.
Harris, Robert F.	120 N. 11th St.
Hash, John S.	139 S. 10th St.
Hooke, Samuel W. (S)	307 N. 9th St.
Lanning, R. Adrian	10th and North Dr.
Lloyd, Joe R.	148 N. 9th St.
Shanks, Ray W.	104 S. 10th St.
Shonk, Harold W.	1084 Clinton St.
Smith, Charles F.	23 N. 10th St.
Southard, Carl B.	55 S. 16th St.

Griffith, James W.	Sheridan
Newby, Eugene	Sheridan
Reck, John L. (S)	Sheridan
Connoy, Andrew F.	Westfield
Connoy, Leo F.	Westfield

HANCOCK COUNTY

Scott, Robert S.	Charlottesville
Ferrell, Mars B.	Fortville
Manifold, Harold W.	Fortville
Navin, Hugh K.	Fortville

Greenfield

Beeson, Wilbur	114 N. State St.
Endicott, Wayne	940 N. State St.
Farrell, John J., Jr.	1001 N. State St.
Gibbs, Charles M. (S)	203 E. North St.
Gill, Dee D.	1001 N. State St.
Henn, R. Anthony	211 W. Main St.
Hunter, Donn	10 W. Boyd
Kinneman, Robert E.	114 N. State St.
Kirby, Ted C.	114 N. State St.
Smith, John H.	744 N. State St.
Vingis, Bronie	746 N. State
Woods, James R., Jr	11 N. State St.

Larrabee, William H. (S)	New Palestine
Pierson, Thomas A.	New Palestine
Kuhn, Robert W.	Wilkinson

HARRISON-CRAWFORD COUNTIES

Corydon

Amy, William E. (S)	120 S. Capitol
Blessinger, Louis H.	738 N. Capitol
Brockman, Wilfred	439 E. Chestnut St.
Dillman, Carl E.	
Dukes, David J.	439 E. Chestnut St.

Baker, Guy D (S)	Crandall
Gobbel, Novy E.	English
Seipel, Stanley	Lanesville
Benz, Jesse (S)	Marengo
Lynch, Otis R.	Marengo
Mathys, Alfred (S)	Mauckport
Neely, Alonzo S. (S)	New Middletown
Johnson, Jerome M	Palmyra

Martin, Samuel W.	104 Lilly St., Beckley, W. Va.
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HENDRICKS COUNTY

Foltz, Lloyd E.	Brownsburg
Scudder, Arthur N.	Brownsburg
Ellett, John, Jr.	Coatesville

Danville

Hibner, Kermit	25 W. Marion St.
Koch, Elmer L.	18 E. Marion St.
Staff, Robert A.	R. R. 1
Southard, James E.	138 W. Marion St.
Terry, Lloyd	138 W. Marion St.

Ellis, Lyman H.	Lizton
Wiseheart, Oscar H. (S)	North Salem
Scamahorn, Malcolm O.	Pittsboro
Scamahorn, Oscar T. (S)	Pittsboro

Plainfield

Aiken, Milo M.	140 N. Center St.
Cohen, Irving	115 E. Main St.
Haggard, David B.	119 S. Carr Road
Johnston, Alan	115 E. Main St.
Stafford, James C. (S)	107 W. Main St.
Stafford, William C.	107 W. Main St.

Frantz, Mount E.	3530th USAF Hosp., Bryan AFB, Texas
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HENRY COUNTY

McNabb, Richard C.	Knightstown
Wiatt, Leonard	Knightstown
Scheetz, Marion R.	Lewisville
Arford, Roxford D. (S)	Middletown
Dragoo, Farrol	Middletown
Hammer, Jay W.	Middletown
Stauffer, George E.	Mooreland
Marshall, Lloyd C. (S)	Mt. Summit

New Castle

Amos, Robert L.	1219½ Race St.
Bledsoe, James G.	319 S. 14th St.
Burnett, Arthur B.	106 N. Main St.
Canaday, Clifford E. (S)	1411 Church St.
Craig, Alexander F.	M R 13, Crescent Dr.
Davies, Robert	1319 Church St.
Fisher, John E.	409 Burr Bldg.
Foster, Ray T.	1215 Race St.
Grant, Phyllis	Epileptic Village
Harrison, Benjamin L.	118 Jennings Bldg.
Heilman, William C.	1319 Church St.
Heilman, William C., Jr.	1319 Church St.
Hill, Kenneth G.	1319 Church St.
Irtman, George E.	1319 Church St.
Kennedy, Walter U.	208 Union Block
Life, Homer L.	101 S. 11th St.
Lowery, George E.	Epileptic Village
McDonald, Frank C.	527 S. Main St.
McElroy, James S.	1319 Church St.
McGee, Robert R.	527 S. Main St.
McKee, Roy G.	319 S. 14th St.
Mosier, Jack M.	Epileptic Village
Saint, William K.	1219½ Race St.
Smith, Mark E.	1319 Church St.
Stout, Walter M.	1319 Church St.
Thorne, Charles E.	200 N. 12th St.
Tully, John A. (S)	502 S. Main St.
Vivian, Donald E.	Henry County Hospital
Wiggins, Dulanias S. (S)	219 S. 12th St.

Robertson, William S.	Spiceland
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HOWARD COUNTY

Denton, Larkin D.	Greentown
Shoup, Homer B.	Greentown

Kokomo

Alward, John H.	401 W. Walnut St.
Ault, Carl H.	421 W. North St.
Boughman, Joe D.	2008 W. Sycamore
Bowers, Copeland C.	210 W. Mulberry St.

Bowers, Garvey B.....210 W. Mulberry St.
 Bowers, John A.....210 W. Mulberry St.
 Bruegge, Theodore J.....2108 W. Sycamore
 Cattell, Lee M.....214 E. Mulberry St.
 Clarke, Elton R.....304 W. Taylor St.
 Conley, Thomas M.....520 Union Bank Bldg.
 Craig, Reuben A.....514 W. Superior St.
 Craig, Reuben.....514 W. Superior St.
 Crawford, Theodore R.....2108 W. Sycamore St.
 Earl, Max M.....409 W. Taylor St.
 Ferry, Paul W.....406 Union Bank Bldg.
 Frazier, Jack L.....117 W. Markland
 Golper, Marvin N.....1907 W. Sycamore St.
 Good, Richard P.....308 Armstrong-Landon Bldg.
 Halfast, Richard W.....214 E. Mulberry St.
 Hoyt, John M.....1017 S. Delphos
 Hutto, William H.....215 W. Superior St.
 Jewell, George M.....508 Armstrong-Landon Bldg.
 Knepple, LaMarr R. (S).....534 W. Sycamore St.
 Kremers, George A.....522 Armstrong-Landon Bldg.
 McClure, Warren N.....407 W. Taylor St.
 McIndoo, Ralph E.....313 W. Taylor St.
 Mendelson, Stanley M.....117 W. Markland
 Morrison, William R.....504 Union Bank Bldg.
 Murray, Ernest C.....501 N. Washington St.
 Paris, Durward W.....614 Armstrong-Landon Bldg.
 Perkins, Powell L.....2112 W. Sycamore
 Phares, Robert W.....905 W. Mulberry St.
 Prather, Philip E.....909 S. Courtland
 Ramey, John W.....107½ S. Union St.
 Rhorer, Herbert M.....210 W. Mulberry St.
 Rudice, Max.....1907 W. Sycamore St.
 Schwartz, Frederick C.....2016 W. Sycamore
 Shenk, Earl M.....208½ N. Main St.
 Smith, Gloster J.....105½ E. Sycamore St.
 Sorenson, Raymond.....522 Armstrong-Landon Bldg.
 Spangler, Jesse S.....215 E. Taylor St.
 Taraba, Ralph W.....Delco Radio Div.
 Trimble, John G.....116 S. Buckeye St.
 Wachob, Tom W., Jr.....

406 Armstrong-Landon Bldg.

Fosgate, Orville E.....Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Harold S.....42 W. Park Dr.
 Casey, Stanley M.....408 E. Market St.
 Clunie, William A.....323 W. Park Dr.
 Cope, Stanton E.....1022 N. Jefferson St.
 Cornell, Beaumont S.....R. R. 2
 Erehart, Mark G.....232 W. Market St.
 Eviston, John B.....34 E. Washington St.
 Gray, Paul M.....340 E. Market St.
 Grayston, Wallace S. (S).....303 E. Market St.
 James, Thomas, Jr.....202 U. B. Publishing Bldg.
 Johnston, Robert G. (S).....339 E. Market St.
 Marks, Howard H.....248 W. Park Dr.
 Meiser, Robert D.....612 N. Jefferson St.
 Mitman, Floyd B.....210 W. Park Dr.
 Nie, Grover M. (S).....650 Cherry St.
 Omstead, Trevalyn W.....231 Vine St.
 Plasterer, Edward D.....354 E. Washington St.
 Thompson, Frank M.....818 W. Park Dr.
 Wagner, Richard.....1355 Guilford

Woods, Halden C.....Markle
 Cooper, B. Trent.....Roanoke
 Bennett, J. B.....Warren
 Eby, Ida L. (S).....Methodist Home, Warren
 McIlwain, Eleanor E.....Methodist Home, Warren
 McIlwain, Robert E.....Methodist Home, Warren
 Webb, Lawrence C.....Warren

JACKSON COUNTY

Cummings, David J. (S).....Brownstown
 Gillespie, Garland R.....Brownstown
 Riner, Jack K.....Brownstown
 Shields, Jack E.....Brownstown

Adair, William K. (S).....Crothersville
 Bard, Frank B.....Crothersville
 Butler, Joe B.....Crothersville
 Scharbrough, William.....Medora

Seymour

Baxter, Harry R.....326 N. Walnut St.
 Black, Joe M.....502 W. Second St.
 Bobb, Kenneth E.....311 Lee Blvd.
 Bosch, Ralph.....635 W. Second St.
 Day, William D. C.....510 W. Sixth St.
 Graessle, Harold P.....304 W. Second St.
 Martin, Guy.....105 N. Walnut St.
 Miller, Harold E.....Vehslage Bldg.
 Osterman, Louis H.....315 S. Second St.
 Ripley, John W.....321 Bruce St.
 Shorridge, Wilbur H.....207 N. Pine St.
 Wiethoff, Clifford A.....215 W. Second St.

JASPER-NEWTON COUNTIES

Schoonveld, Arthur.....Brook
 Lee, Robert L.....De Motte
 Holland, Charles E.....Goodland
 Parker, John C.....Goodland
 Yegerlehner, Roscoe S.....Kentland
 Brady, Kingdon.....Morocco
 Hartsough, Ralph I.....Remington
 Schantz, Richard.....Remington
 Beaver, Ernest R.....Rensselaer
 Greene, Robert W.....Rensselaer
 Johnson, Cecil E.....Rensselaer
 O'Brien, Francis E.....Rensselaer
 Ockerman, Kenneth R.....Rensselaer
 Williams, Earl K.....Rensselaer

Gwin, Merle D. (S)

2111 Regatta Ave., Miami Beach, Fla.

JAY COUNTY

Heller, Nelson L. R. (S).....Dunkirk
 Shroyer, Herbert.....Dunkirk
 Tate, Elizabeth.....Dunkirk
 Hiestand, Harley J. (S).....Pennville

Portland

Badders, Ara C.....226 W. Main St.
 Cring, George V.....210 W. Walnut St.
 Cripe, William.....116 W. Walnut St.
 Fitzpatrick, James S.....603 W. Arch St.
 Gillum, Eugene M.....Main and Meridian Sts.
 Hammond, Stanley M.....Weiler Bldg.
 Keeling, Forrest E.....116 W. Walnut St.
 Lyon, Florence M.....127 E. North St.
 Moran, Mark M. (S).....Portland
 Morrison, George C.....Weiler Bldg.
 Schenck, Ralph E.....603 W. Arch St.
 Spahr, Donald E.....615 W. Race St.
 Steffy, Ralph M.....116 W. Walnut St.

JEFFERSON-SWITZERLAND COUNTIES

Henning, Carl (S).....Hanover

Madison

Alcorn, Merritt O., Jr.....428 E. Main St.
 Beetem, Luther F.....425 W. Main St.
 Childs, A. G. W. (S).....412 E. Main St.
 Childs, Wallace E.....412 E. Main St.
 Davis, Lloyd H.....Madison State Hospital
 Haney, William.....104 E. Third St.
 Hare, Francis W., Jr.....722 W. Main St.
 Jolly, Lewis E.....722 W. Main St.
 May, George A.....426 E. Main St.
 McAtee, Ott B.....Madison State Hospital
 Modisett, Jackson W.....722 W. Main St.
 Modisett, Marcella S.....722 W. Main St.
 Moore, Martha.....Madison State Hospital
 Murray, William E.....Madison State Hospital
 Pratt, Ralph M., Jr.....806 W. Main St.
 Prenatt, Francis.....Madison State Hospital
 Shuck, William A.....Odd Fellows Bldg.
 Sloan, W. Keith.....428 E. Main St.
 Turner, Anna Goss.....104 E. Third St.

Turner, Oscar A. (S).....602 E. Second St.
 Whitsitt, Schuyler A. (S).....722 W. Main St.
 Zink, Robert O.....722 W. Main St.

Bear, Lowery H. (S).....Vevay
 Ellerbrook, George E.....Vevay
 Graves, Noel S.....Vevay
 Hamilton, Antha A.....Vevay
 Cook, Elbert C. (S).....R. R. 13, Bradenton, Fla.
 Hamilton, Guy W. (S)....Box 144, Durati, Calif.

JENNINGS COUNTY

Dagley, Hubert R.
 Muscatatuck State School, Butlerville
 Guthrie, William H.....Box 30, Butlerville
 Hingeley, John E.
 Muscatatuck State School, Butlerville

North Vernon

Calli, Louis.....408 S. State St.
 Green, John H. (S).....202 E. Walnut St.
 Johnson, William A.....45 N. Madison Ave.
 Matthews, Dennis W. (S).....North Vernon
 Thayer, Benet W.....25 S. Jackson St.

JOHNSON COUNTY

Gammell, Lindley L...118 S. Holland St., Edinburg
 Lutes, David L. (S)...303 S. Walnut St., Edinburg
 Franklin

Andrews, Hugh K.....176 E. Jefferson St.
 Chappel, Alfred T.....100 N. Main St.
 Deppe, Charles F.....301 E. Jefferson St.
 Ferrara, Joseph F.....25 E. Madison St.
 Foster, Robert.....301 E. Jefferson St.
 Hibbs, William G.....R. R. 1, Box 138
 Jones, Charles A.....251 E. Jefferson St.
 Murphy, Harry E.....150 N. Main St.
 Portteus, Walter L.....1551 N. Main St.
 Province, Oran A.....100 N. Main St.
 Province, William D.....100 N. Main St.
 Records, Arthur W.....198 E. Jefferson St.
 Stogsdill, Willis W.....176 E. Jefferson St.
 Walters, Jack.....1551 N. Main St.

Greenwood

Barnes, Helen Beall.....201½ W. Pearl St.
 Brown, George E.....400 S. Madison Ave.
 Chambers, Pauline D.....360 S. Madison Ave.
 Onyett, Harold R.....Smith Valley Rd.
 Sheek, Kenneth I.....188 Madison Ave.
 Tiley, George A.....41 N. Madison Ave.
 Woodcock, Charles E. (S)...224 S. Madison Ave.

Machledt, John H.....Whiteland

KNOX COUNTY

Bicknell

Byrne, Robert J.....517 N. Main St.
 Meade, Walter W.....403 N. Main St.
 Shanklin, Jack L.....417 N. Main St.
 Wilson, Guy H.....120 W. Third St.

Springstun, George H.....Oaktown
 Vincennes

Anderson, John B.....301 LaPlante Bldg.
 Anderson, Richard M.....301 LaPlante Bldg.
 Arbogast, Paul B.....915 Main St.
 Barrett, Thomas L.....1019 Dubois St.
 Bartlett, Donald T.....Vincennes
 Beckes, Ellsworth W.....220 N. Fifth St.
 Black, Boyd K.....Good Samaritan Hospital
 Chattin, Herbert O.....729 Main St.
 Coffel, Melvin H.....424 LaPlante Bldg.
 Corsentino, Bart.....Good Samaritan Hospital
 Curtner, Myron L.....222 N. Sixth St.
 Edwards, Edward T., Jr..1045 Washington Ave.
 Ewing, Nathaniel D.....14 N. Third St.
 Fox, Maurice S.....616 Shelby St.

Green, Carl L.....1004 Main St.
 Hendrix, Charles E.....603 Busseron
 Hoffman, Doris.....720 Perry St.
 Humphreys, Joe E.....1516 N. Second St.
 Jones, John G. (S).....210 N. Third St.
 McCormick, Hubert D. (S)...325 LaPlante Bldg.
 McDowell, Mordecai M.....611 Dubois St.
 McMahan, Virgil C.....609 Dubois St.
 Moore, Robert G.....21 N. Third St.
 Nichols, Robert J.....605 Busseron St.
 Reilly, James F.....401 Buntin St.
 Richards, David H. (S).....904 Busseron
 Schulze, William.....810 Buntin St.
 Shaffer, Kenneth L.....404 LaPlante Bldg.
 Smith, Ralph O.....603 Busseron
 Smith, S. Joseph.....301 LaPlante Bldg.
 Spencer, Frederic.....429 S. Sixth St.
 Stein, Richard H.....1304 E. St. Clair St.
 Stewart, J. Frank W.....Hillcrest Hospital
 Sullenger, Adron A.....605 Busseron
 Vaughn, Walter R.....615 Dubois St.
 von der Lieth, William C.....14 N. Third St.
 Welch, Norbert M.....615 Dubois St.

KOSCIUSKO COUNTY

Urschel, Dan L.....Mentone
 Wilson, Wymond B.....Mentone
 Hursey, Virgil G.....Milford
 Rheinheimer, Floyd L.....Milford
 Stalter, Gaylord W.....North Webster
 Mishler, Joseph B.....Piercetown
 Pierson, Pearl H.....Silver Lake
 Clark, Fred O.....Syracuse
 Craig, Robert A.....Syracuse
 Fosbrink, Ephraim L.....Syracuse

Warsaw

Baum, John R.....212 S. Indiana
 Dormire, Robert D.....600 E. Winona Ave.
 DuBois, Charles C. (S).....800 E. Center St.
 Hillery, John L.....212 S. Indiana
 Hashemi, Hossein.....Murphy Medical Center
 Johnson, John J.....Court House
 Richer, Orville H.....212 E. Market St.
 Roesch, Ryland.....216 S. Buffalo
 Schlemmer, George H....Murphy Medical Center
 Thomas, Everett W.....212 S. Indiana

LAGRANGE COUNTY

Wade, Alfred A. (S).....Howe
 Yunker, Philip E.....Howe

LaGrange

Benedict, Charles D.....203 W. Wayne St.
 Flannigan, Harley F.....213 W. Lafayette
 Studebaker, Lloyd R.....219 S. Sherman
 Weir, Dale.....220 S. Poplar

Williams, John H.....Shipshewana
 Lehman, Kenneth M.....Topeka

LAKE COUNTY

King, Robert W.....Cedar Lake
 Miller, Donald C.....Cedar Lake
 Misch, William.....Cedar Lake

Crown Point

Amico, Pasquale J....Lake County Tuberculosis San.
 Becker, Philip H....Lake County Tuberculosis San.
 Bernoske, Daniel G.....Co. Health Department
 Birdzell, John P.....124 N. Main St.
 Carroll, Mary E.....124 N. Main St.
 Dhein, Donald T.....Box 495
 Doherty, Raymond J.....R. R. 5, Box 495
 DuSold, Donald D.....306 E. Joliet
 Gray, Daniel E.....182 W. North St.
 Horst, William N.....123 N. Court St.
 Martinez, Napoleon A.

Lake County Tuberculosis Sanitarium
 Russo, Andrew E.....224 S. Court St.
 Seyler, Anna G....Lake County Tuberculosis San.

Steele, Everett B.....124 N. Main St.
Troutwine, William R.....224 S. Court

Theobald, Sterling.....212 Joliet St., Dyer

East Chicago

Bacevich, Andrew J.....3406 Guthrie St.
Balingit, Bienvenido L.....Inland Steel Co.
Barron, Elmer A.....3406 Guthrie St.
Beam, Vernon B.....5215 Kennedy Ave.
Beilke, Clifford A.....815 W. Chicago Ave.
Benchik, Frank A.....4712 Magoun Ave.
Bonaventura, Angelo P.....3701 Main St.
Boyd, Charles S.....4739 Melville Ave.
Boys, Fay F.....4712 Magoun Ave.
Brauer, Abraham A.....3528 Main St.
Braun, Benjamin D.....St. Catherine's Hospital
Broomes, Edward L. C.....2301 Broadway
Bryant, Edward G.....2220 Broadway
Callahan, Richard H.....3704 Main St.
Campagna, Ettro A.....3406 Guthrie St.
Carleton, Edward H.....Inland Steel Co.
Claybourn, Norman L.....3210 Watling St.
Cotter, Edward R.....723 W. Chicago Ave.
Dainko, Alfred J.....823 W. Chicago Ave.
Fadul, Armand.....4035 Elm
Fleischer, Jacob C.....4035 Elm St.
Gardiner, H. Glenn.....3210 Watling
Geronimo, Manuel M.....3502 Main St.
Geronimo, Rita R. V.....3502 Main St.
Govorchin, Alexander.....724 W. Chicago Ave.
Grosso, William G.....1919 E. Columbus Dr.
Hayes, Frank W.....St. Catherine's Hospital
Hayes, Jesse D.....4742 Melville
Hernandez, I. C.....3701 Main St.
Irish, Wilbur J.....806 W. Chicago Ave.
Johns, David R. (S).....1211 Beacon St.
Kamen, Jack M.....3406 Guthrie St.
Kmak, Chester.....3701 Main St.
Komoroske, John E.....823 W. Chicago Ave.
Kopanko, Bernard F.....4710 Indianapolis Blvd.
Levin, Eli.....3700 Main St.
McGauvran, Theodore.....3406 Guthrie
McGuire, Desmond F.....3429 Michigan Ave.
Madlangsacay, R. M.....3406 Guthrie
Marks, Ora L.....815 W. Chicago Ave.
Marquez, Adoracin A.....St. Catherine's Hospital
Nicosia, John B.....3701 Main St.
Payne, Arthur C.....2020 Broadway
Shapiro, Joseph.....3738 Main St.
Shapiro, Seymour W.....3738 Main St.
Shulruff, Harry I.....3701 Main St.
Teegarden, Joseph A., Jr.....1919 E. Columbus Dr.
Teegarden, Joseph A. (S).....1919 E. Columbus Dr.
Teplinsky, Louis L.....3701 Main St.
Tepgze, George A.....4712 Magoun Ave.
Trepagnier, Francis B.....3628 Main St.
Vore, Hugh A.....Inland Steel Co.
Zallen, Stanley G.....720 W. Chicago Ave.
Zivich, John M.....3701 Main St.

Gary

Abramson, Allan L.....3807 Washington St.
Alfano, Paul A.....2717 Wabash
Almquist, Carl O.....504 Broadway
Armalavage, Leon J.....2717 Wabash
Atienza, Rizalino T.....Mercy Hospital
Baitinger, Herbert M.....504 Broadway
Barton, Reginald R.....Methodist Hospital
Behn, Walter M.....504 Broadway
Bendler, Carl H.....738 Broadway
Bergal, Milton B.....757 Broadway
Bills, Robert N.....504 Broadway
Bisgyer, Jay L.....400 Broadway
Boardman, Carl (S).....630 Buchanan St.
Borak, Walter J.....6151 W. 25th Ave.
Borenstein, Herschel.....11 W. Seventh Ave.
Brady, Samuel G.....757 Broadway
Brandman, Harry.....504 Broadway
Brincko, John.....504 Broadway
Brink, Calvin C. (S).....504 Broadway

Bringas, Irineo B.....858 Broadway
Brown, David B.....504 Broadway
Brown, Leo R.....3855 Broadway
Bullard, Mattie J.....620 E. Tenth Place
Burcham, James B.....738 Broadway
Burger, Robert A.....Methodist Hospital
Carberry, George A.....3656 Grant St.
Carbone, Joseph A.....504 Broadway
Carey, J. Albert.....1901 Broadway
Carmody, Raymond F.....504 Broadway
Chevigny, Julius J.....504 Broadway
Chube, David D.....1649 Broadway
Coles, Alfred L.....1906 Broadway
Collins, Le Roy.....1903 Broadway
Cooper, Leo K.....504 Broadway
Corrao, Gaetano.....2471 Colfax
Danieleski, Ladislaus J.....738 Broadway
Darling, Dorothy.....1600 W. Sixth Ave.
Davis, Colbert S.....436 W. 25th Street
Davis, Neal.....1600 W. Sixth Ave.
Dian, August J.....504 Broadway
Dian, Julia K.....584 Garfield
Dierolf, Edward J.....504 Broadway
Donchess, Joseph C.....215 Broadway
Doneff, Ronald H.....Mercy Hospital
Duncan, John S.....2165 W. 11th St.
Elliott, Ralph A.....504 Broadway
English, Hubert M.....673 Broadway
Espy, Theodore R.....1901 Broadway
Fadell, Matthew J.....3776 Broadway
Franklin, Philip L.....936 W. 5th Ave.
Gallinatti, John J.....401 S. Lake St.
Gannon, George W. (S).....602 Broadway
Glover, William J.....504 Broadway
Goldberg, Harold B.....3656 Grant
Golding, Robert F.....Mercy Hospital
Goldstone, Adolph.....3229 Broadway
Goldstone, Joseph.....3229 Broadway
Goldstone, Sidney R.....3223 Broadway
Grant, Benjamin F.....1706 Broadway
Gregoline, Amadeo F.....729 Broadway
Griem, Sylvia F.....504 Broadway
Griffin, Joseph P.....504 Broadway
Harper, James W.....2301 Broadway
Hedrick, James T.....1649 Washington St.
Hodurski, Zigfield.....4319 Broadway
Hoit, Leonard.....504 Broadway
Ibarra, Jesus.....860 Broadway
Jahns, Albin A.....504 Broadway
Jannasch, Maurice C.....2717 Wabash Ave.
Johnson, Arnold L.....1903 Broadway
Johnson, Lonnie B.....123 W. 21st St.
Jordan, Stanley Y.....3807 Washington St.
Kendrick, Frank J.....504 Broadway
Khaton, Odessa M.....1649 Broadway
Kobrin, Meyer W.....3229 Broadway
Kolettis, George J.....708 Broadway
Kolettis, John G.....708 Broadway
Kopcha, Joseph E.....504 Broadway
Korn, Jerome M.....738 Broadway
Lazo, Vicente R.....534 Washington
Lebiada, Henry S.....3776 Broadway
Lewis, George N.....504 Broadway
Loh, Hwei Ya (Chang).....Methodist Hospital
Loh, Wei-Ping.....1600 W. Sixth Ave.
Lorenty, Thaddeus B.....504 Broadway
Lovell, Martin H.....1606 Broadway
Lutz, Georgianna.....504 Broadway
McGue, Frank J.....427 S. Lake
McMath, Samuel B.....1649 Broadway
Majsterek, Stanley L.....1902 W. 11th Ave.
Manalo, Francisco M.....Mercy Hospital
Mangan, Frank P.....3807 Washington
Marshall, Millard R.....504 Broadway
Mather, J. Winford.....2250 Ripley St., East Gary
May, Richard M.....533 Broadway
Milos, Robert J.....504 Broadway
Minczewski, Richard C.....517 Marshall St.
Molengraft, Cornelius J.....504 Broadway

Moore, E. Gregory.....2367 Madison
 Moore, Edwin G.....1606 Broadway
 Morris, Hyman.....504 Broadway
 Moswin, Jack A.....504 Broadway
 Nelson, Walfred A.....559 S. Lake St.
 Nilges, Richard G.....2717 Wabash Ave.
 Ornelas, Joseph P.....3656 Grant St.
 Palmer, Russell H.....2006 W. 4th Place
 Pappas, Eddie T.....504 Broadway
 Parratt, Louis W.....708 Broadway
 Penn, Robert A.....3792 Central Ave., East Gary
 Poracky, Bernard F.....504 Broadway
 Pruitt, J. Edward.....4119 Broadway
 Reynolds, James S.....504 Broadway
 Richter, Samuel.....504 Broadway
 Robinson, Walter K.....504 Broadway
 Rosenbloom, Philip J.....504 Broadway
 Roth, Leo.....7033 E. First Ave.
 Rubin, Simon S.....504 Broadway
 Ryan, Hubert J.....504 Broadway
 Sala, Joseph J.....2705 Wabash
 Sala, Walter R.....2705 Wabash
 Schulz, Kurt J.....4119 Broadway
 Scully, John T.....504 Broadway
 Senese, Thomas J.....504 Broadway
 Shellhouse, Michael.....3811 Washington St.
 Shevick, Alexander.....504 Broadway
 Slama, George F.....4481 Broadway
 Slama, John T.....4481 Broadway
 Spellman, Frank W.....401 S. Lake
 Spivack, Mary.....504 Broadway
 Sponder, Joseph.....1512 Broadway
 Stimson, Harry R.....504 Broadway
 Stoyceoff, Christ M. (S).....844 Broadway
 Thomas, Daniel D.....738 Broadway
 Thomas, Gerald J.....504 Broadway
 Trinosky, Frank G.....504 Broadway
 Turgi, Robert W.....504 Broadway
 Valencia, M. M. 2250 Ripley & Central, East Gary
 Verplank, Grover L. (S).....527 Broadway
 Voorhies, McKinley.....1606 Broadway
 Vye, James P.....607 Broadway
 Walters, Eleanore.....9 W. 6th Ave.
 Washington, G. Kenneth.....1649 Broadway
 Weiskopf, Henry S.....504 Broadway
 Wharton, Russell O.....6559 Ash Place
 Williams, Alexander S.....436 W. 25th St.
 Williams, Edwin D.....436 W. 25th St.
 Wimmer, Robert N. (S).....9 W. Sixth St.
 Yast, Charles J.....504 Broadway
 Yocum, Paul S., Jr.....757 Broadway
 Yocum, Paul S.....757 Broadway
 Yocum, William S.....790 Broadway
 Young, George M.....3656 Grant St.
 Young, Robert L.....504 Broadway
 Zucker, Edward.....504 Broadway

Griffith

Hazinski, Robert T.....401 N. Broad
 Lundeberg, Ralph A.....109 N. Broad
 Purcell, Richard J.....145 N. Griffith
 Siekierski, Joseph M.....145 N. Griffith

Hammond

Allegretti, Michael L.....837 169th St.
 Arbeiter, Herbert I.....5231 Hohman Ave.
 Arrowsmith, James L.....5231 Hohman Ave.
 Bakos, Edward R.....7016 Indianapolis Blvd.
 Beconovich, Robert.....837 169th St.
 Bethea, Dennis A. (S).....1021 Fields St.
 Bombar, Leslie E.....6850 Hohman Ave.
 Carlo, Joseph F.....5305 Hohman Ave.
 Chael, Thomas C.....5246 Hohman Ave.
 Chidlaw, Benjamin W. (S).....29 Wildwood Rd.
 Clancy, James F.....6219 Hohman Ave.
 Costello, Albert J.....30 Douglas St.
 Davis, Alice Hall.....264 Highland St.
 Davis, Thomas N. III.....5246 Hohman Ave.
 Eggers, Ernest L. (S).....5141 Hohman Ave.
 Eggers, Henry W.....30 Douglas St.

Egnatz, Nicholas.....820 Highland
 Elledge, Ray.....6415 Forest Ave.
 Fischer, Burnell.....5231 Hohman Ave.
 Fox, Jack.....6721 Magoun Ave.
 Friedman, Isadore E.....7217 Indianapolis Blvd.
 Gevirtz, Milton B.....6850 Hohman Ave.
 Hickman, A. Lee.....7127 Indianapolis Blvd.
 Hofmann, Andrew (S).....445 State St.
 Hopkins, Joseph R.....5231 Hohman Ave.
 Howard, William Harry.....5231 Hohman Ave.
 Husted, Robert G.....6850 Hohman Ave.
 Jones, Eli S.....30 Douglas St.
 Kenney, Francis D.....30 Douglas St.
 Kolanko, Leon A.....30 Douglas St.
 Koransky, David S.....7217 Indianapolis Blvd.
 Kretsch, Russell W.....5231 Hohman Ave.
 Kuhn, Arthur J.....112 Rimbach St.
 Kuhn, Hedwig S.....112 Rimbach St.
 LaFollette, Forrest R.....7016 Indianapolis Blvd.
 Lanman, John U.....30 Douglas St.
 Larrabee, James F.....St. Margaret's Hospital
 Lautz, Herbert A.....112 Rimbach St.
 Lipsey, Alfred J.....5252 Hohman Ave.
 Long, Keith.....30 Douglas St.
 McVey, Clarence A.....5231 Hohman Ave.
 Mansueto, Mario D.....5231 Hohman Ave.
 Marcus, Emanuel.....7127 Indianapolis Blvd.
 Marks, Salvo P.....30 Douglas St.
 Mason, Richard L.....132 Rimbach St.
 Matthews, Charles B. (S).....6416 Forrest Ave.
 Mintz, Alfred M.....5217 Hohman Ave.
 Modjeski, Joseph R.....5451½ Hohman Ave.
 Morrison, Lindsey (S).....109 Rimbach St.
 Neal, Leonard W.....6223 Hohman Ave.
 Nodinger, Louis.....540 165th St.
 Panares, Solomon V.....5434 Hohman Ave.
 Peck, Edward A.....422 Conkey St.
 Peiffer, Geraldine M.....421 Hoffman St.
 Pilot, Jean.....5231 Hohman Ave.
 Premuda, Franklin F.....6727 Kennedy Ave.
 Ramker, Daniel T.....7040 Kennedy Ave.
 Rasch, George C., Jr.....30 Douglas
 Rawlins, Carolyn M.....6223 Hohman Ave.
 Remich, Antone C.....30 Douglas St.
 Rendel, Donald T.....5231 Hohman Ave.
 Rhind, Alexander W.....5145 Hohman Ave.
 Rosenthal, Carl.....5252 Hohman Ave.
 Rosevear, Henry J.....30 Douglas St.
 Row, Perrie Q.....7217 Indianapolis Blvd.
 Rubright, Robert L.....6010 Columbia Ave.
 Rudolph, Franklin G.....5231 Hohman Ave.
 Santare, Vincent J.....5231 Hohman Ave.
 Santiago, Carmen.....25 Douglas
 Sargent, Wallace B.....112 Rimbach
 Schlesinger, Daniel J.....6010 Columbia Ave.
 Schulfer, Richard J.....7134 Calumet Ave.
 Scott, Mildred E.....5935 Hohman Ave.
 Skrentny, Stanley.....5231 Hohman Ave.
 Solis, Roger V.....422 Conkey
 Sroka, Alexander G.....5305 Hohman Ave.
 Stasick, Murray.....837 169th St.
 Stern, Samuel L.....5231 Hohman Ave.
 Stevens, Edwin W.....6850 Hohman Ave.
 Tilka, Edward C.....7134 Calumet
 Weissman, Charles G.....5231 Hohman Ave.
 Westhaysen, Peter.....6223 Hohman Ave.
 White, Gilbert H., Jr.....6429 Kennedy Ave.
 Wong, Samuel N.....7127 Indianapolis Blvd.

Highland

Markey, Richard J. P.....2805 Highway Ave.
 Sroka, Stanley J.....2942 Highway Ave.

Hobart

Bjorklund, C. Ray.....295 S. Wisconsin St.
 Bradley, Charles F.....201 Main St.
 Carter, John O.....295 S. Wisconsin St.
 Faulkner, Donald J.....295 S. Wisconsin St.
 Gill, John R.....295 S. Wisconsin
 Klos, Stanley J.....10 N. Michigan Ave.

Markle, Joseph G. 201 Main St.
 Parker, Harry C. (S) 831 Garfield St.
 Pike, Warren H. 108 E. Third St.
 Reed, John 10 N. Michigan Ave.
 Weiss, John T. 295 S. Wisconsin St.

Lowell

Mirro, John A. E. Commercial
 Templin, David B. E. Commercial

Munster

Espino, Jose C.
 Walker, Adolph P. 1504 Park Dr.

Whiting

Best, Robert C. 1900 Indianapolis Blvd.
 Ferry, John L. 1902 Indianapolis Blvd.
 Frankowski, Clementine E. 1907 New York Ave.
 Greisen, Jack G. 1902 Indianapolis Blvd.
 Gustaitis, John W. 1900 Indianapolis Blvd.
 Kaiser, George D. 1900 Indianapolis Blvd.
 Kudele, Louis T. 1321 119th St.
 McCarthy, Jeremiah A. 1341 119th St.
 Navarre, Vincent J. 1900 Indianapolis Blvd.
 Rudser, Donald H. 1902 Indianapolis Blvd.
 Silvian, Harry A. 1400 119th St.
 Smith, Theodore J. 1902 Indianapolis Blvd.
 Stecy, Peter 1902 Indianapolis Blvd.
 Steen, Lowell H. 1900 Indianapolis Blvd.
 Troy, Jack M. 1900 Indianapolis Blvd.
 Weinberg, Benjamin A. 1348 119th St.

Behn, Walter M., Jr.

570 Hollis Rd., Ypsilanti, Michigan
 Black, Charles E.

809 S. Marshfield Ave., Chicago, Ill.
 Bolin, John T. (S) Mountain Home, Arkansas
 Callaghan, Patrick E.

3201st USAF Hosp., Eglin AFB, Florida
 Cook, George M. Lake Worth, Florida
 Daly, James W. Gunter AFB, Montgomery, Ala.
 Daniel, Robert A.

Akron Children's Hospital, Akron, Ohio
 Dest, Paul A. 809 Helmsdale Ave., LaPuente, Calif.
 Detrick, Herbert W. (S)

4845 Northwood Avenue, Sarasota, Fla.
 Hayes, J. D., Jr.

Wright Patterson AFB, Dayton, Ohio
 Holmes, George W. 670 N. Michigan, Chicago, Ill.
 Hursh, M. Douglas

214 N. Hale Street, Wheaton, Ill.
 Justen, Jerome W.

207 Village Lane, Daly City, Calif.
 McLean, James S.

2023 S. 4th Ave., Maywood, Ill.
 McMichael, Frank J. (S)

Box 227, Hernando, Florida
 Monroe, F. Bruce VA Hospital, Hines, Illinois
 Murphy, Joseph F. 3508 Ridge Rd., Lansing, Ill.
 Polite, Nicholas L.

Cook Co. Hospital, Chicago, Illinois
 Rebhun, Joseph P. O. Box 100, Pomona, Calif.
 Shafer, Sid J.

55 E. Washington St., Chicago, Ill.
 Tyrrell, Joseph J.

6 Forrest Dale, Calumet City, Ill.
 Tyrrell, Thomas C.

800 State Line, Calumet City, Ill.

LA PORTE COUNTY

Oak, David, Jr. Hanna
 Oak, David D. (S) LaCrosse

La Porte

Backer, George P. 806 Maple Ave.
 Carter, Fred S. 912 Indiana Ave.
 Cartwright, Jack D. 1003 Indiana Ave.
 Durham, Lowell J. 1012 Harrison St.
 Elshout, Clem H. 1004 Indiana Ave.
 Fargher, Robert A. 811 Jefferson Ave.
 Farnsworth, Samuel A. 1012 Michigan Ave.
 Feinn, Harry S. 1013 Indiana Ave.
 Fischer, Carlton N. 1001 Maple Ave.

Hinshaw, Horace D. 808 Maple Ave.
 Jones, Robert B. (S) 808 Michigan Ave.
 Kelsey, Robert M. 702 Maple Ave.
 Kepler, Robert W. 708 Harrison St.
 Kistler, James J. 911 Maple Ave.
 Larson, Goyt O. 1110 Indiana Ave.
 Martin, William B. 812 Michigan Ave.
 Mead, Frank E. 801 Madison St.
 Mueller, Edwin C. 905 Indiana Ave.
 Muhleman, Charles E. 901 Indiana Ave.
 Philbrook, Seth S. 705 Harrison St.
 Predd, Adolph C. 909 Madison St.
 Richter, John C. 1110 Indiana Ave.
 Scott, John S. 806 Maple Ave.
 Tabaka, Francis B. 1201 Michigan Ave.
 Von Asch, George 912 Monroe St.
 Wolf, William E. 1406 Lincoln Ave.

Michigan City

Armstrong, Thomas D. 120 W. Ninth St.
 Arney, Amos 125 E. Fifth St.
 Baker, Warren 427 Warren Bldg.
 Bankoff, Milton L. 125 E. Fifth St.
 Bergan, Joseph A. Warren Bldg.
 Berkson, Myron E. 801 Washington St.
 Brooks, Harry L. 100 Beverly Court
 Burris, Floyd L. 731 Spring St.
 Carlson, Norman R. 912 Wabash St.
 Cleveland, John B. 117 W. Seventh St.
 Fargher, Francis M. 907 Washington St.
 Flaherty, Walter T. 1016 Washington St.
 Frost, Robert J. 817 Pine St.
 Gardner, Melvin D. 801 Washington St.
 Gardner, Russell A. 801 Washington St.
 Gilmore, Robert W. 304 Warren Bldg.
 Gilmore, Russell A. 304 Warren Bldg.
 Grotts, Bruce F. 2110 Oriole Trail, Long Beach
 Henderson, Norman C. 131 E. Eighth St.
 Hillenbrand, Charles 128 W. 10th St.
 Jones, King S. 328½ Franklin St.
 Kemp, John T. 122 E. Seventh St.
 Kerr, John E. 507 Warren Bldg.
 Kerrigan, John F. 916 Washington St.
 Kerrigan, Robert L. 916 Washington St.
 Kubik, Francis J. 902 Pine St.
 Liddell, Charles K. 916 Washington St.
 Marske, Robert L. 311-13 Warren Bldg.
 Meyer, Milo G. 801 Washington St.
 Milne, Walter S. 916 Washington St.
 Olson, William H. P. O. Box 41
 Paul, Leonard G. 125 E. Fifth St.
 Piazza, Leonard F. 907 Washington St.
 Pilecki, Peter J. 125 E. Fifth St.
 Plank, C. Robert 732 E. Pine St.
 Reed, Nelle C. 3210 Tilden Ave.
 Roberts, Thomas K. 815 Pine St.
 Rohr, Joseph H. P. O. Box 41
 Schmitt, Robert J. 217 W. Eighth St.
 Stumer, Myer 811 Pine St.
 Taub, Robert G. 125 E. Fifth St.
 Walters, William H. Warren Bldg.
 Warren, Lewis T. 125 E. Fifth St.
 Weeks, Patrick H. (S) 119 E. Sixth St.
 Weiss, Albert E. 125 E. Fifth St.
 Zalac, Donald A. 723 Pine St.
 Zullo, Robert S. Warren Bldg.

Weinstock, Adolph Rolling Prairie
 Moosey, Louis Union Mills
 Benz, Owen Wanatah

Westville

Hetman, Mitchell J. Westville
 Johnston, Donald D. Beatty Memorial Hospital
 Morton, David P. Beatty Memorial Hospital
 Oster, Jack H. Beatty Memorial Hospital
 Sennett, Cecil M. Beatty Memorial Hospital
 Smith, William M. Beatty Memorial Hospital
 Syler, Robert W. Beatty Memorial Hospital
 Tasher, Dean C. Beatty Memorial Hospital

LAWRENCE COUNTY**Bedford**

Allen, L. Howard.....1622 24th St.
 Austin, Richard P....209 Citizens Nat'l Bank Bldg.
 Benham, Lawrence E...310 Stone City Bank Bldg.
 Bridwell, Edgar.....1317 L St.
 Campbell, William T....Citizens Nat'l Bank Bldg.
 Duncan, Raymond.....1317 L St.
 Dusard, Joseph C....304 Citizens Nat'l Bank Bldg.
 Edmonds, Kendrick.....1303 15th St.
 Emery, Charles B.....1027 15th St.
 Fountaine, Thomas J.....1501 J St.
 Hammel, Howard T.....1501½ J St.
 Hawkins, Richard D.....1122 15th St.
 Kasting, Gerald....206 Citizens Nat'l Bank Bldg.
 Kerr, Donald M.....1317 L St.
 Morrow, Robert J.....1317 L St.
 Newland, Arthur E.....Masonic Temple
 Noe, William R.....1317 L St.
 Scherschel, John P.....1711 H St.
 Waldo, Guy H.....2218 I St.
 Wohlfeld, Julius B.....1222 15th St.
 Woolery, Richard H.....1310 W. 16th St.
 Wynne, Roland E. (S)

301 Citizens Nat'l Bank Bldg.

Hamilton, James R.....Mitchell
 Oswalt, James T.....Mitchell
 Robinson, William H.....Mitchell
 Dollens, Claude (S).....Oolitic
 Smallwood, Robert B.

123 14th Ave., N. W., St. Petersburg, Fla.

MADISON COUNTY**Alexandria**

Carpenter, John L.....313 N. Harrison St.
 Gaunt, Everett W.....623 W. Broadway
 Leroy, Alvin G.....310 N. Harrison St.
 McClelland, Harry N.....118 E. Church St.
 Overpeck, George H.....313 N. Harrison St.
 Shafer, Richard H.....111 S. Harrison St.

Anderson

Aagesen, Walter J.....702 Citizens Bank Bldg.
 Armington, Charles L.....655 Anderson Bank Bldg.
 Armington, Robert L.....1504 Broadway
 Ashcraft, John R.....1424 E. 8th St
 Austin, Charles E.....1612 Westwood Ave.
 Austin, Maynard A. (S).....238 W. 12th St.
 Ayres, Kenneth D.....2210 Meridian St.
 Baughn, William L.....Guide Lamp
 Beeler, Franklin K.....1931 Brown St.
 Benoit, Merrill P.....Delco Remy
 Bixler, Donald P.....1931 Brown St.
 Blassaras, Chris.....2005 Broadway
 Bowers, Charles R.....207 Anderson Loan Bldg.
 Brauchla, Carl H. (S).....117 W. 17th St.
 Bridges, Alvin.....1302 Madison Ave.
 Brock, Earl E. (S).....931 Meridian St.
 Brown, James M.....12 W. 29th St.
 Buckles, David L.....St. John's Hospital
 Cavitt, Robert F.....1424 E. 8th St.
 Dixon, Rex W.....934 W. 8th St.
 Doenges, James L.....1931 Brown St.
 Donaldson, Frank C.....1931 Brown St.
 Drake, John C.....604 Anderson Bank Bldg.
 Dulin, Basil B.....St. John's Hospital
 Ellis, Seth W.....717 Anderson Bank Bldg.
 Elsten, Aubrey W.....704 Anderson Bank Bldg.
 Erehart, Archie D.....1221 Irving Way
 Ferguson, Donald H.....402 Anderson Bank Bldg.
 Fischer, Warren E.....119 W. 19th St.
 Gante, Henry W. (S).....2005 Nichol Ave.
 Hart, William D.....515 Citizens Bank Bldg.
 Hensler, Benton M.....1709 Nichol Ave.
 Irwin, Seth (S).....2209 Cedar St.
 Jarrett, Paul E.....315 Citizens Bank Bldg.
 Jones, Albert T.....530 Citizens Bank Bldg.
 Jones, David G.....206 Beverly Terrace Apts.
 Jones, Horace E.....1110 Meridian St.

Kelly, Wendell C.....704 E. Eighth St.
 Kiely, John T.....1931 Brown St.
 King, Joseph W.....1110 N. Meridian St.
 Kopp, Otis A.....333 Jackson St.
 Lamey, James L.....447 Citizens Bank Bldg.
 Lamey, Paul T.....423 Citizens Bank Bldg.
 Larmore, Joseph L.....612 Anderson Bank Bldg.
 Larmore, Sarah H.....1301 Winding Way
 Litzenberger, Sam W.....622 Citizens Bank Bldg.
 Long, Paul L.....710 Anderson Bank Bldg.
 McDonald, Vergil G. (S).....1110 Meridian St.
 Meister, Doris (S).....315 W. 9th St.
 Morris, Robert A.....320 Citizens Bank Bldg.
 Neale, Alfred E.....1931 Brown St.
 Nelson, Paul L.....330 W. Seventh St.
 Nesbit, Leonard L.....415 Citizens Bank Bldg.
 Patterson, William K.....713 Anderson Bank Bldg.
 Polhemus, Warren C.....1803 Pearl St.
 Quickel, Daniel S. (S)....709 Anderson Bank Bldg.
 Reed, Roger R.....412 Anderson Bank Bldg.
 Rosenbaum, Lloyd E.....647 Citizens Bank Bldg.
 Ross, Guy E.....1931 Brown St.
 Rozelle, Clarence V.....611 Citizens Bank Bldg.
 Sharp, William L.....449 Citizens Bank Bldg.
 Sheldon, Suel A.....508 Anderson Bank Bldg.
 Stamper, Joseph H.....412 Anderson Bank Bldg.
 Stamper, Robert J.....412 Anderson Bank Bldg.
 Stinson, William M.....333 Jackson St.
 Swan, Richard C.....Delco Remy
 Webb, Harry D.....321 Citizens Bank Bldg.
 Wilder, Gordon B.....338 W. Eighth St.
 Wilder, William T.....338 W. Eighth St.
 Wilkinson, Roger L.....1 E. 37th St.
 Williams, Francis M.....1132 Central Ave.
 Williams, Robert H.....1132 Central Ave.
 Wright, Cecil S.....523 Citizens Bank Bldg.
 York, Arthur F.....602 Citizens Bank Bldg.
 Zierer, Reuben O.....1211 Van Buskirk Rd.

Stump, Richard L.....Chesterfield

Elwood

Buechler, William F.....1817 S. A St.
 Drake, Marion C.....1201 Main St.
 Fitzpatrick, Harry W.....1309 S. Anderson St.
 Hanson, Martin F.....1102 S. Anderson St.
 Hoppenrath, Wesley M.....1300 Main St.
 Hoppenrath, William H. (S).....1300 Main St.
 Laudeman, Walter A.....1515 N. A St.
 Oldag, George E.....1301 Main St.
 Ploughe, Ralph R.....517 S. Anderson St.
 Scea, Wallace A.....1300 Main St.
 Ulrey, Robert P.....1201 Main St.

Bishop, Harry A.....Frankton
 Ridgway, Alton H.....Lapel
 Rinne, John I. (S).....Lapel
 Williams, Robert D.....Markleville
 Leahy, Howard J.....Pendleton
 McLaughlin, Calvin P.....Pendleton
 Schulze, Hans A.....Box 28, Pendleton
 Van Ness, William C.....Summitville
 Maxson, Roy V.

10th Field Hosp., A.P.O. 800, New York, N. Y.

MARION COUNTY

Fosgate, Harold L.....Acton

Beech Grove

Berger, Morley.....902 Main St.
 Kim, Young D.....136 N. 17th St.
 Ramage, Walter F.....244 S. First St.
 Reilly, Eva F.....St. Francis Hospital
 Rhea, James C.....801 Main St.
 Zerfas, Charles P. A.....926 Main St.

Hade, Frederick L. (S).....Bridgeport
 Wilson, Ned A.....R. R. 1, Box 460
 Zerfas, Leon G.....R. R. 1, Camby
 Garrison, James L.....Cumberland

Indianapolis

A

Abreu, Benedict E.
 Pitman-Moore Co., 1200 Madison Ave. (6)
 Adams, Daniel S. (S) . . . 520 Hume Mansur Bldg. (4)
 Addleman, Robert H. . . . 3710 N. Pennsylvania St. (5)
 Adkins, Harold C. 409 E. 30th St. (5)
 Albertson, Frank P. 3544 W. 16th St. (22)
 Aldrich, Harry D. 201 Hume Mansur Bldg. (4)
 Aldrich, Howard 4316 E. Washington St. (1)
 Alexander, Ezra D. 617 Indiana Ave. (2)
 Allen, Robert K. 3202 N. Meridian St. (8)
 Alvis, Edmond O. 320 Hume Mansur Bldg. (4)
 Anderson, James W. 623 N. West St. (2)
 Anderson, John T. 2033 N. Harding St. (2)
 Anderson, Wendell C.

Indiana State Board of Health,
 1330 W. Michigan St. (7)

Appel, Richard H. 320 Hume Mansur Bldg. (4)
 Arbogast, John L. I. U. Medical Center (7)
 Arbuckle, William E. 1156 Lee St. (21)
 Arford, John E. 3392 Meadows Court (5)
 Arnold, Aaron L. 607 E. Maple Rd. (5)
 Arnold, Robert D. 3419 E. 10th St. (1)
 Aronson, Sidney S. 618 Hume Mansur Bldg. (4)
 Avery, George O. 17 S. Traub (22)

B

Bacastow, Merle S. Methodist Hospital (7)
 Bachmann, Arnold J. 3440 N. Meridian St. (8)
 Bailey, Orville T.

Larue D. Carter Hospital, 1315 W. 10th St. (7)
 Baird, Melvin S. 17½ W. 22nd St. (2)
 Bakemeier, Otto H. 5503 E. Washington St. (19)
 Bakemeier, Robert E. 1210 N. Butler (19)
 Balch, James F. 709 Hume Mansur Bldg. (4)
 Balcom, Francis H. 1635 Temperance (3)
 Ball, Joseph E. 4312 E. 10th St. (1)
 Banister, Revel F. (S) 2958 Central Ave. (5)
 Banks, Horace M. Methodist Hospital (7)
 Baptisti, Arthur Jr. General Hospital (7)
 Barry, Maurice J. (S) 501 Doctors' Bldg. (4)
 Bartle, James L. 7450 Pendleton Pike (26)
 Bartley, Max D. 607 Hume Mansur Bldg. (4)
 Batman, Gordon W. 723 Hume Mansur Bldg. (4)
 Battersby, J. Stanley I. U. Medical Center (7)
 Batties, Paul A. 617 Indiana Ave. (2)
 Bauer, Thomas B. 408 Hume Mansur Bldg. (4)
 Baumeister, Herbert E. . . . I. U. Medical Center (7)
 Beach, Robert R. 2630 E. 10th St. (1)
 Beamer, Parker R. I. U. Medical Center (7)
 Beasley, Thomas J. (S) 112 Berkley Rd. (8)
 Beaver, Howard W. 11 E. Raymond St. (25)
 Beck, Ewart M. 915 E. Maple Rd. (5)
 Becker, Harry G. 6060 College Ave. (20)
 Beeler, John W. 712 Hume Mansur Bldg. (4)
 Beeler, Raymond C. 712 Hume Mansur Bldg. (4)
 Behnke, Roy H. VA Hosp., 1481 W. 10th St. (7)
 Belshaw, George 5317 E. 16th St. (18)
 Belt, James H. 6202 College Ave. (20)
 Benedict, Paul F. 3939 Meadows Dr. (5)
 Berman, Edward J. 920 Hume Mansur Bldg. (4)
 Berman, Jacob K. 920 Hume Mansur Bldg. (4)
 Beverland, Malon E. (S)
 3036 E. Washington St. (1)

Bibler, Lester D. 811 Underwriters Bldg. (4)
 Bill, Robert O. 2901 N. Meridian St. (8)
 Bird, Charles R. (S) 301 Hume Mansur Bldg. (4)
 Blackford, Florence 5909 E. 10th St. (19)
 Blackford, Ralph E. 5909 E. 10th St. (19)
 Blackwell, Donald S. 2121 Allison Ave. (24)
 Blake, Albert L. 1802 N. Illinois St. (2)
 Blatt, A. Ebner 3400 N. Meridian St. (8)
 Bloemker, Edward F. 2729 Shelby St. (3)
 Boggs, Eugene F. 2901 N. Meridian St. (8)
 Boling, Grover C., Jr. 1440 E. 46th St. (5)
 Bond, George S. (S) 1221 N. Delaware St. (2)
 Bond, Virginia 3236 W. 34th St. (22)
 Bond, William H. I. U. Medical Center (7)

Bonsett, Charles A. 902 Hume Mansur Bldg. (4)
 Booher, Norman R. 447 E. Maple Rd. (5)
 Booher, Olga Bonke 447 E. Maple Rd. (5)
 Booth, Boynton H. 910 Hume Mansur Bldg. (4)
 Bowman, George W. General Hospital (7)
 Boyer, Edward B.

VA Regional Office, 36 S. Penn St. (4)
 Boyer, Floyd A. 442 N. Drexel Ave. (1)
 Boyer, Philip A.

Pitman-Moore Co., 1200 Madison Ave. (6)
 Brady, Thomas A. 818 Hume Mansur Bldg. (4)
 Brayton, John R. 704 Underwriters Bldg. (4)
 Brayton, Lee 3342 N. Illinois St. (8)
 Brickley, Richard A. 605 Hume Mansur Bldg. (4)
 Briggs, Robert W. 2140 N. Capitol (2)
 Brillhart, James R. I.U. Medical Center (7)
 Brodie, Donald W. 817 C. of C. Bldg. (4)
 Brown, Archie E. 1220 S. Belmont Ave. (21)
 Brown, David E. 520 Hume Mansur Bldg. (4)
 Brown, DeWitt W. 1633 N. Capitol Ave. (2)
 Brown, Frances T. 2126 N. Talbot Ave. (2)
 Brown, Frank M. 514 W. 43rd St. (8)
 Brown, Gordon T. 1949 E. 11th St. (1)
 Brown, Thomas C. Methodist Hospital (7)
 Brown, Wendell E. 3426 N. Meridian St. (8)
 Browning, James S. 2901 N. Meridian St. (8)
 Browning, William M. 3740 Central Ave. (5)
 Brownley, Emma J. 5101 W. 13th St. (24)
 Bruce, Reginald A. 848 Indiana Ave. (2)
 Brueckman, F. Robert 2356 N. Kenyon (18)
 Bruetsch, Walter L. 3000 W. Washington St. (22)
 Bunde, Carl A.

Pitman-Moore Co., 1200 Madison Ave. (6)
 Burdette, Harold F. 3202 N. Meridian (8)
 Burghard, Rolla D. 4829 E. 38th St. (18)
 Burkle, Robert J. I. U. Medical Center (7)
 Butler, John O. 234 E. Southern Ave. (25)
 Butler, Robert M. 3426 N. Meridian St. (8)
 Buttz, Rose J. P. (S) 112 E. 13th St. (2)

C

Cahn, Hugo M. 418 E. 30th St. (5)
 Call, Herbert F. 2901 N. Meridian (8)
 Campbell, John A. I. U. Medical Center (7)
 Canaday, James W. (S) 5154 Central Ave. (5)
 Caplin, Irvin 3120 N. Meridian St. (8)
 Caplin, Samuel S. 111 E. 30th St. (5)
 Carson, Wayne 1802 N. Illinois St. (2)
 Carter, Oren E. 668 E. Maple Rd. (5)
 Chattin, William R. 4829 E. 38th St. (18)
 Chen, Ko Kuei

Eli Lilly & Co., 740 S. Alabama St. (6)
 Chernish, Stanley M. General Hospital (7)
 Chevalier, Robert A. Methodist Hosp. (7)
 Chivington, Paul V. 407 Hume Mansur Bldg. (4)
 Chroniak, Walter 5508 E. Washington St. (19)
 Cipparone, Joseph R. I. U. Medical Center (7)
 Clark, Cecil P. 922 Hume Mansur Bldg. (4)
 Clark, Lawson J. 3736 N. Delaware St. (5)
 Clevinger, William G. 1610 Auburn St. (24)
 Close, W. Donald I. U. Medical Center (7)
 Coade, George E. I. U. Medical Center (7)
 Coates, Jacqueline 2060 N. Senate Ave. (2)
 Coble, Ralph R. (S) 3311 N. Meridian St. (8)
 Coddington, Robert C. 2261 Centennial St. (22)
 Coggeshall, Warren E.

1015 Hume Mansur Bldg. (4)
 Cohn, Alvin F. 1130 Southview Dr. (27)
 Collins, Hubert L. I. U. Medical Center (7)
 Collins, James N. 712 Hume Mansur Bldg. (4)
 Conley, Joseph L. 2443 E. Washington St. (1)
 Conway, Chester C. 4402 E. New York St. (1)
 Conway, Glenn 1620 S. East St. (25)
 Cornacchione, Matthew 814 S. East St. (25)
 Cortese, James V. 435 S. East St. (25)
 Cortese, Thomas A. 435 S. East St. (25)
 Coughenour, J. Robert 2809 S. Holt Road (41)
 Countryman, Frank W. 3233 N. Meridian St. (8)
 Cox, Clifford E. R. R. 14, Box 811 (20)

Craft, Kenneth L. 1002 Hume Mansur Bldg. (4)
 Crawford, John A. 321 Hume Mansur Bldg. (4)
 Cross, David G. 1002 Troy Ave. (27)
 Culbertson, Clyde G.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Cullen, Paul K. 422 Hume Mansur Bldg. (4)
 Culloden, William G. 710 E. 46th St. (5)
 Culmer, Walter N. (S)
 3541 N. Meridian St., #204 (8)

Cunningham, Albert F. 812 C. of C. Bldg. (4)
 Cure, Charles W. 208 Hume Mansur Bldg. (4)
 Curran, Frank J. 6049 E. Washington St. (19)
 Currie, Robert W. 512 E. 57th St. (20)
 Curry, R. Louis 3375 Forest Manor (18)
 Cuthbert, Marvin P. 3400 N. Meridian (8)
 Czenkusch, Helen G. 5101 W. 13th St. (24)

D

Daley, Edward H. 821 Broad Ripple Ave. (20)
 Dallas, Fred R. General Hosp. (7)
 Dalton, John E. 708 Hume Mansur Bldg. (4)
 Dalton, William W. 422 Hume Mansur Bldg. (4)
 Daly, Joseph M. 234 E. Southern Ave. (25)
 Daniel, John C. 1008 Hume Mansur Bldg. (4)
 Davidson, N. Cort. 3233 N. Meridian St. (8)
 Davis, John A. 3720 N. Sherman Dr. (18)
 Davis, Margaret M. I. U. Medical Center (7)
 Davis, Sam J. 908 Hume Mansur Bldg. (4)
 Deal, Eleanor H. 4909 W. 15th St. Speedway (24)
 Dearmin, Robert M. 3233 N. Meridian St. (8)
 DeArmond, Murray 723 Hume Mansur Bldg. (4)
 Deever, John W. 4131 Shelby St. (3)
 Deitch, Robert D. I. U. Medical Center (7)
 DeMotte, C. Bowen. 808 C. of C. Bldg. (4)
 De Myer, Marian K.

 La Rue Carter Hosp., 1315 W. Tenth (7)

De Myer, William

 La Rue Carter Hosp., 1315 W. Tenth (7)

Dennison, Alfred D., Jr.

 1005 Hume Mansur Bldg. (4)

Denny, Forrest L. 3351 W. 10th St. (22)
 Denny, James W. 25 N. Ritter Ave. (19)
 Des Jean, Paul A. 4301 E. 38th St. (18)
 DeWees, Dwight L. 302 N. Bradley Ave. (1)
 Dickey, William M. St. Vincent's Hospital (7)
 Dickson, Carolyn L. 501 N. West St. (2)
 Dierdorf, Fred W. I. U. Medical Center (7)
 Dill, Charles W. 3655 S. Sherman Dr. (3)
 Dill, Myron K. 3120 N. Meridian St. (8)
 Dilts, Robert L. 2521 E. 38th St. (18)
 Dintaman, Paul G. 432 Bankers Trust Bldg. (4)
 Ditmyer, Paul J., Jr. I. U. Medical Center (7)
 Dluzansky, James J. I. U. Medical Center (7)
 Donato, Albert N. 1429 Shelby St. (3)
 Doran, J. Hal 720 Hume Mansur Bldg. (4)
 Dorman, Willis L. 6430 E. Washington St. (19)
 Doty, James R. Jr. General Hospital (7)
 Doughty, Samuel R., Jr.
 821 Broad Ripple Ave. (20)

Dowd, Joseph A. 6177 College Ave. (20)
 Drew, Arthur L. Jr. I. U. Medical Center (7)
 Dryden, Gale E. 5835 N. Tacoma (20)
 Dugan, William M. 410 Hume Mansur Bldg. (4)
 Dunbar, Colin V. 424 Hume Mansur Bldg. (4)
 Dunning, Lehman M. (S) 2103 Central Ave. (2)
 Dupes, Lowell E. 222 W. 73rd St. (20)
 Dyar, Edwin W. 3202 N. Meridian St. (8)
 Dyke, Richard W. General Hospital (7)
 Dyken, Mark L. General Hosp. (7)

E

Earp, Evanson B. 717 Hume Mansur Bldg. (4)
 Easter, James N. I. U. Medical Center (7)
 Eastman, Joseph R., Jr.
 514 Merchants National Bank Bldg. (4)
 Eaton, Edwin R. 5505 N. Keystone Ave. (20)
 Eaton, Lyman D. 5505 N. Keystone Ave. (20)
 Ebert, J. Wayne 1125 Southview Dr. (27)
 Eberwein, John H. (S) 2322 Wheeler Ave. (18)
 Edwards, Wendell L. General Hospital (7)

Egbert, Herbert L. 5317 E. 16th St. (18)
 Eicher, Palmer O. 3400 N. Meridian St. (8)
 Eikenberry, Hugh W. 616 Bankers Trust Bldg. (4)
 Eldridge, Gail E. 1440 E. 46th St. (5)
 Elkins, James P. 234 E. Southern Ave. (25)
 Ellis, William N. 1402 N. Olney St. (1)
 Emhardt, John T. 1621 S. East St. (25)
 Emhardt, John W. A. 5424 Washington Blvd. (20)
 Enslinger, Leonard A. (S)
 1321 N. Meridian St. (2)

Evans, Frederick H. 2140 N. Capitol (2)
 Evans, Paul V. General Hospital (7)
 Everly, Ralph V. 668 E. Maple Rd. (5)

F

Failey, Robert B., Jr. I. U. Medical Center (7)
 Farrell, Joseph T. 2807 E. Michigan St. (1)
 Fausset, C. Basil. 2901 N. Meridian St. (8)
 Ferry, Francis A. 1429 Shelby St. (3)
 Fields, Donald L. I. U. Medical Center (7)
 Fine, Nathaniel J. 764 S. Emerson Ave. (3)
 Finneran, Joseph C. 1802 N. Illinois St. (2)
 Fisch, Charles General Hospital (7)
 Fischer, Albert A. 1745 Howard St. (21)
 Fitzgerald, William J.
 313 Fountain Square Theatre Bldg. (3)

Flanagan, Paul M. 3311 N. Meridian St. (8)
 Flanders, Robert J. 3202 N. Meridian St. (8)
 Flanigan, Meredith B. 3305 Rutledge (8)
 Fleisch, Herbert. Central State Hospital (22)
 Flick, John J. 1443 N. Pennsylvania St. (2)
 Flora, Joseph O. 4317 W. Washington St. (21)
 Folkening, Norval C. 234 E. Southern Ave. (25)
 Foreman, Harry L. (S) 60 W. 30th (8)
 Forry, Frank (S) I. U. Medical Center (7)
 Foster, Lee N. St. Vincent's Hospital (7)
 Foust, Betty Jean. 4046 N. Webster Ave. (26)
 Fouts, Dallas B. I.U. Medical Center (7)
 Fouts, Paul J. 623 Hume Mansur Bldg. (4)
 Franklin, William L. 508 Hume Mansur Bldg. (4)
 Franz, John D. I. U. Medical Center (7)
 Franz, Martha Neal. I. U. Medical Center (7)
 Freed, Carl A. 2966 Kessler Blvd., N. Dr. (22)
 Freeman, Leslie W. I. U. Medical Center (7)
 Freeman, Max E. 1745 Howard St. (21)
 Fromhold, Willis A. 611 Bankers Trust Bldg. (4)
 Fry, Robert D. 517 Hume Mansur Bldg. (4)
 Funkhouser, Elmer (S) 702 Underwriters Bldg. (4)

G

Gachaw, Gabra S. 828 Blake St. (2)
 Gaddy, Euclid T. 2602 W. Washington St. (22)
 Gaddy, Nelson D. 2602 W. Washington St. (22)
 Gambill, William D. 1633 N. Capitol Ave. (2)
 Gammieri, Robert L. 661 E. 49th St. (5)
 Garber, J. Neill. 806 Hume Mansur Bldg. (4)
 Garceau, George J. 508 Hume Mansur Bldg. (4)
 Gard, Daniel A. Box 7606 (Irvington Station)
 Gardiner, Sprague H. I. U. Medical Center (7)
 Gardner, Buckman. St. Vincent's Hospital (7)
 Garfield, Martin D. 3705 College Ave. (5)
 Garner, W. Stanley. 2911 E. 10th St. (1)
 Garrett, John D. (S) 2523 Central Ave. (5)
 Garrett, Robert A. I. U. Medical Center (7)
 Gastineau, David C. I. U. Medical Center (7)
 Gatch, Willis D. (S) 605 Hume Mansur Bldg. (4)
 Geider, Roy A. 1443 Prospect St. (3)
 Genna, Mary E. Miller. I. U. Medical Center (7)
 Genovese, Pasquale
 V. A. Hospital, 1481 W. 10th St. (7)

George, Charles L. I.U. Medical Center (7)
 Gibson, Greta Maxine. 5744 Broadway Terrace (20)
 Gick, Herman H. 2705 E. Michigan St. (1)
 Gifford, Fred E. 710 Hume Mansur Bldg. (4)
 Gillespie, Charles F. 3400 N. Meridian St. (8)
 Gillespie, Jacob E. 523 Hume Mansur Bldg. (4)
 Ginsberg, Stewart T. 1315 W. Tenth St. (7)
 Glass, Robert L. 608 Hume Mansur Bldg. (4)
 Glendening, John L. (S) 3134 N. Delaware St. (5)
 Goldman, Samuel. 1204 Oliver Ave. (21)
 Goodwin, Caroline J. 3551 Washington Blvd. (5)

Gormley, Joseph J. 2369 Goodlet (23)
 Gosman, James H. 2901 N. Meridian St. (8)
 Graham, John D. Methodist Hospital (7)
 Graves, John W. 943½ N. Bancroft Ave. (1)
 Green, Morris. Riley Hospital (7)
 Green, Oscar. 504 Hume Mansur Bldg. (4)
 Greene, Morgan E. 1621 S. East St. (25)
 Greist, John H. 2901 N. Meridian St. (8)
 Griffith, Richard S.

Lilly Clinic, General Hospital (7)

Griffith, Ross E. 401 E. 34th St. (5)
 Grimes, Hubert N. 2502 English Ave. (1)
 Grisell, Ted L. 5317 East 16th St. (18)
 Gruber, Charles M.

Lilly Clinic, General Hospital (7)

Guild, J. Kent. Methodist Hospital (7)
 Guttman, John B. Methodist Hospital (7)
 Gwinn, John L. I. U. Medical Center (7)

H

Habegger, Elmer D. 1802 N. Illinois St. (2)
 Habich, Carl (S) 702 Hume Mansur Bldg. (4)
 Hadley, David. 809 Hume Mansur Bldg. (4)
 Haggard, Edmund B. 5914 N. Emerson Ave. (20)
 Hahn, E. Vernon. R. R. 18, Box 376 (24)
 Hall, Frank M. 141 S. Meridian St. (25)
 Hamer, Homer G. (S) 1711 N. Capitol Ave. (7)
 Hammond, James B.

Lilly Clinic, General Hospital (7)

Hampshire, Donald R. 1443 N. Pennsylvania St. (2)
 Hancock, John G. 2226 W. Michigan St. (22)
 Hann, Eldon C. I. U. Medical Center (7)
 Hanna, Thomas A. 1608 N. Lynhurst Dr. (24)
 Hansell, Robert M. 7 N. Euclid Ave. (1)
 Harcourt, Allan K. 812 C. of C. Bldg. (4)
 Harding, M. Richard. 308 Hume Mansur Bldg. (4)
 Harding, Myron S. 308 Hume Mansur Bldg. (4)
 Harding, Paul C.

VA Hospital, 1481 W. Tenth St. (7)

Hare, Earl H.
 Indiana State Board of Health 1330 W.
 Michigan St. (7)

Hare, Laura. 404 Hume Mansur Bldg. (4)
 Harger, Robert W. 804 Hume Mansur Bldg. (4)
 Harold, Albert H. (S) 7510 Allisonville Rd. (20)
 Harold, Norris E. (S) 3545 N. Denny St. (18)
 Harris, Carl B. 319 Hume Mansur Bldg. (4)
 Harris, Paul N.

Eli Lilly & Co., 740 S. Alabama St. (6)

Harshman, James A. I. U. Medical Center (7)
 Harvey, Verne K., Jr.

Indiana State Board of Health 1330 W.
 Michigan (7)

Harvey, Verne K., Sr. 1410 W. Michigan (7)
 Hasewinkel, Carroll W. Methodist Hospital (7)
 Haslinger, Clarence J. 2151 E. New York St. (1)
 Hatfield, Jack J. 5538 N. Keystone Ave. (20)
 Hatfield, Nicholas W. 2032 N. Rural St. (18)
 Hawk, James H. 3736 N. Delaware St. (5)
 Hay, Gene R. 1 Goya Court (24)
 Haymond, George M. General Hospital (7)
 Haymond, Joseph L. 301 E. Maple Rd. (5)
 Haynes, John T. Methodist Hospital (7)
 Hays, Everett L. 2607 Manker Ave. (3)
 Healey, Robert J. 3602 N. Meridian St. (8)
 Hedrick, Philip W. 652 E. 54th St. (20)
 Heimbürger, Robert F. I. U. Medical Center (7)
 Henderson, Francis G.

Eli Lilly & Co., 740 S. Alabama St. (6)

Henderson, Roscoe C. 3131 Northwestern Ave. (23)
 Henderson, William P. I. U. Medical Center (7)
 Hendricks, John W. 911 Hume Mansur Bldg. (4)
 Henry, Russell S. 725 Hume Mansur Bldg. (4)
 Hepburn, C. K. 1633 N. Capitol Ave. (2)
 Hetherington, Arthur M. (S)
 4121 E. New York St. (1)
 Hetherington, John A. 1633 N. Capitol Ave. (2)
 Heubi, John E. 668 E. Maple Rd. (5)
 Hickman, Walter F. 1210 Oliver Ave. (21)

Hicks, Murwyn L. 821 Broad Ripple Ave. (20)
 Hicks, Wilbur D. 1540 Columbia Ave. (2)
 Hilldrup, Don G. (S) 5672 N. Illinois St. (8)
 Himebaugh, James R. S. 5317 E. 16th St. (18)
 Himler, James M. 809 Underwriters Bldg. (4)
 Hines, Don C.

Eli Lilly & Co., 740 S. Alabama St. (6)

Hodges, Fletcher (S) 3160 N. Penn. St. (5)
 Hoffman, Herman. 2439 Central Ave. (5)
 Hofmann, J. William (S)

323 Hume Mansur Bldg. (4)

Holman, Jerome E. 3315 E. 10th St. (1)
 Holman, Jerome E., Jr. 3315 E. 10th St. (1)
 Hood, Ainslee A. 3205 Shelby St. (27)
 Horwitz, Thomas. 424 Hume Mansur Bldg. (4)
 Howell, Arthur. 2060 Boulevard Pl. (2)
 Howell, Joseph D. 760 Bankers Trust Bldg. (4)
 Howell, Robert D. 1802 N. Illinois St. (2)
 Hoyt, Lester H. Methodist Hospital (7)
 Hoyt, Marilyn C. I. U. Medical Center (7)
 Hoyt, Millard L. 612 Hume Mansur Bldg. (4)
 Hubbard, Jesse D. I. U. Medical Center (7)
 Huber, Carl P. I. U. Medical Center (7)
 Huddle, John R. 2963 N. Sherman Dr. (18)
 Hudson, Foster J. 3440 N. Meridian St. (8)
 Hull, Ronald H. 723 Hume Mansur Bldg. (4)
 Hummons, Francis D. 729½ N. West St. (2)
 Hurt, Laverne B. 635 E. Kessler Blvd. (20)
 Hurteau, William W. Methodist Hospital (7)
 Huse, William M. 703 Hume Mansur Bldg. (4)
 Hynes, Roy T. 633 E. Maple Rd. (5)

I

Irwin, Glenn W., Jr. I. U. Medical Center (7)
 Iske, Paul G. 420 Hume Mansur Bldg. (4)

J

Jackson, Frederick E. (S) 2125 N. Park Ave. (2)
 Jackson, James W. (S)

Indiana State Board of Health,
 1330 W. Michigan St. (7)

Jaeger, Alfred S. (S) 430 Bankers Trust Bldg. (4)
 Jaquith, Orville S. (S) 261 Blue Ridge Rd. (8)
 Jay, Arthur N. 3233 N. Meridian St. (8)
 Jay, James. I. U. Medical Center (7)
 Jeffries, Kenneth I. (S) 3433 Central Ave. (5)
 Jenkins, Robert E. 3311 N. Meridian St. (8)
 Jennings, Frank L.

V. A. Hospital, 1481 W. Tenth St. (7)

Jewett, Joe H. 3120 N. Meridian St. (8)
 Jobes, James E. 305 Traction Terminal Bldg. (4)
 Jobes, Norman E. (S)

305 Traction Terminal Bldg. (4)

Johnson, Thomas W. 1802 N. Illinois St. (2)
 Johnson, William F. (S) 2121 N. Harding St. (2)
 Jones, Allen W. 6060 College Ave. (20)
 Jones, David E. 828 C. of C. Bldg. (4)
 Jones, Francis P. 4212 E. Michigan St. (1)
 Joseph, Rex M. 1615 S. East St. (25)
 Jowitt, Richard H. 1502 N. Emerson (19)

K

Kahler, Maurice V. 2638 Kessler Blvd. (22)
 Kahn, Alexander J. 3120 N. Meridian St. (8)
 Kahn, Howard L. 3120 N. Meridian St. (8)
 Kaiser, George C. I. U. Medical Center (7)
 Kalb, Everett L. 5934 E. 21st St. (18)
 Kammen, Leo. 3202 W. 16th St. (22)
 Kammen, Robert. 3202 W. 16th St. (22)
 Katterjohn, James C. 313 Hume Mansur Bldg. (4)
 Kauffman, Nelson N. 2901 N. Meridian St. (8)
 Kauffman, Sidney A. 1829 E. 46th St. (5)
 Keenan, George B. 1743 Shelby St. (3)
 Keenan, Reid L. 615 Hume Mansur Bldg. (4)
 Keever, Charles H. 5214 College Ave. (20)
 Keiser, Venice D. 5709 Broadway (20)
 Kelly, Don E. 702 Underwriters Bldg. (4)
 Kelly, John F. Central State Hosp. (22)
 Kelly, Walter F. (S) 6049 E. Washington St. (19)

- Kennedy, Hunter F. 1105 Prospect St. (3)
 Kennedy, Joseph T. 821 Broad Ripple Ave. (20)
 Kenney, David B. 701 N. Emerson Ave. (19)
 Kenzler, Jack 205 Hume Mansur Bldg. (4)
 Kerr, Harry R. 2817 E. Washington St. (1)
 Ketcham, Jane M. (S) 3906 Ruckle St. (5)
 Kilgore, Byron W. 2002 E. 62nd St. (20)
 Kilmer, Warren L. General Hospital (7)
 Kime, Edwin N. 711 Underwriters Bldg. (4)
 King, Harold I. U. Medical Center (7)
 King, William E. 811 Hume Mansur Bldg. (4)
 King, William F. (S) 509 Blue Ridge Rd. (8)
 Kingsbury, John K. (S) 5462 E. Washington St. (19)
 Kinzel, Robert J. W. 3120 N. Meridian St. (8)
 Kirschhoff, Paul J. 5317 E. 16th St. (18)
 Kirklin, Oren L. 1802 N. Illinois St. (2)
 Kirtley, William R.
 Eli Lilly & Co., 740 S. Alabama St.
 Kissel, Wesley A.
 LaRue Carter Hosp., 1315 W. Tenth St. (7)
 Kitterman, Harry E. 5317 E. 16th St. (18)
 Klain, Benjamin V. 4157 College Ave. (5)
 Klaus, Julius M. 5505 N. Keystone Ave. (20)
 Knowles, Charles Y. 5317 E. 16th St. (18)
 Knowles, Robert P. 2901 N. Meridian St. (8)
 Kohlstaedt, Karl C.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Kohlstaedt, Kenneth G.
 Lilly Clinic, General Hospital (7)
 Kooiker, John E. 401 E. 34th St. (5)
 Koons, Karl M. 923 Hume Mansur Bldg. (4)
 Kopecky, Robert R. 4131 Shelby St. (27)
 Kornafel, L. H. 608 K. of P. Bldg. (4)
 Kraft, Bennett 760 Bankers Trust Bldg. (4)
 Kriel, William B. 5630 W. Washington St. (21)
 Kuder, Howard V.
 Eli Lilly Co., 740 S. Alabama St. (6)
 Kuntz, Herman W. 501 Hume Mansur Bldg. (4)
 Kurtz, Fred B. (S) 5520 N. Illinois St. (8)
 Kurtz, Philip L.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Kwitny, Isadore J. 3400 N. Meridian St. (8)
- L**
- LaDine, Clarence B. 2508 Station St. (18)
 Lamb, Emmett B. 205 Hume Mansur Bldg. (4)
 Lamb, Russell W. 205 Hume Mansur Bldg. (4)
 Lamber, Chet K. 914 Hume Mansur Bldg. (4)
 Lambert, Ross W. 4470 Marcy Lane (5)
 Landwehr, Alfons Sunnyside Sanitorium (26)
 Lane, Charlotte E. Methodist Hospital (7)
 Langdon, Harry K. (S)
 3264 N. Pennsylvania St. (5)
 Lansford, Kenneth G. I. U. Medical Center (7)
 Laramore, Ward 5835 N. Keystone Ave. (20)
 Larkin, Bernard J. (S) . 305 Hume Mansur Bldg. (4)
 Lasich, Anthony R. 820 C. of C. Bldg. (4)
 Lawler, George F. 5601 E. St. Clair St. (1)
 Leasure, J. Kent 611 Hume Mansur Bldg. (4)
 Leatherman, Harter L. 1531 Broadway (2)
 Leff, Abe H. 3120 N. Meridian St. (8)
 Leffel, James M. 1633 N. Capitol Ave. (2)
 Leffler, William T. 2141 E. 52nd St. (5)
 Lein, John General Hosp. (7)
 LeMaster, Theodore R. 805 Hume Mansur Bldg. (4)
 Leonard, Henry S. (S) . 303 Hume Mansur Bldg. (4)
 Leser, Ralph U. 3233 N. Meridian St. (8)
 Levi, Leon 40 W. Maple Rd. (8)
 Levin, Ralph T. 3400 N. Meridian St. (8)
 Lewis, Paul S. 6357 Rockville Rd. (24)
 Lewis, R. Earl 5925 E. Washington St. (19)
 Libbert, Edwin L., Jr. . 206 N. Warman Ave. (22)
 Lichtenberg, Melvin 535 E. Maple Rd. (5)
 Lidikay, Edward C. 621 Hume Mansur Bldg. (4)
 Lindenborg, Paul G. 4816 N. Illinois St. (8)
 Lingeman, Raleigh E. 1802 N. Illinois St. (2)
 Lingeman, Roger E. 2081 N. Emerson Ave. (18)
 Link, Goethe (S) 608 K. of P. Bldg. (4)
 Little, John W. (S) 2735 E. 10th St. (1)
 Littlefield, Paul A.
 4040 Crooked Creek Overlook (8)
 Littlefield, Shirley D.
 4040 Crooked Creek Overlook (8)
 Lloyd, Frank P. 1540 Columbia Ave. (2)
 Lochry, Ralph L. 6134 Norwaldo (20)
 Loehr, William M. I. U. Medical Center (7)
 Long, William H. (S) R. R. 18, Box 534
 Loomis, Norman S. 5230 N. Kenwood Ave. (8)
 Lord, Glenn C. 104 E. Maple Rd. (5)
 Loudon, Robert W. 8545 Westfield Blvd. (20)
 Love, George N. 1644 N. Delaware St. (2)
 Lozow, David 3939 Meadows Dr. (5)
 Lucas, Clarence A., Jr. . 2012 Boulevard Pl. (2)
 Ludwig, Oscar D. (S) 2251 S. Ransdell (25)
 Lukemeyer, George T. I. U. Medical Center (7)
 Lurie, Paul R. I. U. Medical Center (7)
 Luros, J. Theodore 1633 N. Capitol Ave. (2)
 Lybrook, William B. 3731 N. Keystone Ave. (18)
- M**
- MacDougall, John D. 3939 Meadows Dr. (5)
 McAree, Francis E. 6644 E. Washington St. (19)
 McBride, James S. 810 Hume Mansur Bldg. (4)
 McCallum, Donald C. Methodist Hospital (7)
 McCallum, Joseph T. C. 237 W. 46th St. (8)
 McCartney, Donald H. 918 Hume Mansur Bldg. (4)
 McCaskey, Carl H. (S) 608 Guaranty Bldg. (4)
 McClain, Edwin S. 414 Hume Mansur Bldg. (4)
 McCormick, Charles O., Jr.
 621 Hume Mansur Bldg. (4)
 McCoy, Melvin H. 528 Bankers Trust Bldg. (4)
 McDevitt, Daniel R. 3202 N. Meridian St. (8)
 McGrath, Michael F. 1929 E. 38th St. (18)
 McGuff, Paul E. 4829 E. 38th St. (18)
 McIntyre, Charles J. (S)
 414 Hume Mansur Bldg. (4)
 McIntyre, James M. 2901 N. Meridian St. (8)
 McMillan, Frederick G. (S)
 1110 Odd Fellows Bldg. (4)
 McQuiston, Ralph J. 608 Guaranty Bldg. (4)
 McTurnan, Robert W. 5646 N. Illinois St. (8)
 Mackey, Harry S. 4309 Central Ave. (5)
 Mackey, John E. 3400 N. Meridian St. (8)
 Madden, Robert J. 4612 E. Tenth St. (1)
 Madtson, A. Ricks. 822 Hume Mansur Bldg. (4)
 Magennis, Herbert L. (S)
 468½ W. Washington St. (4)
 Magid, Bernard General Hosp. (7)
 Manalan, Maurice M. . 5831 E. Washington St. (19)
 Manders, Karl L. 2901 N. Meridian St. (8)
 Manion, Marlow W. 601 Hume Mansur Bldg. (4)
 Mann, Mortimer 3602 N. Meridian St. (8)
 Mann, Richard E. 4350 Lincoln Rd. (8)
 Manning, K. Randolph. 723 Hume Mansur Bldg. (4)
 Manzie, Michael W. General Hospital (7)
 Marks, Maurice I. 2901 N. Meridian St. (8)
 Marsh, Carl M. 2626 N. Alabama St. (5)
 Marshall, Albert L., Jr.
 Indiana State Board of Health,
 1330 W. Michigan St. (7)
 Marshall, Cavins R. (S) 43 W. 30th St. (8)
 Marshall, Thomas R. I. U. Medical Center (7)
 Martin, Hugh E.
 Pitman-Moore Co., 1200 Madison Ave. (6)
 Martin, Loren H. 2626 W. Washington St. (22)
 Martz, Bill L. Lilly Clinic, General Hospital (7)
 Martz, Carl D. 912 Hume Mansur Bldg. (4)
 Marvel, Robert J. 3311 N. Meridian St. (8)
 Masters, John M. 805 Hume Mansur Bldg. (4)
 Masters, Robert J. 805 Hume Mansur Bldg. (4)
 Matheus, Charles G. I. U. Medical Center (7)
 Matthew, W. Burleigh. 520 Hume Mansur Bldg. (4)
 Matthews, Bernard J. 4612 E. 10th St. (1)
 Matthews, William M. 4612 E. 10th St. (1)
 Maxam, B. T. 400 Hume Mansur Bldg. (4)
 Meaney, James J.
 LaRue Carter Hospital, 1315 W. Tenth St. (7)

Megenhardt, Dennis S...1633 N. Capitol Ave. (2)
 Meiks, Lyman T.....Riley Hospital (7)
 Melin, John R.....3440 N. Meridian St. (8)
 Melloh, Ardis F.....2821 E. 10th St. (1)
 Mendenhall, Clarence D.

4016 E. Washington St. (1)

Mentendiek, Maurice H.
 205 Hume Mansur Bldg. (4)

Mericle, Earl W.....1633 N. Capitol Ave. (2)
 Merrell, Paul420 Hume Mansur Bldg. (4)
 Mershon, Jack B.....5505 N. Keystone Ave. (20)
 Mertz, Henry O. (S).....5950 Central Ave. (20)
 Mertz, John H. O.....1711 N. Capitol Ave. (7)
 Meulbroek, Harvey...1908 N. Capitol Ave. # 6 (7)
 Michael, Isaac E....2966 Kessler Blvd., N. Dr. (20)
 Michaud, J. Rheal.....7899 Ridge Rd. (20)
 Middleton, Harvey N.....1828 N. Illinois St. (2)
 Millar, Glenn C.....Methodist Hospital (7)
 Miller, Charles L.....I. U. Medical Center (7)
 Miller, Frank H.....201 Hume Mansur Bldg. (4)
 Miller, Harold L.....St. Vincent's Hosp. (7)
 Miller, J. Don (S).....3142 Broadway (5)
 Miller, John D.....Sunnyside Sanitorium (26)
 Miller, Raleigh S.....6211 College Ave. (20)
 Miller, Roscoe E.....I. U. Medical Center (7)
 Mitchell, Earl H.....1023 King Ave. (22)
 Mitchell, Edward O...5704 N. Keystone Ave. (20)
 Mitchell, George H....707 Hume Mansur Bldg. (4)
 Moenning, Walter P.....618 K. of P. Bldg. (4)
 Montgomery, William F.
 904 Hume Mansur Bldg. (4)

Moore, Ben B.....414 Hume Mansur Bldg. (4)
 Moore, Donald F.

LaRue Carter Hospital, 1315 W. 10th St. (7)

Moore, Harold T.....Methodist Hospital (7)
 Moore, William G.....General Hospital (7)
 Morchan, Samuel.....3769 College Ave. (5)
 Morgan, Margaret E....I. U. Medical Center (7)
 Morgan, Snead W....904 Hume Mansur Bldg. (4)
 Moriarty, John R.....5602 Madison Ave. (3)
 Morrison, Lewis E....603 Hume Mansur Bldg. (4)
 Morrow, Dean H.....I. U. Medical Center (7)
 Morrow, Robert E....St. Vincent's Hospital (7)
 Morton, Joseph L.....St. Vincent's Hosp. (7)
 Morton, Walter P.....3434 Fall Creek Blvd. (5)
 Moser, Rollin H.....400 Hume Mansur Bldg. (4)
 Moss, Bobby L.....4533 E. 21st St. (18)
 Mothersill, Mark H. (S)....3650 College Ave. (5)
 Moulton, Lillian G....1327 N. Pennsylvania St. (2)
 Mouser, Robert W.....6201 Park Ave. (20)
 Mueller, Lillian B. (S).....4026 Broadway (5)
 Muller, Lullus P.....3120 N. Meridian St. (8)
 Muller, Paul F.....3311 N. Meridian St. (8)
 Muller, Victor H.....St. Vincent's Hosp. (7)
 Mumford, E. Bishop (S)....812 C. of C. Bldg. (4)
 Myers, Charles W.....R. R. 18, Box 256 (24)
 Myers, Roy V.....1904 N. Rural St. (18)

N

Nafe, Cleon A.....822 Hume Mansur Bldg. (4)
 Nagan, Robert F.....606 Hume Mansur Bldg. (4)
 Nay, Richard M.....1015 Hume Mansur Bldg. (4)
 Need, Louis T.....1927 S. Meridian St. (25)
 Nelson, Audrey H.....Methodist Hospital (7)
 Nelson, John W.....I. U. Medical Center (7)
 Nester, Henry G.....307 City Hall (4)
 Nicholas, Dennis.....2425 E. 38th St. (18)
 Nie, Louis W.....2901 N. Meridian St. (8)
 Noble, Thomas B.....19 W. 56th St. (8)
 Nohl, John M.....975 N. Emerson Ave. (19)
 Nolin, Richard T.....6007 Michigan Rd. (8)
 Nolting, Henry F. (S).....261 W. 40th St. (8)
 Norman, William H....908 Hume Mansur Bldg. (4)
 Norris, Howard L.....704 Hume Mansur Bldg. (4)
 Norris, Max S.....510 Hume Mansur Bldg. (4)
 Nourse, Myron H.....1711 N. Capitol Ave. (7)
 Nugent, Edwin J.....Allison Div. GMC (6)
 Nurnberger, John L.....I. U. Medical Center (7)

O

O'Brian, Earl J.....3041 Lafayette Rd. (22)
 Ochsner, Harold C.....Methodist Hospital (7)
 Offutt, Andrew C....Indiana State Board of Health,
 1330 W. Michigan St. (7)
 Olson, John R.....313 Hume Mansur Bldg. (4)
 Olvey, Ottis N.....3769 Park Ave. (5)
 O'Malley, Martha A.....Ind. St. Bd. of Health
 1330 W. Michigan St. (7)
 Orders, Clark E. (S)....440 Bankers Trust Bldg. (4)
 Ormiston, Michael W...Sunnyside Sanitarium (26)
 Otten, Claude F.....812 C. of C. Bldg. (4)
 Ottinger, Ross C. (S)....5211 N. Meridian St. (8)
 Overhulse, Paul R....923 Hume Mansur Bldg. (4)
 Owen, John E.....605 Hume Mansur Bldg. (4)
 Owens, Tracy C.....2823 N. Meridian St. (8)

P

Palmer, Charman F.....Methodist Hosp. (7)
 Palmer, Robert M.....I. U. Medical Center (7)
 Palmer, Robert W.....1633 N. Capitol Ave. (2)
 Pandolfo, Harry234 E. Southern Ave. (25)
 Parker, George F., Jr...1502 N. Emerson Ave. (19)
 Parker, John F.....1706 E. Washington St. (1)
 Parker, L. Burton.....General Hospital (7)
 Parker, Portia.....2226 W. Michigan St. (22)
 Parr, Robert L.....3043 E. 38th St. (18)
 Paskind, J.....General Hospital (7)
 Patton, Martin T.....107 W. 30th St. (8)
 Paulissen, George T....741 Markwood Ave. (27)
 Pearson, John S....American United Life Ins. Co.,
 30 W. Fall Creek Parkway (6)
 Pearson, Lyman R....311 Hume Mansur Bldg. (4)
 Pebworth, Aubrey C. (S) ..1625 W. Morris St. (21)
 Peck, Franklin B., Jr.
 Lilly Clinic General Hosp. (7)
 Peck, Franklin B.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Peirce, James D.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Pennington, Walter E..214 Hume Mansur Bldg. (4)
 Perlov, Sylvan H.....5505 N. Keystone Ave. (20)
 Permer, Erwin.....136 E. 30th St. (5)
 Perucca, Leo G.....3148 N. Kessler Blvd. (22)
 Peterson, Deward D.....General Hospital (7)
 Petranoff, Theodore V.....515 N. Tibbs Ave. (22)
 Pettijohn, Fred L. (S)....2460 Central Ave. (5)
 Pfaff, Dudley A.
 V. A. Regional Office, 36 S. Pennsylvania St. (4)
 Phillips, David L.....605 E. Maple Rd. (5)
 Pickett, Robert D....400 Hume Mansur Bldg. (4)
 Pierce, Emmett, Jr.....General Hospital (7)
 Pierce, William J.....Methodist Hospital (7)
 Pilcher, Jack E.....1802 N. Illinois St. (2)
 Pontius, Edwin E.....Methodist Hosp. (7)
 Poplewell, Arvine G.....General Hospital (7)
 Porter, George S.....I. U. Medical Center (7)
 Price, Francis W.....1002 E. Troy Ave. (3)
 Price, James O.....512 Hume Mansur Bldg. (4)
 Priebe, Fred H.....General Hospital (7)
 Pryor, Richard C.....6111 College Ave. (20)

Q

Quigley, Joseph B.....817 Hume Mansur Bldg. (4)

R

Rabb, Harry S.....3139 E. 10th St. (1)
 Raber, Robert M.....1633 N. Capitol Ave. (2)
 Rader, George S.....1010 Hume Mansur Bldg. (4)
 Radigan, Leo R.
 VA Hospital, 1481 W. Tenth St. (7)
 Rafalski, Thomas A.....3120 N. Meridian St. (8)
 Ralston, John D.....Central State Hosp. (22)
 Ramsey, Frank B.....1802 N. Illinois St. (2)
 Rapp, George F.....St. Vincent's Hosp. (7)
 Reed, Philip B.....4131 N. Meridian St. (8)
 Rees, Russel C.....6114 E. Washington St. (19)
 Reid, Charles A.....2445 Shelby St. (3)
 Reid, James D.....440 N. Winona St., # 414 (2)

- Reid, Robert H. Methodist Hospital (7)
 Reisler, Simon (S) 318 Bankers Trust Bldg. (4)
 Rhamy, Robert K. I. U. Medical Center (7)
 Rice, Frederic A. 7017 Pendleton Pike (26)
 Rice, Raymond M.
 Eli Lilly & Co., 740 S. Alabama St. (6)
 Richardson, Thad T. 513 S. Sherman Dr. (3)
 Richter, Arthur B. 720 Hume Mansur Bldg. (4)
 Ricketts, Joseph W. (S) 2901 N. Meridian St. (8)
 Ridgeway, Ora W. (S) 411 E. 16th St. (2)
 Rigg, John F. 421 Hume Mansur Bldg. (4)
 Ritchey, James O. 608 Hume Mansur Bldg. (4)
 Ritter, Wayne L. 404 Hume Mansur Bldg. (4)
 Robb, John A. 238 Hume Mansur Bldg. (4)
 Robertson, Ray B. 6118 E. Washington St. (19)
 Roeske, Nancy A. 220 W. Beverly Dr. (5)
 Rogers, Donald L. 3426 N. Meridian St. (8)
 Roggenkamp, Milton W.
 6347 Forest View Dr. (20)
 Rohn, Robert J. I. U. Medical Center (7)
 Roll, John W. 3628 N. Sherman Dr. (18)
 Roller, Charles W. (S) 915 Hervey (3)
 Romberger, Floyd T., Jr. . . . 3440 N. Meridian St. (8)
 Rosenak, Bernard D. 226 Hume Mansur Bldg. (4)
 Rosenbaum, David
 V. A. Hospital, 1481 W. 10th St. (7)
 Rosenbaum, Irving, Jr. 401 E. 34th St. (5)
 Roshe, Joseph I. U. Medical Center (7)
 Ross, Alexander T. I. U. Medical Center (7)
 Roth, Bertram S. 6358 College Ave. (20)
 Roth, Melvin I. General Hospital (7)
 Row, D. Hamilton 906 Hume Mansur Bldg. (4)
 Rubin, Gerald S. 624 Hume Mansur Bldg. (4)
 Ruddell, Karl R. (S) 3202 N. Meridian St. (8)
 Ruddell, Keith 3202 N. Meridian St. (8)
 Rudesill, Cecil L. (S) 405 Hume Mansur Bldg. (4)
 Rudesill, Robert L. 405 Hume Mansur Bldg. (4)
 Russell, John R. I. U. Medical Center (7)
 Rust, Byron K. 3740 Central Ave. (5)
 Rust, Roland B. 3939 Meadows Drive (5)
 Ruth, Martin L. 4304 E. Washington St. (1)
 Rutherford, Cyrus W. (S)
 4601 N. Pennsylvania St. (5)
 Ryan, Glen V. 2428 W. 16th St. (22)
- S
- Sage, Russell A. 505 Hume Mansur Bldg. (5)
 Salb, Max C. 826 C. of C. Bldg. (4)
 Sanders, Harry M. 4829 E. 38th St. (18)
 Sandorf, Marvin H. 1102 Prospect St. (3)
 Schaefer, C. Richard (S) 1838 N. Meridian St. (2)
 Schaffer, Edward V. 806 Hume Mansur Bldg. (4)
 Schechter, John S. 3400 N. Meridian St. (8)
 Scheier, Emil W. 1542 Prospect St. (3)
 Schlaegel, Theodore F., Jr. . . .
 624 Hume Mansur Bldg. (4)
 Schlegel, Donald M. 1802 N. Illinois St. (2)
 Schmalhausen, Ansel W. . . . Methodist Hospital (7)
 Schmidt, Loren F. 605 Hume Mansur Bldg. (4)
 Schmoyer, Maurice R. 1500 N. Ritter Avenue (19)
 Schneider, Carl J. 1008 N. Beville Ave. (1)
 Schuchman, Abe 3763 Broadway (5)
 Schuchman, Gabriel 3451 College Ave. (5)
 Schuster, Dwight W. 723 Hume Mansur Bldg. (4)
 Schut, Almon L. I. U. Medical Center (7)
 Schwarz, Anton
 Pitman-Moore Co., 1200 Madison Ave. (6)
 Scott, George E. 3636 N. Layman Ave. (18)
 Scott, I. Winfield 3400 N. Meridian St. (8)
 Scott, John R. 6214 Broadway (20)
 Scott, Robert P. 209 Hume Mansur Bldg. (4)
 Scott, Samuel L. 6325 Guilford Ave. (20)
 Seaman, Charles F. 1010 Hume Mansur Bldg. (4)
 Sedam, Herbert L. 4548 College Ave. (5)
 Segar, Louis H. 818 E. 48th St. (5)
 Segar, William E. Riley Hosp. (7)
 Sellmer, George W. 8545 Westfield Blvd. (20)
 Sexson, Hiram T. 3731 N. Keystone (18)
 Shafer, Marion R. 614 Hume Mansur Bldg. (4)
 Shanafelt, Donald K. 1802 N. Illinois St. (2)
 Sheehan, Francis G. 6049 E. Washington St. (19)
 Shelley, Richard 6016 E. Washington (19)
 Sherster, Harry 1135 S. Meridian St. (25)
 Shipley, Edward
 LaRue Carter Hospital, 1315 W. Tenth St. (7)
 Shoptaugh, A. Glenn, Jr. . . . I. U. Medical Center (7)
 Shullenberger, Wendell A. . . 3740 Central Ave. (5)
 Shumacker, Harris B., Jr. . . . I. U. Medical Center (7)
 Sicks, Okla W. 606 Hume Mansur Bldg. (4)
 Sidebottom, Earl W. 507 Hume Mansur Bldg. (4)
 Siebe, Jack C. 7576 Pendleton Pike (26)
 Siersdorfer, Theodore N. (S)
 5559 W. Morris St. (21)
 Sigmond, Harvey W. 321 Hume Mansur Bldg. (4)
 Simmons, James E. I. U. Medical Center (7)
 Simms, J. Leon 2453 Northwestern Ave. (23)
 Simpson, William D. 1121 N. Arlington Ave. (19)
 Sims, J. Lawrence 3400 N. Meridian St. (8)
 Sluss, David H. 808 C. of C. Bldg. (4)
 Sluss, John W. (S) 808 C. of C. Bldg. (4)
 Smith, David Joe L. S. Ayres & Co. (9)
 Smith, David L. 2901 N. Meridian St. (8)
 Smith, Edward B. I. U. Medical Center (7)
 Smith, E. Rogers 822 Hume Mansur Bldg. (4)
 Smith, Francis C. 983 N. Arlington Ave. (19)
 Smith, Lester A. 238 Hume Mansur Bldg. (4)
 Smith, Roy Lee 707 Underwriters Bldg. (4)
 Smith, Wilbur F. 3424 College Ave. (5)
 Smith, William B. 2229 Northwestern Ave. (23)
 Snapp, Richard A. 3120 N. Meridian St. (8)
 Snider, Byron 2717 S. East St. (3)
 Snodgrass, Robert E. 537 N. Rochester Ave. (22)
 Solomon, Reuben A. 414 Hume Mansur Bldg. (4)
 Sommers, Stephen D. Riley Hospital (7)
 Soper, Hunter A. 1015 Hume Mansur Bldg. (4)
 Souter, Martha C. 3360 N. Meridian St. (8)
 Southworth, John W. 1315 W. Tenth St. (7)
 Sovine, Joe W. 922 Hume Mansur Bldg. (4)
 Spahr, John F., Jr. 3440 N. Meridian St. (8)
 Spalding, Joseph J. 706 Hume Mansur Bldg. (4)
 Sparks, Alan L. 1024 Hume Mansur Bldg. (4)
 Speckman, Glenn H. 2120 E. 10th St. (1)
 Spivey, Russell J. 2616 N. Pennsylvania St. (5)
 Spolyar, Louis W. Indiana State Board of Health,
 1330 W. Michigan St. (7)
 Sprenger, Thomas R. General Hosp. (7)
 Sputh, Carl B., Jr. 301 Doctors' Bldg. (4)
 Stadler, Harold E. 5508 E. Washington St. (19)
 Stansbury, William E. 3628 N. Sherman Dr. (18)
 Staten, Jesse C. Chevrolet Body Div., GMC,
 340 White River Pkwy., W. Dr. S. (22)
 Stayton, Chester A. 313 Hume Mansur Bldg. (4)
 Stayton, Chester A., Jr.
 313 Hume Mansur Bldg. (4)
 Steinmetz, Edward F. General Hospital (7)
 Stephens, Donald E. 6332 Guilford Ave. (20)
 Stephens, Kuhman H. 501 Hume Mansur Bldg. (4)
 Stevens, Sydney L. 303 Hume Mansur Bldg. (4)
 Stoelting, Vergil K. I. U. Medical Center (7)
 Stone, Alvin T. 6202 College Ave. (20)
 Stone, David F. Indiana State Board of Health,
 1330 W. Michigan St. (7)
 Storey, D. Edmund 813 Broad Ripple Ave. (20)
 Storey, Joseph L. 3454 N. Illinois St. (8)
 Storms, Roy B. 5041 Central Ave. (5)
 Strickland, Neil R. Methodist Hospital (7)
 Stroup, Tyler J. 216 K. of P. Bldg. (4)
 Stucky, Elsworth K. 1349 Madison Ave. (25)
 Stump, Loyd K. 3939 Meadows Dr. (5)
 Stump, Thomas A. I. U. Medical Center (7)
 Stygall, James H. (S) 1221 N. Delaware St. (2)
 Summerlin, Jack D. I. U. Medical Center (7)
 Sutton, William E. 521 Hume Mansur Bldg. (4)
 Swan, John R. 915 Hume Mansur Bldg. (4)
 Symmes, Alfred T. 625 E. Maple Rd. (8)
 Szumilas, Peter P. General Hospital (7)
 Szygal, John S. 633 E. Maple Rd. (5)

T

Talbott, Dan E. 1802 N. Illinois St. (2)
 Tanner, Henry S. 321 Hume Mansur Bldg. (4)
 Taube, Jack I. 1007 Hume Mansur Bldg (4)
 Taylor, Clifford C. Community Hospital (19)
 Taylor, Cyril. I. U. Medical Center (7)
 Taylor, Frederic W. 822 Hume Mansur Bldg. (4)
 Taylor, Max T. General Hospital (7)
 Taylor, Richard A. I. U. Medical Center (7)
 Teague, Frank W. 918 Hume Mansur Bldg. (4)
 Teixler, Victor A. 224 Hume Mansur Bldg. (4)
 Templeton, Ian S. 5505 N. Keystone (20)
 Test, Charles E. 1002 Hume Mansur Bldg. (4)
 Teter, George V. 401 E. 34th St. (5)
 Tether, Joseph E. 510 Hume Mansur Bldg. (4)
 Therpe, Ray. 3202 N. Meridian St. (8)
 Thatcher, Hugh K., Jr. 4548 College Ave. (5)
 Thomas, Edward P. 917 W. 30th St. (23)
 Thomas, Fred A. St. Vincent's Hospital (7)
 Thomas, Lowell I. 615 Hume Mansur Bldg. (4)
 Thomas, Morris E. 1802 N. Illinois St. (2)
 Thompson, John V. 7899 Ridge Rd. (20)
 Thompson, Joseph F. I. U. Medical Center (7)
 Thompson, Paul D. 404 Hume Mansur Bldg. (4)
 Thompson, Wayne H. 1633 N. Capitol Ave. (2)
 Thornburg, Kenneth E. 1633 N. Capitol Ave. (2)
 Thornton, Harold C. 301 E. Maple Rd. (5)
 Throop, Frank B. 3400 N. Meridian St. (8)
 Tindall, George T. 6002 Windsor Dr. (18)
 Tinsley, Frank W. 603 K. of P. Building (4)
 Tinsley, Walter B., Jr. 3605 W. 30th St. (22)
 Tinsley, Walter B. 603 K. of P. Bldg. (4)
 Tischer, E. Paul. 208 Hume Mansur Bldg. (4)
 Tondra, John M. 408 Hume Mansur Bldg. (4)
 Torrella, Jose A. 5324 W. 16th St. (24)
 Tosick, William A. General Hospital (7)
 Toumey, Fred L. 1802 N. Illinois St. (2)
 Trusler, Harold M. 408 Hume Mansur Bldg. (4)
 Tuchman, Joseph H. 4456 N. Keystone Ave. (5)
 Tucker, Warren S. 414 Hume Mansur Bldg. (4)
 Turner, Maurice A. I. U. Medical Center (7)
 Tyner, Harlan H. 3202 N. Meridian St. (8)

U-V

Ullom, Ralph B. Methodist Hospital (7)
 Vandivier, Robert M. 209 Hume Mansur Bldg. (4)
 Van Dorn, Myron J. 2165 Weslynn Dr. (8)
 Van Fleet, Josephine. Indiana State Board of
 Health, 1330 W. Michigan St. (7)
 Van Meter, C. Powell. 3419 E. 10th St. (1)
 Van Nuys, John D. I. U. Medical Center (7)
 Van Sandt, Eldon D. 440 N. Winona St. (2)
 Van Sandt, Jean Faint. 440 N. Winona St. (2)
 Van Tassel, Charles J. 709 Hume Mansur Bldg. (4)
 Van Vactor, Helen D. 226 Hume Mansur Bldg. (4)
 Vellios, Frank. I. U. Medical Center (7)
 Vollrath, Victor J. 5202 N. Illinois St. (8)
 Von Der Haar, Gerard. 4016 E. Michigan St. (1)
 Vore, Robert E. General Hospital (7)
 Voyles, Charles F. (S) 1802 N. Illinois St. (2)

W

Waldo, J. Thayer. 610 Hume Mansur Bldg. (4)
 Walker, Frank C. (S) 414 Hume Mansur Bldg. (4)
 Walker, Robert K. 413 E. 34th St. (5)
 Wallace, Collins R. I. U. Medical Center (7)
 Walther, Joseph E. 3202 N. Meridian St. (8)
 Walton, William M. 1802 N. Illinois St. (2)
 Ward, Wesley C. 3 E. 46th St. (5)
 Warfel, Frederick C. (S) 4817 Broadway (5)
 Warman, Alvah P. (S) 1363 E. Maple Rd. (5)
 Warriner, James B. 1012 N. Emerson Ave. (19)
 Warshaw, Seymour. I. U. Medical Center (7)
 Warvel, John H. 614 Hume Mansur Bldg. (4)
 Weaver, Marlin. I. U. Medical Center (7)
 Wehrman, Jule O. (S) 410 N. Meridian St. (4)
 Weigand, Clayton G. Eli Lilly & Co.,
 740 S. Alabama St. (6)

Weinland, George C. Larue D. Carter Hospital,
 1315 W. 10th St. (7)
 Weiss, Jason. 4914 W. 16th St. (24)
 Weiss, Louis L. 811 W. 63rd St. (20)
 Weller, Charles A. (S) ... 3720 N. Delaware St. (5)
 West, Joseph L. 6714 Rockville Rd. (41)
 Westfall, B. Kemper. 2901 E. 38th St. (18)
 Westfall, John B. 1025 Hume Mansur Bldg. (4)
 Wheeler, David E.
 VA Hospital, 1481 W. Tenth St. (7)
 White, Donald J. 502 Bankers Trust Bldg. (4)
 White, John B. 806 Hume Mansur Bldg. (4)
 White, Philip T. I. U. Medical Center (7)
 Widdifield, G. E. 2614 Madison Ave. (3)
 Wilkens, Irvin W. 1743 Shelby St. (3)
 Williams, Charles D. 2422 Station St. (1)
 Williams, Clifford L. Central State Hospital (22)
 Williams, Howard S. 115 E. 16th St. (2)
 Williams, Hugh L. 4829 E. 38th St. (18)
 Williams, Paul D. Central State Hospital (22)
 Williams, Russell S. Methodist Hospital (7)
 Willitts, Bruce K. Methodist Hospital (7)
 Wilmore, Ralph C. I. U. Medical Center (7)
 Wilson, Fred M. I. U. Medical Center (7)
 Wilson, Oliver R. 3440 N. Meridian St. (8)
 Wise, William R. 120 E. 22nd St. (2)
 Wishard, William N., Jr. 1711 N. Capitol Ave. (7)
 Witham, Robert L. 821 Broad Ripple Ave. (20)
 Wolfram, Don J. 208 Hume Mansur Bldg. (4)
 Wood, Donald E. 6325 Guilford Ave. (20)
 Wood, William H. 3120 N. Meridian St. (8)
 Woodward, Abram S. 668 E. Maple Rd. (5)
 Woolling, Kenneth R. 718 Hume Mansur Bldg. (4)
 Worley, Joseph P. 5839 E. Washington St. (19)
 Worley, Richard H. 5317 E. 16th St. (18)
 Wrege, Malcolm L. 1502 N. Emerson Ave. (19)
 Wright, J. William, Jr. 301 Hume Mansur Bldg. (4)
 Wytenbach, John E. 503 Hume Mansur Bldg. (4)

Y

Yacko, Michael L. 821 Broad Ripple Ave. (2)
 Yingling, Robert J. I. U. Medical Center (7)
 Young, James W. 6302 Guilford Ave. (20)
 Young, John E. 4829 E. 38th St. (18)
 Young, John M. 4535 Marcy Lane (5)

Z

Zell, Evertson H. 812 C. of C. Bldg. (4)
 Zerfas, Phyllis K. R. R. 1, Box 220 (27)

Lewis, Robert J. Lawrence
 Asher, Ernest O. (S) New Augusta
 Asher, James W. New Augusta
 Thrasher, John R. (S)

R. R. 1, Box 362, New Augusta
 Freeborn, Warren S. Oaklandon
 Miller, Joseph A. Oaklandon
 Palmer, Harley P. Southport
 Paynter, Morris B. Southport
 Jones, George L. Wanamaker

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 Orange Co. Hospital, Orange, California
 Buell, Forrest R.
 Denver Gen. Hospital, Denver, Colorado
 Burman, Leonard
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 Cagle, Bob R. 209 Winding Lane, Rantoul, Illinois
 Call, William H.
 2750 Southwestern, San Angelo, Texas

Chandler, Earl L.
St. Joseph's Hospital, Denver, Colorado

Clark, George A.
1664 Graefield, Birmingham, Michigan

Cullen, Paul K. Jr.
Mayo Clinic, Rochester, Minnesota

Dirks, Kenneth R.
Madigan Army Hospital, Tacoma, Washington

Finrock, James D.
VA Hospital, Fayetteville, Arkansas

Fisher, Frank C.
U.S. Rochester, F.P.O., San Francisco, Calif.

Fisher, GeraldIppy, French Equatorial Africa

Fralich, Joseph C.
Milwaukee Co. Hospital, Milwaukee, Wisconsin

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Hospital for Mental Diseases, Milwaukee, Wisc.

Little, William J.
R.R. 2, Valley View Dr., Kalispell, Mont.

Marty, Sophocles
USN Hospital, Corpus Christi, Texas

MacCollum, M. Speers
Luke AFB, Glendale, Arizona

McAree, Francis E.
6000th USAF Disp., A.P.O. 925, San Francisco, Calif.

McCallum, Robert N.
Philadelphia Gen. Hospital, Philadelphia, Pa.

McKain, John M.
3009 S. 38th Street, Omaha, Nebraska

Milan, Joseph F.
4330 N. 5th Ave., Phoenix, Arizona

Moore, Richard B.
Mayo Clinic, Rochester, Minnesota

Mori, Victor M.
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Moss, Harlan B.
1122 E. College Avenue, Iowa City, Iowa

Murray James S.
606 N. Roxbury, Beverly Hills, Calif.

Norris, Mary Alice
c/o Col. J. F. Surratt, Hq. NACOM, A.P.O. 757,
New York, N. Y.

Pinsky, Sheldon T.4755 Noble, Bellaire, Ohio

Rice, Reed . . . 720 16th Ave. N.E., Rochester, Minn.

Robinson, Frank C. (S)
290 W. Foothill Blvd., Arcadia, Calif.

Rogers, Thomas P.USN Hospital,
San Diego 33, Calif.

Rohrbacker, Donald M.
Williams AFB, Chandler, Arizona

Rudolph, Stephen J., Jr.
7266th USAF Hosp., TUSLOG Det. 34, A.P.O.
224 New York, N. Y.

Rupel, ErnestGen. Delivery, Dunedin, Florida

Salzman, Morris
350 E. 30th St., New York 16, N. Y.

Stanley, John S.
470 N. E. 25th St., Miami 37, Florida

Stucky, Jerry L.
4463rd USAF Disp., Blytheville, Arkansas

Talarico, Leonard H.
3725 Washington Blvd., St. Louis 8, Missouri

Thurston, Harrison S. (S)
1204 Earlham Drive, Dayton 6, Ohio

Tinney, William E. (S)
P. O. Box 1186, Pass-A-Grille, Florida

Tucker, Robert L.
1507 N. 4th Street, Pekin, Illinois

Weisenberger, Brockton L.
623 Pleasant St., Ironton, Ohio

Wells, James H. 513 Magnolia, Stockton, California

Ziperman, H. Haskell
Brooke Army Med. Center, Ft. Sam Houston,
Texas

MARSHALL COUNTY

Hampton, James N.Argos

Kelly, Frank (S)Argos

Connell, Vactor O.Bourbon

Marshall, George L. (S)Bourbon

Bowen, Otis R.Bremen

Burket, Cecil R.Bremen

Cripe, Earl P.Bremen

Schreiner, John E.Bremen

Stine, Marshall E.Bremen

Baker, Milan D.Culver

Norris, Ernest B.Culver

Reed, DonaldCulver

Plymouth

Connell, Paul S.320 N. Center St.

Coursey, James O.109 N. Walnut St.

Klingler, Maurice O.213 W. LaPorte St.

Kubley, James D.304 N. Walnut St.

Pomeroy, Rex K.121 E. Garro St.

Reed, Robert G., Jr.109 N. Walnut St.

Rimel, James F.213 W. LaPorte St.

Robertson, James S.304 N. Walnut St.

Vore, Louring W.121 E. Garro St.

Thompson, Alfred A. (S)Tyner

Danielson, Harry E., Jr.
14741 N. E. 8th Court, Miami, Fla.

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Shrock, Ethan E.Amboy

Line, Homer E. (S)Chili

Hill, LloydDenver

Malott, Fred R.Converse

Sennett, William K.Macy

Rendel, Harold E.Mexico

Peru

Barnett, Ralph E.65 N. Miami St.

Burrous, Evert L.27 W. Sixth St.

Carlson, Edward A. (S)11½ W. Main St.

Ferrara, Donald W.18 W. Fifth St.

Ferrara, Samuel J.18 W. Fifth St.

Herd, Cloyd R.15 S. Wabash

Johnson, Owen269 E. Main St.

Malouf, Stephen D.53 S. Broadway

Snyder, Parker207 Senger-Mavrick Bldg.

Wildman, Roscoe E.27 W. Sixth St.

Yarling, John E. (S)15 S. Wabash

Hayes, Robert E.
Butterworth Hospital, Grand Rapids, Michigan

Kimmel, George E.
27 Tremont St., Stoneham 80, Mass.

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY**Crawfordsville**

Burks, Jess E. 411 Ben Hur Bldg.
 Cooksey, Thomas L. (S) .. 109½ S. Washington St.
 Cornell, Robert A. 219 Ben Hur Bldg.
 Daugherty, Fred N. 120 W. Pike St.
 Dodds, Wemple. Culver Hospital
 Eggers, Richard. 120 W. Pike St.
 Haller, Thomas C. 411 Tinsley Ave.
 Humphreys, John W. 312 Jones Ave.
 Kinnaman, Howard A. 206 Ben Hur Bldg.
 Kirtley, James M. 416 Ben Hur Bldg.
 Lingeman, Byron N. 419 Ben Hur Bldg.
 Mount, William M. 413 Ben Hur Bldg.
 Peacock, Norman F. 219 Ben Hur Bldg.
 Pierson, Allen D. 305 E. Main St.
 Pierson, Robert H. 305 E. Main St.
 Shannon, Wesley. 901 Cottage Ave.
 Sharp, John L. 219 Ben Hur Bldg.
 Wallace, Hawthorne C. 411 Tinsley Ave.

Otten, Ralph E. Darlington
 Blix, Fred M. Ladoga
 Denny, Frank T. Ladoga
 Wong, Norman F. Linden
 Davis, William H. New Market
 Kindell, Hurschell D. New Richmond
 Johnson, Frank D. Waynetown
 Thompson, Claude N. Waynetown
 Parker, Carl B. Wingate

MORGAN COUNTY**Martinsville**

Eisenberg, David A. 310 N. Main St.
 Gibbs, Joseph W. Home Lawn Sanitarium
 Gray, Leon. 171 E. Washington St.
 Miller, Ray D. 290 E. Washington St.
 Pitkin, Edward M. 195 E. Washington St.
 Pitkin, McKendree C. 440 E. Washington St.
 Taylor, Loren F. 60½ E. Morgan St.
 Van Wienen, John. 60 W. Morgan
 Willan, Horace R. 109 S. Jefferson St.
 Winter, William P. 60½ E. Morgan St.

Murphy, Maurice G. (S) Morgantown
Mooreville

Bivin, James H. Mooresville
 Comer, Kenneth E. 130 N. Indiana
 Kendrick, William. 130 N. Indiana

Farr, James C. Paragon

NEWTON COUNTY

(See Jasper-Newton)

NOBLE COUNTY

Bowman, Charles M. Albion
 Nash, Justin R. Albion
 Mattmiller, Everette D. Avilla
 Sneary, Kenneth D. Avilla
 Sneary, Max E. Avilla

Kendallville

Bryan, Robert E. 129 E. Main St.
 Carey, Willis W. (S) Lutheran Home
 Gutstein, Richard R. (S) 120 Diamond
 Hepner, Herman. 101½ N. Main St.
 Kaler, James. 129 N. Main St.
 Lawson, Isaac H. (S) 125½ S. Main St.
 Messer, Frank W. 115 E. Rush St.
 Slough, O. Thomas. 112 W. Mitchell
 Stallman, Carl F. 409 E. Wayne St.
 Williams, Harold O. 115 E. Rush St.

Ligonier

Chase, James A. 321 S. Cavin St.
 Stultz, Quentin F. 401 S. Cavin St.
 Webster, Paul L. 321 S. Cavin St.

Fipp, August L. Rome City
 Pulskamp, Bertrand H. Wolcottville

Luckey, Harold A. Wolf Lake
 Luckey, Robert C. Wolf Lake
 Roth, James R. Wolf Lake

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Keseric, N. E. French Lick Springs
 Sugarman, Benjamin E. French Lick Springs
 Baker, Robert E. (S) Orleans
 Hodgin, Philip T. Orleans
 Schoolfield, William E. Orleans
 Clark, Ivan A. Paoli
 Hammond, Keith. Paoli
 Manship, Stanley. Paoli
 McCalla, Charles X. Paoli
 Spears, John K. Paoli
 Miller, Henderson L. (S) West Baden Springs

OWEN-MONROE COUNTIES**Bloomington**

Baxter, Neal E. 306 E. Fifth St.
 Bidney, Evelyn B. 321 S. Jordan Ave.
 Borland, Raymond M. R. R. 3
 Buckingham, Richard E. 344 College Ave.
 Creek, Jean A. 312 N. Walnut St.
 Estes, Ambrose C. 121 E. Kirkwood Ave.
 Fowler, Richard R. 104 N. Grant
 Geiger, Dillon D. 300 E. Kirkwood
 Hardtke, Eldred F. 509 E. Fourth St.
 Hepner, Herman S. 312 N. Walnut St.
 Holland, Deward J. (S) 313 N. College Ave.
 Holland, Philip T. 108 W. 7th St.
 Holtzman, Paul W. 615 N. College
 Hrisomalos, Frank N. 306 E. Fifth St.
 Karsell, William A. 306 E. Kirkwood
 Link, William C. 110 E. Fourth St.
 Lundblad, Wilfred M. 1805 E. Tenth St.
 Lyons, Robert E. 321 E. Fifth St.
 Marchant, Clarence H. 350 S. College Ave.
 McIntire, Clarence B. Bloomington Hospital
 McLelland, Mary Rhamy. R. R. 2
 Middleton, Thomas O. 404 E. Seventh St.
 Miller, John M. I. U. Student Health Service
 Owen, Abraham M. 200 S. Washington St.
 Owen, Margaret A. 200 S. Washington St.
 Pizzo, Anthony. Bloomington Hospital
 Poolitsan, George C. 407 N. Walnut St.
 Quarles, E. Bryan. Indiana University
 Ramsey, Hugh S. 307 E. Fifth St.
 Reed, William C. 307 E. Fifth St.
 Rieger, I. Taylor. 102 N. Grant St.
 Rogers, Otto F., Jr. 210 N. Washington St.
 Rollins, Thomas K. 114 E. Seventh St.
 Ross, Ben R. 314 E. Seventh St.
 Ross, James B. 314 E. Seventh St.
 Schell, Harry D. 114 E. Fourth St.
 Schuman, Edith B. Indiana University
 Sibbitt, Joseph W. 300 E. Fifth St.
 Smith, Herschel S. 110 S. Lincoln
 Smith, Rodney D. (S) 115 N. Washington St.
 Spencer, Beaufort A. 114 N. Lincoln
 Stangle, William J. 640 S. Rogers
 Topoligus, James N. 403 N. Walnut St.
 Welpott, Jean F. Indiana University
 Wenzler, Paul J. 110 S. Washington St.
 Wilson, Talmage L. 301 E. Kirkwood

Stouder, Charles E. Ellettsville
 Mitchell, George L. (S) Smithville
 Brown, Marcel S. Spencer
 Kay, Oran E. Spencer
 Smith, Frederick R. Spencer

PARKE-VERMILLION COUNTIES

Greene, Frederick G. (S) Bloomingdale

Clinton

Evans, Frederick J. 242 S. Third St.
 Gerrish, Wakefield D. (S) Clinton

Herzberg, Milton 222 Elm St.
 Kercheval, John M. 220 Blackman

Lauer, Dorothy B. Dana
 Britton, Welbon D. Montezuma
 De Renne, William L. Newport
 Johnson, William A. (S) Perrysville

Rockville

Bloomer, Joseph R. (S) 115 N. Market St.
 Bloomer, Richard S. 115 N. Market St.
 Dowell, Emil H. Ohio St.
 Harstad, Casper 216 W. High St.
 Kempf, Gerald F. Indiana State Sanitarium
 Merrell, Basil M. 110 E. York St.
 Pace, Jerome V. Indiana State Sanitarium
 Pirkle, Hubert B. Indiana State Sanitarium

White, Chester S. (S) Rosedale
 Keith, Freeman E. (S) St. Bernice
 Pickett, Paul, Jr. 2703 Portsmouth, Houston, Texas
 White, Isaac D. (S)
 33 The Colonnade, Long Beach 3, Calif.

PERRY COUNTY

Bush, Hargis R. Cannelton

Tell City

Coultas, Porter J. (S) 801 Main St.
 Dome, Hardin S. (S) 704 Ninth St.
 Dukes, David A. 521 Main St.
 Glenn, Fred C. (S) 436 Main St.
 Herr, John W. Tell City
 James, John M. 746 Ninth St.
 James, Nicholas A. (S) 746 Ninth St.
 Lohoff, Lewis C. 507 Main St.
 Neifert, Noel L. 515 Main St.
 Smith, Fred, Jr. 507 Main St.

Snyder, Earl R. (S) Troy

PIKE COUNTY

Petersburg

Omstead, Milton. 110 S. Sixth St.

Higgins, James L.
 551st USAF Hospital, Otis AFB, Mass.

PORTER COUNTY

Chesterton

Ashmore, Herbert C. 139 Calumet Rd.
 Hall, Thomas C. 621 Broadway
 Harless, Clarence M. 123 Indiana Ave.
 Read, John E. Wilson Ave.
 Robertson, William C. 600 E. Morgan

Kleinman, Francis J. Hebron

Valparaiso

Brown, James C. 101 Lincolnway
 Covey, Thomas J. 60 W. Jefferson
 Davis, Carl M. 202 Indiana Ave.
 DeGrazia, Eugene J. 810 LaPorte Ave.
 Dittmer, Jack E. 23 Lincolnway
 Dittmer, Thomas L. 23 Lincolnway
 Eades, Ralph C. 6 Napoleon St.
 Frank, John R. 23 Lincolnway
 Green, Leonard J. 8 N. Garfield
 Makovsky, Theodore 808 Lincolnway
 Milroy, Robert A. 814 LaPorte Ave.
 O'Neill, Martin 810 LaPorte Ave.
 Schmidt, Richard H. Porter Co. Hospital
 Stoltz, Robert M. 501 Lincolnway
 Vietzke, Paul C. F. 60 Jefferson St.

Gordon, Joseph L. Wheeler

POSEY COUNTY

Montgomery, Samuel B. (S) Cynthiana
 Ropp, Harold E. New Harmony

Boren, Paul Poseyville
 Boren, Samuel W. (S) Poseyville
 Boyle, Carroll Poseyville
 Woods, Arba L. (S) Poseyville

Mount Vernon

Challman, William B. 431 W. Third St.
 Crist, John R. 114 W. Second St.
 Hirsch, Herman L. 126 W. Fifth St.
 Oliphant, Frank W. 701 Mulberry St.
 Vogel, L. John 131 W. Third St.

PULASKI COUNTY

Dublin, Madeline P. Francesville
 Lacy, John D., Jr. Medaryville

Winamac

Carneal, Thomas E. 111 N. Monticello
 Halleck, Harold J. Winamac
 Hollenberg, Edward L. 105 N. Franklin
 Karns, John D. 105 N. Franklin
 Thompson, William R. 111 N. Monticello

PUTNAM COUNTY

Veach, Lester W. Bainbridge
 Veach, Richard L. Bainbridge
 Gray, Clyde C. (S) Cloverdale

Greencastle

Dester, Herbert E. Box 76
 Dettloff, Frederick Alamo Bldg.
 Fuson, Wenfred J. Alamo Bldg.
 Johnson, James B. 105 E. Washington St.
 Nichols, Anne Sackett 707 E. Seminary St.
 Rhea, Gilbert D. 126 E. Washington St.
 Schauwecker, Cleon M. Hillsdale Ave.
 Smith, A. Wilson DePauw University
 Steele, Dick J. Alamo Bldg.
 Tennis, George T. Alamo Bldg.
 Tipton, William R. 110 S. Vine St.
 Wiseman, V. Earle 239 Hillsdale Ave.

Byrne, Louis E. Roachdale
 Richards, Edgar E. Russellville

RANDOLPH COUNTY

Nixon, Byron Farmland
 White, Harvey E. Farmland
 Harmon, Wayne Lynn
 Jordan, Leo E. Lynn
 Martin, Charles E. (S) Lynn
 Shallenberger, Henry R. Modoc
 Hinchman, Jean F. Parker
 Potter, Richard M. Ridgeville

Union City

Chambers, Leroy B. 305 N. Union
 McClure, Morris E. 334 W. Oak St.
 Phipps, Leland K. 227 W. Oak St.
 Reid, Robert W. (S) 706 W. Division St.
 Wagoner, B. D. 232 W. Oak St.

Winchester

Brenner, Andrew M. 327 E. Franklin St.
 Dininger, William S. 102 E. South St.
 Engle, Russell B. 210 S. Main St.
 Koch, Howard W. 103 S. East St.
 Painter, Lowell W. 124 E. Franklin St.
 Slick, Crystal R. 457 Elm St.
 Sparks, Paul W. 214 S. Main St.
 Hannah, Charles W.

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RIPLEY COUNTY

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 Hisrich, Lloyd W. Batesville
 Aldred, Allen W. Milan
 Conrad, Henry W. Milan
 Frable, Frank L., Jr. Milan
 Hunter, Lowell G. Milan
 Warn, William J. Milan

Lippoldt, Charles L. Oldenburg
 Row, George S. Osgood
 Smith, R. Lee. Osgood
 McConnell, William C. Sunman
 Fletcher, Charles F. (S) Sunman
 Hopkins, Lester H. Versailles
 Moran, Noel D. Versailles

RUSH COUNTY

McNabb, George B. Carthage
 Sheets, Charles E. Manilla
 Worth, C. Willard. Milroy

Rushville

Atkins, Clarence C. 225 N. Morgan St.
 Corpe, Kenneth F. R. R. No. 4
 Dean, Donald I. 310 E. Fifth St.
 Denny, Melvin H. 127 W. Third St.
 Ellis, Davis W. 229 N. Morgan St.
 Green, Frank H. 134 E. Second St.
 Johnson, Robert B. 841 N. Harrison
 Kennedy, Robert O. (S) 118 W. Third St.
 McKee, Harry G. 335 N. Main St.
 Norris, Marvin G. 134 E. Second St.
 Nutter, Wyndham H. 1003 N. Morgan

ST. JOSEPH COUNTY

Houser, D. Stanley. Lakeville
 How, John T. (S) Lakeville

Mishawaka

Backs, Mark F. 113 S. Church St.
 Barone, Carmelo V. 307 W. Fourth St.
 Bassler, Carl R. (S) 102 Lincolnway W.
 Christophel, Verna. 109 W. Third St.
 Duvall, William N. (S) 714 N. Mason St.
 Farner, James E. 114 Lincolnway E.
 Fujawa, Matthew J. 721 Lincolnway E.
 Ganser, Ralph V. 114 Lincolnway West
 Ganser, Richard A. 111 S. Race St.
 Goethals, Charles J. 602 Lincolnway W.
 Mahank, Camiel C. 223 S. Spring St.
 Martin, Charles F. 322 S. Mill St.
 Reed, Robert F. 316 Lincolnway E.
 Rosenwasser, Jacob. 225 Lincolnway E.
 Sirlin, Edward M. 109 S. Church St.
 Spalding, Wendell L. 427 Lincolnway E.
 Templeton, Ames R. 522 Calhoun St.
 Van Rie, Leo P. (S) 116 S. West St.
 Walerko, Frank. 124 S. Race St.
 Walters, Charles E. 319 S. Spring St.
 Whitlock, Francis C. 110 N. Race St.
 Whitlock, Merle E. 123 W. Fourth St.
 Wixted, John F. 314 Lincolnway E.
 Wixted, Julia F. 314 Lincolnway E.
 Wurster, Herbert C. 221 E. Third St.
 Wygant, Marion D. 313 W. Fourth St.
 Wyland, Byron J. (S) 116½ W. Third St.
 Zimmer, Henry J. 119½ Lincolnway W.

Luzadder, John E. New Carlisle
 Hardy, John J. (S) North Liberty
 Randall, Thomas A. North Liberty
 Smith, Lee J. North Liberty
 Warrick, Homer L. Osceola

South Bend

A

Acker, Robert B. (S) 418 Sherland Bldg.
 Arisman, Ralph K. 607 Odd Fellows Bldg.

B

Backs, Alton J. 1401 Lincolnway W.
 Baran, Charles. 404 Sherland Bldg.
 Bartsch, Harvey L. 424 Sherland Bldg.
 Bechtold, Samuel E. 730 Sherland Bldg.
 Bell, Horace D. 420 N. Hill St.
 Bennett, Jene R. 531 N. Main St.
 Berke, Robert D. 102 E. Colfax Ave.
 Biasini, Benedict A. 403 Dixie Way North
 Bickel, David A. 515 Odd Fellows Bldg.
 Birmingham, Peter J. (S) 426 Sherland Bldg.

Bishop, Charles A. 122 N. Lafayette Blvd.
 Bixler, Louis C. 615 Sherland Bldg.
 Blackburn, Erwin. 508 Sherland Bldg.
 Bodnar, Leslie M. 525 N. Michigan
 Booth, Franklin M. 530 Sherland Bldg.
 Borough, Lester D. 710 J. M. S. Bldg.
 Brecht, Harvey J. 728 W. Colfax Ave.
 Bryan, Robert J. 1002 Lincolnway W.
 Buchanan, Wallace D. 825 Sherland Bldg.
 Buechner, Frederick W. 116 N. Main St.
 Bussard, Clifford F. (S) 202 Whitcomb-Keller Bldg.
 Bussard, Frank. 202 Whitcomb-Keller Bldg.
 Butts, Milton A. 118 N. Walnut St.

C

Carter, F. R. Nicholas. 605 Sherland Bldg.
 Cassady, James V. 921 Lincolnway E.
 Cassady, John R. 921 Lincolnway East
 Chamblee, Roland W. 1018 W. Washington Ave.
 Clark, Stanley A. (S) 1242 E. Jefferson St.
 Clark, William H. 520 Sherland Bldg.
 Colip, George D. 514 Sherland Bldg.
 Colosey, Frederick J. 3121 Mishawaka Ave.
 Condit, David H. 122 N. Lafayette Blvd.
 Cook, Gordon C. 717 N. Main St.
 Cooper, Harry L. (S) 410 Sherland Bldg.
 Crow, Earl. Healthwin Hospital
 Crowley, Joseph B. Notre Dame Univ.
 Culbertson, Carl S. 531 N. Main St.
 Custer, Edward W. Healthwin Hospital

D

Denham, Robert H. 401 Sherland Bldg.
 Devoe, Kenneth. 418 N. Michigan St.
 Dietl, Ernest L. 820 Sherland Bldg.
 Dodd, Robert D. 2311 Miami St.
 Dolezal, Bernard J. 119 S. Eddy St.
 Donnelly, Everett F. 530 W. Indiana Ave.
 Duggan, James A. 110 Peashway
 Dunlap, D. Logan. 203 J. M. S. Bldg.

E

Eades, R. Charles. 527 Colfax
 Ebin, Judah L. 816 Odd Fellows Bldg.
 Edwards, Bernard E. 704 N. Main St.
 Egan, Sherman. 203 J. M. S. Bldg.
 English, John P. 122 N. Lafayette Blvd.
 Ericksen, Lester G. 615 Sherland Bldg.
 Erickson, Gustaf W. 122 N. Lafayette Blvd.

F

Faltin, Ladislaus. 609 Odd Fellows Bldg.
 Feferman, Martin E. 315 Sherland Bldg.
 Feldman, Max. 1921 Miami St.
 Filipek, Walter J. 311 Odd Fellows Bldg.
 Firestein, Ben Z. 703 J. M. S. Bldg.
 Firestein, Ray. 416 Sherland Bldg.
 Fish, Edson C. 326 Sherland Bldg.
 Fisher, Lawrence F. 1717 E. Colfax
 Frank, Herbert. 3610 Western Ave.
 Frank, Lyall L. 224 W. Navarre
 Frash, DeVon W. 308 J. M. S. Bldg.
 Frey, William B. 316 N. Ironwood Dr.
 Friedman, Morris S. 503 Sherland Bldg.
 Frith, Louis G. 521 W. Washington Ave.

G

Gaffney, Raymond. 525 N. Michigan St.
 Gates, George E. 122 N. Lafayette Blvd.
 Gilman, Marcus M. 403 Odd Fellows Bldg.
 Godersky, George E. 512 Odd Fellows Bldg.
 Graf, John P. 326 Sherland Bldg.
 Green, George F. 822 Sherland Bldg.
 Green, Norval E. 704 N. Main St.
 Grillo, Donald. 723 Sherland Bldg.
 Grorud, Alton C. 122 Lafayette Blvd.

H

Haley, Paul E. 816 Sherland Bldg.
 Hall, James M. 230 Sherland Bldg.
 Hamilton, Charles O. 602 N. Michigan
 Hanley, Harriet F. 316 N. Ironwood Dr.

Harmon, Vachelle E. (S)..... 302 Sherland Bldg.
 Haugseth, Ellsworth K..... 122 Lafayette Blvd.
 Helman, Harry W. (S)..... 120 Franklin Place
 Helmer, John F..... 826 Sherland Bldg.
 Hilbert, John W..... 410 W. Washington Ave.
 Hildebrand, John O..... 1307 E. Ewing Ave.
 Hill, Theodore A..... 107 N. Eddy
 Hill, Wallace C..... 728 Sherland Bldg.
 Hillman, Marion W..... 206 E. Bartlett St.
 Hillman, William H. (S)..... 1317 Marquette Blvd.
 Hoffman, Robert V..... 1530 E. Jefferson Blvd.
 Holdeman, Lillian S..... 404 N. Lafayette Blvd.
 Holdeman, Richard W..... 404 N. Lafayette Blvd.
 Holtzman, Norman N..... 3123 S. Michigan
 How, Louis E..... 6101 S. Michigan
 Hyde, Carroll C..... 122 N. Lafayette Blvd.

J-K

Johns, Nicholas C..... 718 Sherland Bldg.
 Kamm, Bernard A..... 526 Sherland Bldg.
 Karn, John W..... 326 Sherland Bldg.
 Knapp, Arthur L. (S)..... 2215 Mishawaka Ave.
 Knode, Kenneth T..... 729 Sherland Bldg.
 Krueger, John E..... 326 Sherland Bldg.
 Kuhn, Frederick L..... 1215 S. Michigan

L

Lamb, J. Leonard..... 706 J. M. S. Bldg.
 Lane, William H..... 418 N. Main St.
 Lang, Joseph E..... 318 Sherland Bldg.
 Levantin, Bernard I..... 711 Odd Fellows Bldg.
 Levkoff, Abner H..... 3610 Western Ave.
 Lionberger, John R..... 615 Sherland Bldg.
 Liss, Emanuel C..... 117 S. Eddy St.
 Lockhart, Philip B..... 825 Sherland Bldg.

M

MacLeod, John K..... 120 N. Lafayette Blvd.
 Marquis, Gordon..... 120 N. Lafayette Blvd.
 Martinov, William E..... 822 Sherland Bldg.
 Mason, Bernard A..... 122 N. Lafayette Blvd.
 McCraley, William J..... 406 Sherland Bldg.
 McDonald, Ralph M..... 410 J. M. S. Bldg.
 McFarland, Corley B..... 122 N. Lafayette Blvd.
 Metcalfe, Grant E..... 319 Odd Fellows Bldg.
 Miller, Milo K..... 122 N. Lafayette Blvd.
 Moore, Robert D..... 401 Sherland Bldg.
 Mott, Cassell A..... 1301½ W. Washington St.
 Mueller, Hilbert M..... 122 N. Lafayette Blvd.
 Murphy, Eugene C..... 122 N. Lafayette Blvd.
 Murphy, Josephine F..... 625 J. M. S. Bldg.

N-O

Nelson, F. Dale..... 704 N. Main St.
 Nelson, Raymond E..... 206 E. Bartlett St.
 Olson, Kenneth L..... 615 Sherland Bldg.

P

Parsons, Robert L..... 424 Odd Fellows Bldg.
 Pauszek, Thomas B..... 726 W. Washington St.
 Petrass, Andrew..... 516 Sherland Bldg.
 Phelps, Stephen R..... 818 Sherland Bldg.
 Plain, George..... 122 N. Lafayette Blvd.
 Proudft, Charles H..... 525 Odd Fellows Bldg.
 Pyle, Harold D..... 119 S. Eddy St.

R

Rasmussen, Ruth F..... 122 N. Lafayette Blvd.
 Rigley, Edward L..... 408 Sherland Bldg.
 Rodin, Herman H..... 103 E. Jefferson St.
 Rosenheimer, George M..... 418 N. Michigan St.
 Rubens, Eli..... 408 Odd Fellows Bldg.
 Rudolph, Carl J..... 110 W. Bartlett St.

S

Sanderson, Robert B..... 730 Sherland Bldg.
 Sandock, Isadore..... 402 Sherland Bldg.
 Sandock, Louis F..... 428 Sherland Bldg.
 Sandoz, Harry H..... 612 Odd Fellows Bldg.
 Schiller, Herbert A..... 226 Sherland Bldg.
 Scott, Frank M..... 122 N. Lafayette Blvd.
 Selby, Keith E..... 407 Lincolnway W.
 Sellers, Francis M..... 3209 Mishawaka Ave.

Sensenich, Roscoe L. (H)..... 128 S. Scott St.
 Sharp, Merle C..... 717 N. Main St.
 Shelley, Edward S..... 207 S. Taylor
 Shriner, Richard L..... 319 Odd Fellows Bldg.
 Sisson, Norvel D..... 531 N. Main St.
 Skillern, Penn G. (S)..... 1002 Bldg. & Loan Tower
 Skillern, Scott D..... 430 Sherland Bldg.
 Slominski, Harry H..... 708 Odd Fellows Bldg.
 Spenner, Raymond W..... 726 Sherland Bldg.
 Staunton, Henry A..... 3023½ Mishawaka Ave.
 Stiver, Daniel D..... 822 Sherland Bldg.
 Stogdill, William J..... 525 Sherland Bldg.
 Stratigos, Joseph S..... 17615 State Rd. 23

T

Thompson, John M..... 921 Lincolnway E.
 Thompson, Robert A..... 913 S. Twyckenham Dr.
 Thornton, Maurice J..... 825 Sherland Bldg.
 Tirman, Wallace S..... 615 Sherland Bldg.
 Traver, Perry C. (S)..... 1010 Riverside Dr.

V-W-X-Y-Z

Vagner, S. Bernard..... 1303½ W. Washington Ave.
 Vurpillat, Francis J..... 132 N. Lafayette Blvd.
 Walker, Edwin M., Jr..... 326 Sherland Bldg.
 Ward, James W..... 19248 Summers Dr.
 Weiss, Eugene..... 2521 S. Michigan
 White, Donald G..... 1115 E. Fairview
 Wilhelm, Agatha M..... 1032 E. Wayne at Eddy
 Wilson, James M..... 621 J. M. S. Bldg.
 Zeiger, Irvin..... 3123 Mishawaka Ave.

Linton, Charles D..... Walkerton
 Skeen, Earl D. (S)..... Walkerton
 Cline, Kenneth L..... Wyatt

Bosenbury, Charles S. (S)
 3235 Riveria Dr., Coral Gables, Fla.
 Ellison, Alfred..... 7304 Encelia Dr., La Jolla, Calif.
 Fish, Clyde M. (S)
 1533 S. E. Sixth St., Deerfield, Florida
 Joest, Charles O.
 5338 Camille St., Jacksonville, Fla.
 Krabill, Willard S..... M.C.C. LeVieux, Moulin,
 Cete Belle Vue P.M.S. Salat Viet Nam
 Nassef, George J.
 4708 N. Poinsetta Ave., W. Palm Beach, Fla.
 Orr, W. Robert..... 3916 Springfield St.,
 Kansas City (3), Kans.
 Savery, Charles E.
 1609 S. E. Sixth St., Deerfield Beach, Fla.

SCOTT COUNTY

Bogardus, Carl R..... Austin
 McClain, Marvin L..... Scottsburg
 Napper, Floyd S..... Scottsburg

SHELBY COUNTY

Nigh, Rufus M..... Fairland
 Davis, John A..... Flat Rock
 Patten, Vernon C. (S)..... Morristown

Shelbyville

Alden, John O..... 103 W. Washington St.
 Dalton, Wilson L..... 117 W. Washington St.
 Gehres, Robert W..... 15 S. Tompkins St.
 Inlow, Herbert H..... 103 W. Washington St.
 Inlow, William D..... 103 W. Washington St.
 Miller, Richard C..... 17 Mechanic St.
 Richard, Norman F..... 103 W. Washington St.
 Scott, V. Brown..... 103 W. Washington St.
 Silbert, David B..... 17 S. Tompkins St.
 Spindler, Robert D..... 165 W. Mechanic St.
 Tindall, Paul R..... 20 N. Pike St.
 Tindall, William R..... 505 S. Harrison St.
 Tower, James H., Jr..... 120 W. Jackson St.
 Whitcomb, Roger F..... 302 Methodist Bldg.

Coulson, Sewell B. (S)..... Waldron

SPENCER COUNTY

Gailey, Ivan Chrisney
 Barrow, John H. Dale
 Medcalf, Norman L. (S) Lamar
 Jolly, Wesley P. Richland
 Atchison, Kenneth C. (S) Rockport
 Ehrman, Calder D. (S) Rockport
 Glackman, John C., Jr. Rockport
 Monar, Michael Rockport
 Ambrose, Kenneth E. U.S.P.H.S., Carville, La.

STARKE COUNTY

Leinbach, Earl Hamlet

Knox

DeNaut, James F. 4 N. Heaton St.
 Henry, Howard J. 107 S. Main St.
 Ingwell, Guy B. 201 S. Heaton St.
 Krsek, Archie J. R. R. 3, Box 81, c/o Lucas
 McClure, Clark. 107 S. Main St.

North Judson

Matthew, John R. 135 S. Lane St.

STEUBEN COUNTY**Angola**

Artz, Richard W. 416 E. Maumee
 Barton, Robert 416 E. Maumee
 Cameron, Don F. 416 E. Maumee
 Cameron, Mary H. 416 E. Maumee
 Crum, Marion M. Beatty Bldg.
 Hartman, John J. 209 W. Felicity
 Kissinger, Knight L. Elmhurst Hospital
 Mason, Donald G. 416 E. Maumee
 Rausch, Norman W. 416 E. Maumee

Blosser, Blaine A. (S) Fremont
 McCormack, Lloyd L. Fremont
 Alford, James A. Hamilton
 Schrepferman, Wayne Hamilton

SULLIVAN COUNTY

Brown, John S. Carlisle
 Whipps, Charles E. (S) Carlisle
 Dukes, Betty Dugger
 Dukes, Frederic M. Dugger
 Dukes, Joe E. Dugger
 Bethea, Robert O. Farmersburg
 O'Dell, Harry C. Farmersburg

Sullivan

Bedwell, Marion H. 16 N. Court St.
 Crowder, James H., Jr. Sullivan
 Higbee, Paul (S) 4 E. Washington St.
 Maple, James B. (S) 117 W. Washington St.
 Parmenter, Harry B. 117 W. Washington St.
 Scott, Irvin H. 117 W. Washington St.
 Taylor, John R. 105 N. Main, Palestine, Ill.
 Daugherty, William L. Hutsonville, Ill.

SWITZERLAND COUNTY

(See Jefferson-Switzerland)

TIPPECANOE COUNTY**Lafayette**

Ade, Charles H. 2211 South St.
 Ade, Mary Keller. 2211 South St.
 Baker, John R. 1603 Potomac Ave.
 Balkema, Catherine M. 3 N. 18th St.
 Bayley, William E. Home Hospital
 Bolin, Robert C. 308 N. Eighth St.
 Buhrmester, Harry C., Jr. 308 N. Eighth St.
 Burkle, John C. (S) 133 N. Fourth St.
 Burns, John T. 2502 South St.
 Calvert, Raymond R. 314 N. Sixth St.
 Canganelli, Vincent G. Wabash Valley Sanitarium
 Carpenter, James B. 15 N. 25th St.
 Cole, Ira 2315 South St.
 Coyner, Alfred B. 509 Lafayette Life Bldg.

Davis, Howard B. 308 N. Eighth St.
 Dewey, George W. (S) 122 S. 28th St.
 Donahue, George R. 718 Lafayette Life Bldg.
 Dubois, Ramon B. 23 N. 25th St.
 Eaton, Marion J. 214 Lafayette Life Bldg.
 Engeler, James E. 308 N. Eighth St.
 Ferguson, William B. 2211 South St.
 Fields, Donald C. 312 N. Eighth St.
 Flack, Russell A. 217 N. Sixth St.
 Frash, Mahlon G. Lafayette Life Bldg.
 Frey, Harley B. 405 Lafayette Life Bldg.
 Gery, Richard E. 308 N. Eighth St.
 Gripe, Richard P. 308 N. Eighth St.
 Haas, Charles F. 2211 South St.
 Harden, Murray E. 2420 Ferry St.
 Harter, Eli B. 312 N. Eighth St.
 Hass, Thomas W. 2211 South St.
 Herrold, George W. 20 N. 24th St.
 Holladay, Lloyd J. 411 Lafayette Life Bldg.
 Hughes, Richard R. 31 N. 25th St.
 Hull, James E. 2211 South St.
 Hunsberger, Walter G. 308 N. Eighth St.
 Hunter, Frank P. 617 Lafayette Life Bldg.
 Johnson, Herbert S. 312 N. Eighth St.
 Johnson, Lowell R. 2315 South St.
 Jones, David. 24 N. 24th St.
 Karberg, Richard J. 420 Columbia St.
 Klatch, Ben Z. 2211 South St.
 Klepinger, Harry E. 824 Lafayette Life Bldg.
 Kohne, Robert W. 3010 Underwood
 Laws, Kenneth F. 501 Lafayette Life Bldg.
 Levering, Guy P. (S) 2113 S. Eighth St.
 Loop, Frederick A. 2211 South St.
 McAdams, Hugh B. 2011 Kossuth St.
 McAdams, Robert. 2011 Kossuth St.
 McClelland, Donald C. 312 N. Eighth St.
 McFadden, James M. 35 N. 25th St.
 McKinley, Joseph. 312 Lafayette Life Bldg.
 McKinney, Daniel H. 814 Lafayette Life Bldg.
 Marsh, George W. 1405 N. 14th St.
 Marvel, Howard R. 308 N. 8th St.
 Mather, Charles R. 20 N. 24th St.
 Miller, Roland E. 2200 Scott St.
 Neumann, Kenneth O. 618 Lafayette Life Bldg.
 Onorato, Joseph J. 2200 Scott St.
 Pearlman, Samuel S. (S) 107 N. Sixth St.
 Peterson, Joel A. 609 Lafayette Life Bldg.
 Peyton, Frank W. 15 N. 25th St.
 Ratcliff, Frank W. 405 Lafayette Life Bldg.
 Rothrock, Philip W. 2200 Scott St.
 Ruschli, Edward B. 510 Lafayette Life Bldg.
 Shively, John L. 2211 South St.
 Sholty, William M. 405 Lafayette Life Bldg.
 Smith, Lowell C. 637 Ferry St.
 Stahl, Edward T. 308 N. Eighth St.
 Steele, Hugh H. 308 N. Eighth St.
 Strayer, Joseph W. 612 Lafayette Life Bldg.
 Trout, Carl J. 314 N. Sixth St.
 Tubbs, George R. (S) 2503 Main St.
 Van Buskirk, Edmund L. 308 N. Eighth St.
 Van Den Bosch, Wallace R. 2216 South St.
 Vermilya, Robert W. 405 Lafayette Life Bldg.
 Williams, Robert E. 631 Columbia

Mitchell, Edgar T. (S) Romney
 Babb, Forrest J. Stockwell

West Lafayette

Ash, Harold H. 200 South St.
 Carroll, Bertha Rose. Purdue University
 Cooper, Faith M. Purdue University
 Crockett, Franklin S. (H) 424 Littleton St.
 MacLeod, Donald F. Purdue University
 Meikle, Louise J. (S) 606 Terry Lane
 Rommel, Clarence H. 456 Northwestern
 Schmiedicke, Paul H. Purdue University
 Stansell, Gilbert B. 746 Northridge Dr.

Bush, Jack A.

USNS 961, Box 8, F.P.O., San Francisco, Calif.

Wagoner, John R.
2712 Nottingham, Houston, Tex.

TIPTON COUNTY

Belding, Ray T. Kempton
Stouder, Albert E. Kempton
Tranter, William F. Sharpsville

Tipton

Burkhardt, Boyd A. 202 S. West St.
Carter, Jean V. 130 N. Main St.
Compton, George 219 N. Independence
Gossard, Meredith B. 308 N. Independence
Kincaid, Raymond K. 202 S. West St.
Kurtz, William A. 202 S. West St.

Ericson, Harold L. Windfall
Moser, Elmer B. (S) Windfall

UNION COUNTY

(See Wayne-Union)

VANDEBURGH COUNTY

Evansville

A

Acre, Robert R. 706 Walnut St.
Adler, Raymond N. 714 Second Ave.
Adye, Wallace M. 1307 N. Stringtown Rd.
Alexander, John E. 609 Hulman Bldg.
Anderson, Milton H. Evansville State Hospital
Antes, Earl H. 420 Cherry St.
Antonetti, John A. Deaconess Hospital
Arendell, Robert E. 1623 Lincoln Ave.
Austin, Eugene W. 103 N. Main St.

B

Baker, Herman M. 402 Hulman Bldg.
Baker, Mason R. 1008 S. Evans Ave.
Barclay, Irvin C. 114 S. E. Second St.
Barnhart, Willard T. 701 Chestnut St.
Baylor, Edward M. 501 E. Cherry St.
Beck, Robert E. 600 Mary St.
Begley, Joseph W., Jr. 314 S. E. Riverside Dr.
Bender, Martin J. 912 Hulman Bldg.
Bennett, Abner P. 412 S. E. Fourth St.
Bissonnette, Roger P. 420 Cherry St.
Boswell, Robert W. C. 2351 Division St.
Boyd, Stella N. 502 Hulman Bldg.
Britt, Robert 420 Cherry St.
Brockmole, Arnold W. 201 S. E. Third
Brown, George W. 2404 W. Penn
Bryan, Stanton L. 607 Hulman Bldg.
Buehner, Donald F. 3700 Bellemeade
Burnikel, Ray H. 527 Sycamore St.

C

Cacia, John J. 609 Hulman Bldg.
Caldwell, William C. (S) 504 Old National Bank Bldg.
Carlson, Ralph F. 517 Sycamore St.
Cheydleur, Eleanor P. 314 S. E. Riverside Dr.
Clark, Thomas W. 420 Cherry St.
Clements, Albert F. 3315 Lincoln Ave.
Clouse, Paul A. 613 S. Weinbach Ave.
Cockrum, William M. 908 Hulman Bldg.
Cole, William L. 10 N. Weinbach
Coleman, Joseph E. 216 S. E. Riverside Dr.
Combs, Herman T. 807 W. Indiana
Combs, John H. 412 S. E. Fourth St.
Combs, Pearl B. (S) 4109 Lincoln
Corcoran, Patrick J. V. 3700 Bellemeade
Crawford, James H. 221 Chestnut St.
Crevello, Albert J. Clearview Sanitarium
Crimm, Paul D. Boehne Hospital
Crudden, Charles H. Clearview Sanitarium
Cullnane, Chris W. 2312 W. Franklin St.

D

Daves, William L. 608 Old National Bank Bldg.
Davidson, Harold H. 420 Cherry St.
Deems, Myers B. 314 S. E. Riverside Dr.
Denzer, Edward K. 108 S. E. Second St.

Denzer, William O. 112 S. E. Second St.
Dieckman, Herbert S. 1012 Citizens Bank Bldg.
Diefendorf, Charles F. (S) 2106B W. Franklin
Dodd, Roberts K. 2605 Lincoln Ave.
Downer, Luther H. 521 Oak Street
Drake, Dale W. St. Mary's Hospital
Dunham, Henry H. 420 Cherry St.
Durkee, Melvin S. 3700 Bellemeade
Dycus, Walter A. 319 N. St. Joseph Ave.
Dyer, Wallace K. 221 Chestnut St.

E

Ehrich, William S. (S) .. Evansville State Hospital
Eisterhold, John A. 314 S. E. Riverside Dr.
Engel, Edgar L. 126 S. E. Seventh St.

F

Faith, Ira L. 950 Blue Ridge Rd.
Faul, Henry J. 815 Hulman Bldg.
Faw, Melvin L. 420 Cherry St.
Fenneman, Robert J. 29 S. E. Seventh St.
Fickas, Dallas 619 Mary St.
Fisher, William C. 413 First Ave.
Fitz Gerald, Maurice D. 924 Bayard Park Dr.
Fleming, Thomas C. Mead Johnson & Co.

G

Garland, Edgar A. 606 S. Weinbach
Gaul, L. Edward 509 Hulman Bldg.
Gatty, William H. 420 Cherry St.
Giorgio, Douglas J. 916 S. Burkhardt Rd.
Guckien, Joseph L. 609 Hulman Bldg.

H

Hammond, R. Case 701 Chestnut St.
Hare, Daniel M. 706 Walnut St.
Harned, Ben K. 420 Cherry St.
Hart, L. Paul 3700 Bellemeade Ave.
Hartley, Clarence A., Jr. 221 Chestnut St.
Hartz, F. Minton 123 S. E. Second St.
Heard, Albert 322 E. Cherry St.
Heinrich, Weston A. 314 S. E. Riverside Dr.
Hendershot, Eugene L. 412 S. E. Fourth St.
Hermayer, Stephen 220 S. E. Seventh St.
Herrmann, Gordon T. 3700 Bellemeade
Herzer, Clarence C. 322 N. Fulton
Hobbs, Arthur A. 600 Mary St.
Hoopes, Jane M. 3700 Bellemeade
Hoover, J. Guy 309 Third & Main Bldg.
Hovda, Richard B. St. Mary's Hospital
Huggins, Victor S. 703 Citizens Nat'l Bank Bldg.
Hyatt, Gilbert T. 1106 W. Franklin St.

J

Jernigan, William R. 1400 Cass Ave.
Johnson, Gardner C. (S) 1412 Parkside Dr.
Johnson, Harold V. 2114 W. Franklin St.
Johnson, Stephen L. 521 Sycamore St.

K

Kauffman, Harley M. 219 Walnut St.
Kessler, Robert B. 1338 Division St.
Kiechle, Frederick L. 726 S. E. First St.
Kleindorfer, Roscoe L. 819 W. Franklin St.

L

Laubscher, Clarence 6621 Kratzville Rd.
Lawrence, Joseph C. 413 First Ave.
Leibundguth, Henry 221 Chestnut St.
Leich, Charles F. 124 S. E. First St.
Lyman, Frank L. Mead Johnson & Co.
Lynch, Harold D. 216 S. E. Riverside Dr.

M

McCool, Joseph H. 314 S. E. Riverside Dr.
McDonald, Joseph D. 517 Sycamore St.
Macer, Clarence G. (S) 2800 Pennsylvania
MacKenzie, Pierce 126 S. E. Seventh St.
Mason, Everett E. 906 Hulman Bldg.
Mathews, James R. 118 S. E. First St.
Mayberry, Alton 3700 Bellemeade
Miller, Laverne B. 714 N. Main St.
Miller, Milton 15 W. Franklin St.
Miller, Minor 201 S. E. Third St.
Miller, Robert J. 1905 Division St.

Mills, Fred E. Deaconess Hospital
Mino, Raymond W. 723 Mary St.
Mino, Robert A. 723 Mary St.
Moehlenkamp, Charles E. 614 N. Governor St.
Moir, Hugh K. Clearview Sanitarium
Muelchi, Adeline F. 518 Hulman Bldg.
Murphy, Edward U. 901 Hulman Bldg.

N

Nenneker, Henry (S) R. R. 9, Harmonyway
Newman, Alvin E. 912 Hulman Bldg.
Newsome, C. K. 525 Lincoln Ave.
Nicholson, Ray W. 1201 S. Rotherwood
Niedermayer, Alfred J. 960 Washington Ave.
Nisenbaum, Harold 704 Hulman Bldg.
Nonte, Leo R. 1218 Lincoln Ave.

O

Oswald, Robert H. 126 S. E. Seventh St.

P

Pastor, Julius W. 713 First Ave.
Pemberton, Jack J. 319 N. St. Joseph Ave.
Pollard, Walter S. (S) 115 S. E. Second St.
Porro, Francis W. 713 First Ave.
Present, Julian 113 S. E. Second St.
Price, Shirley G. 420 Cherry St.
Pugh, Willis L. 413 First Ave.

R

Ratcliffe, Albert W. 510 S. E. First St.
Ravdin, Bernard 712 Hulman Bldg.
Reich, Clarence E. 1209 N. Fulton
Reitz, Thomas F. 700 N. Sixth Ave.
Rietman, H. Jerome Evansville State Hospital
Ringham, Jarrett 401 Chandler
Riningier, Harold C. 1359 Washington Ave.
Ritchie, William D. 555 Herndon Dr.
Robinson, Earle U. 615 Bellemeade
Rosenblatt, Bernard B. 709 Hulman Bldg.
Rossow, Russell J. 118 S. E. First St.
Royster, George M. (S) 810 Citizens Nat'l Bank Bldg.

Royster, Robert A. 810 Citizens Nat'l Bank Bldg.
Rusche, Henry J. 313 W. Iowa
Russell, Richard H. 2309 E. Chandler Ave.

S

Schirmer, Robert H. 1118 W. Franklin St.
Schimmelpfennig, Robert W. 1013 Parrett St.
Schneider, Charles P. 2211 W. Franklin St.
Schriefer, Victor V. 1120 N. Main St.
Sinn, Charles M. 402 Hulman Bldg.
Slaughter, Howard C. 908 Hulman Bldg.
Slaughter, John C. 3700 Bellemeade
Slaughter, Owen L. 3700 Bellemeade
Smith, Roy M. 1307 Stringtown Rd.
Snively, William D., Jr. Mead Johnson and Co.
Sprecher, Herman C. 527 Sycamore St.
Springstun, Walter R. 601 Hulman Bldg.
Steckler, Robert J. 1400 Cass Ave.
Steele, Paul W. 1218B Lincoln Ave.
Sterne, John H. 221 Chestnut St.
Stork, Urban 420 Cherry St.
Strueh, Paul E. 220 S. E. Seventh St.
Sweeney, Michael J. Mead Johnson & Co.

T

Tager, Stephen N. 219 Walnut St.
Thompson, Naiad Mason. 420 Cherry St.
Tilden, Margaret H. 700 Mary St.
Tuholski, James M. Mead Johnson & Co.
Turner, Isabel B. 2208 E. Walnut St.
Tweedall, Daniel C. 527 Sycamore St.

U-V

Viehe, Robert W. 207 S. E. First St.
Visher, John W. 805 Old National Bank Bldg.

W

Walker, William F. 420 Cherry St.
Walter, Robert F. 1514 S. Kentucky Ave.
Warner, Charles L. 420 Cherry St.
Watson, James L. 1158 Lincoln Ave.
Weber, Edgar H. 123 S. E. Second St.

Weiss, Henry G. 614 Hulman Bldg.
Welborn, Mell B. 420 Cherry St.
Wilhelmus, C. Kenneth. 115 S. E. Seventh St.
Wilhelmus, Gilbert M. 1028 Washington
Willis, Charles F. 1100 S. Bedford Ave.
Willison, George W. 3700 Bellemeade
Wilson, David 517 Mary St.
Wilson, John D. 3700 Bellemeade
Wilson, Ralph 517 Mary St.
Woods, William P. (S) 5050 Lincoln Ave.
Wynn, Justice F. 906 Hulman Bldg.

X-Y-Z

Young, C. Curtis 126 S. E. Seventh St.
Zeier, Francis G. 420 Cherry St.
Zimmerman, Harold 6 S. E. Second St.
Ziss, Robert C. 216 S. E. Riverside
Zwickel, Ralph E. 417 Third & Main Bldg.

Griep, Arthur H. 18 Concord St., Cambridge, Mass.
Kron, R. Vincent 2550 W. 35th St., Chicago 32, Illinois
Oppenheimer, Ernst VA Hospital, 408 First Ave., New York 10, N. Y.
Ritz, Albert S. 4022 Elmwood, Louisville, Ky.

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B. New Goshen
DuPuy, Charles M. (S) Riley
McIntosh, Wilbert Riley
Jett, Clyde W. Seelyville

Terre Haute

A

Allen, Orris T. (S) 422 Rose Dispensary Bldg.
Anderson, Walter C. 2235 Wabash Ave.
Ault, Roy 3050 Poplar St.
Aust, Charles H. 2006 Wabash Ave.

B

Baldrige, William O. 12 Points State Bank Bldg.
Bannon, William G. 416 Rose Dispensary Bldg.
Blum, Leon L. 210 Rose Dispensary Bldg.
Bopp, Henry, Jr. 221 S. Sixth St.
Bopp, James 236 S. 21st St.
Boyd, H. Clark 221 S. Sixth St.
Bradley, Stephen C. (S) 916 S. 25th St.
Bronson, Paul J. 3050 Poplar St.
Brown, Robert R. 221 S. Sixth St.

C

CaJacob, Melville E. 1000 S. Sixth St.
Caldwell, Milton V. 721 Wabash Ave.
Cavins, Alexander W. 221 S. Sixth St.
Combs, Charles N. (S) 2516 N. Ninth St.
Combs, Stuart R. 3050 Poplar St.
Congleton, George C. (S) 308 Merchants National Bank Bldg.
Conklin, James O. 500 Rose Dispensary Bldg.
Conway, Thomas J. 221 S. Sixth St.
Curry, Claude A. 103 Allendale Place

D

Davis, Merle J. 221 S. Sixth St.
Decker, Harvey B. 14 Rea Bldg.
Denny, E. Rankin 221 S. Sixth St.
Douglas, John J. 1606 N. Seventh St.
Drummy, W. W. 221 S. Sixth St.
Dyer, George W. 2235 Wabash Ave.

F

Forsyth, David H. (S) 714 S. Eighth St.
Freed, John E., Jr. 414 Rose Dispensary Bldg.
Freed, John E. 1030 S. Sixth St.
Fuqua, Harold B. 1616 N. Ninth St.

G

Gerrish, Donald A. R. R. 7
Gilbert, Ivan 509 Rose Dispensary Bldg.
Goodman, Hubert T. 310 Opera House Bldg.

Gossom, Donn R. Rose Dispensary Bldg.
Grindrod, John M. Ind. State Teachers College

H

Harkness, Robert G. 301 Rose Dispensary Bldg.
Haslem, Ezra R. 401 Rose Dispensary Bldg.
Haslem, John R. 221 S. Sixth St.
Hogan, Thomas W. 627 Cherry St.
Hoover, Dewey A. 14½ N. Third St.
Humphrey, Paul E. 500 Rose Dispensary Bldg.
Hunt, Edgar J. R. R. 1

J

Johnson, Paul D. 2875 Poplar St.

K

Kabel, Robert N. 3050 Poplar St.
Kriebel, William W. 221 S. Sixth St.
Kunkler, Arnold W.

312 Merchants Nat'l Bank Bldg.
Kunkler, Joseph (S) 408 Chestnut
Kunkler, William C.

212 Merchants Nat'l Bank Bldg.

L

LaBier, Clarence R. (S) 1630 Wabash Ave.
LaBier, C. Russell 1630 Wabash Ave.
Lancet, Robert O. 2101 Wabash Ave.
Lee, James St. Anthony Hospital
Loewenstein, Werner L. 1537 S. Seventh St.
Lockett, Coen L. 211 Fairbanks Bldg.
Lyons, L. Mason 123 S. 21st St.

M

McBride, Noel S. 407 Merchants Nat'l Bank Bldg.
McCrea, Fred R. 221 S. Sixth St.
McEwen, James W. 670 Cherry St.
McLaughlin, Gordon C. 608 Tribune Bldg.
Mahoney, Charles L. 221 S. Sixth St.
Malone, Leander A. 721 Wabash Ave.
Mason, Lester M. 312 Merchants Nat'l Bank Bldg.
Mattox, Don M. 1700 N. Seventh St.
Meyn, Werner P. 221 S. Sixth St.
Miklozek, John E. 1461 S. Seventh St.
Milleson, Ann L. M. 826 S. Center St.
Musselman, Glen G. 7222 Wabash Ave.

N-O

Nay, Ernest O. 221 S. Sixth St.
Neudorff, Louis G. 221 S. Sixth St.
Oliphant, Robert W. 1603 S. 7th St.

P

Pearce, Roy V. 1440 S. 25th St.
Pierce, Harold J. (S) 627 Cherry St.

R

Reed, Robert C. 211 Fairbanks Bldg.
Reynolds, Richard J. 901 S. 25th St.
Richart, James V. 414 Rose Dispensary Bldg.
Riggs, Floyd C. 2228 Wabash Ave.
Rogers, R. Shirrell 26 N. Sixth St.,
West Terre Haute
Rubin, Milton M. 221 S. 19th St.

S

Sayers, Frank E. 436 Bluebird Dr.
Scherb, Burton E. 104 N. Seventh St.
Schott, Edward J. (S) 653 Oak St.
Schumaker, Robert A. 3050 Poplar St.
Selsam, Etta B. (S)

203 Merchants Nat'l Bank Bldg.
Shanklin, Vernon A. (S) 672½ Wabash Ave.
Showalter, John R. 1233 Maple Ave.
Siebenmorgen, Louis 1200 S. Eighth St.
Siebenmorgen, Paul 1200 S. Eighth St.
Silverman, Norman M. 1634 S. Seventh St.
Smoots, Samuel A. (S) 1307 Maple Ave.
Speas, Robert C. 402 Tribune Bldg.
Stewart, Walter E. 721 Wabash Ave.

Stoelting, J. Lewis 507 Rose Dispensary Bldg.
Strecker, William L. 2250 Wabash Ave.
Strong, Daniel S. (S) 2610 Lafayette Ave.
Sullivan, John M. 1712 Franklin St.

T-U-V

Topping, Malachi C. 3050 Poplar St.
Van Arsdall, Clarence R. 17 S. Ninth St.
Veach, William L. 500 Rose Dispensary Bldg.
Voges, Edward C. 702 College Ave.

W

Weber, Joseph G. S. 723 Wabash Ave.
Weinbaum, Jack G. 206 Rose Dispensary Bldg.
White, James V. 721 Wabash Ave.
Wiedemann, Frank E. (S)

222 Rose Dispensary Bldg.

Wilson, Fred L. 1501 S. Third St.
Wyeth, Charles (S) 1100 S. Seventh St.

X-Y-Z

Zwerner, Paul F. 12 Points State Bank Bldg.

WABASH COUNTY

Walker, James L. LaFontaine

North Manchester

Balsbaugh, George 107 W. Seventh St.
Brubaker, Ora G. (S) 111 N. Market St.
Bunker, Ladaska Z. North Manchester
Cook, Charles E. 114 W. Main St.
Keller, Frank G. (S) Peabody Memorial Home
Seward, George W. 111 E. Main St.
Venable, George L. 106 W. Main St.
Warvel, Joseph L. (S) North Manchester

Wabash

Dannacher, William D. 284 N. Wabash
Elward, Carl J. 1280 Columbus
Goldstone, Harry A. 268 N. Main St.
Hanneken, Vincent J. 86 N. Comstock
LaSalle, Richard M. 55 West Market St.
LaSalle, Robert M. 55 W. Market St.
Mills, John F. 24 E. Main St.
Pearson, William E. 290 N. Wabash
Rauh, Robert A. 620 Bond St.
Steffen, Arthur J. 70 W. Hill
Steffen, Julius T. 443 N. Wabash
Stoops, Jean T. 280 N. Wabash
Whisler, Frederick M. 10 W. Hill
Kidd, James G. Veterans Hosp., Wood, Wis.

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY**Boonville**

Dimmett, Robert P. 214 S. Second St.
Hoover, Peter B. 223 W. Locust St.
Rudolph, Kenneth J. 214 S. Second St.
Stover, Wendell C. 125½ S. Second St.
Wilson, Paul E. (S) 126 N. Third St.

Dutchman, William R. Chandler
Gill, Bernard P. Chandler
Colvin, Robert C. Newburgh
Rogers, Arthur R. Newburgh
Wilhelmus, Charles M. (S) Newburgh
Purcell, Jack H. 323 E. Chestnut St.,
Louisville, Ky.

WASHINGTON COUNTY

Tower, Thomas K. Campbellsburg
Paynter, William Pekin

Salem

Apple, Eddie R. 501 W. Market St.
Episcopo, Arsenius R. 308 N. Main St.
Fultz, Roy L. 307 W. Market St.
Huckleberry, Irvin E. 502 W. Mulberry St.

WAYNE-UNION COUNTIES

Clark, Marion E.....Cambridge City
 Hill, Paul G.....Cambridge City
 Kenyon, Charles E.....Cambridge City
 Barton, Willoughby M.....Centerville
 Hutchison, Donald R.....Fountain City
 Zimmerman, William H.....Dublin
 Charles, Henry L.....R. R. #1, Economy
 Hollenberg, Alfred E.....Hagerstown
 Miller, William A.....Hagerstown

Liberty

Clarkson, Clarence G.....304 E. Union St.
 Lewis, James F.....28 E. Union St.
 McWilliams, William B.....Liberty
 Thompson, Will A. (S).....106 S. Main St.

Denny, Edgar C. (S).....Milton

Richmond

Adney, Frank B.....215 Medical Arts Bldg.
 Ake, Loren.....410 First National Bank Bldg.
 Allen, Hubert E. (S).....21 S. Eighth St.
 Allen, Robert T.....36 S. Eighth St.
 Ballenger, William E.....309 Medical Arts Bldg.
 Blossom, Paul W.....825 S. A St.
 Brooks, G. Tanner.....29 S. 12th St.
 Brown, Richard J.....310 Colonial Bldg.
 Buche, Frederick P. (S).....106 S. Seventh St.
 Coble, Frank H.....51 S. Eighth St.
 Cook, Norman R.....1710 Reeveston Rd.
 Cox, Leon T.....1210 E. Main St.
 Daggy, B. T.....Medical Arts Bldg.
 Daggy, James R.....35 S. Eighth St.
 Dingle, Paul E.....216 Medical Arts Bldg.
 Dreyer, Ralph W.....2 S. W. 17th St.
 Ebbinghouse, Tom.....98 W. Main St.
 Ensey, Philip L.....512 W. Main St.
 Griffis, Vierl C. (S).....201 S. 23rd St.
 Guthrie, James R.....25 S. Eighth St.
 Hadley, Harvey (S).....627 S. 14th St.
 Hagie, Franklin E.....1110 S. A St.
 Harmon, Carl J.....407 Medical Arts Bldg.
 Herring, George N.....Richmond State Hospital
 Hill, Gladys Marie.....407 Medical Arts Bldg.
 Hill, Harold D.....412 Medical Arts Bldg.
 Hunt, Gayle J.....Reid Memorial Hospital
 Johnson, George M.....136 Medical Arts Bldg.
 Johnson, Paul S. (S).....215 Medical Arts Bldg.
 Kime, Charles E.....810 S. A St.
 Klepfer, Jefferson.....Richmond State Hospital
 Kreitl, Dorothy R.....Richmond State Hospital
 Laird, Leslie A.....Richmond State Hospital
 Lee, Glen Ward.....139 Medical Arts Bldg.
 Ling, John F.....505 First National Bank Bldg.
 Logan, James Z.....303 Second National Bank Bldg.
 Loomis, Charles H.....310 Medical Arts Bldg.
 McLroy, Richard J.....Richmond State Hospital
 Mader, John H.....2000 E. Main St.
 Malcolm, Russell.....127 Medical Arts Bldg.
 Meredith, Elwood J.....203 Medical Arts Bldg.
 Mills, Arthur B.....505 First Nat'l. Bank Bldg.
 Park, Byron J.....418 Medical Arts Bldg.
 Passino, James.....Reid Memorial Hospital
 Ramsdell, Glen A.....407 First Nat'l. Bank Bldg.
 Ross, Harry P.....410 Second National Bank Bldg.
 Ross, James S.....321 S. 14th St.
 Runge, Paul W.....1426 E. Main St.
 Sage, Charles V.....48 S. 11th St.
 Sherer, Kenneth E.....422 Medical Arts Bldg.
 Shields, Tom S.....47 S. 11th St.
 Snyder, Morris C.....130 Medical Arts Bldg.
 Stamper, Lucian A.....402 Medical Arts Bldg.
 Stepleton, John D.....Reid Memorial Hospital
 Stillwell, William R.....2607 South C Place
 Sweet, Howard E.....35 S. Eighth St.
 Taylor, William R.....308 Medical Arts Bldg.
 Vance, William C.....1008 South A St.
 Wanninger, Horace.....408 Second Nat'l Bank Bldg.

Warrick, Francis B.....1426 E. Main St.
 Weinstein, Edwin B.....204 Colonial Bldg.
 Weitemier, Raymond A.....2000 E. Main St.
 Wertenberger, Morris D.....Reid Memorial Hospital
 Whallon, Arthur J. (S).....29 S. 10th St.
 Wiland, Olin K.....Reid Memorial Hospital
 Wisener, Guthrie H. (S).....213 Medical Arts Bldg.
 Wynegar, David E.....Richmond State Hospital
 Yencer, Martin W. (S).....22 N. 14th St.
 Zeps, E. Frances.....701 S. 16th St.

Marsh, Chester A. (S).....906 Dexter St.,
 Los Angeles 42, Calif.

Heck, Rolfe A.....College Corner, Ohio
 Hiatt, Russell L.....VA Hospital, Louisville, Ky.
 Shepard, Fred F.....College Corner, Ohio

WELLS COUNTY

Bluffton

Bishop, Robert E.....303 S. Main St.
 Boonstra, Charles E.....303 S. Main St.
 Brickley, Harry D. (S).....227 S. Main St.
 Buckner, Joy F.....116 E. Walnut St.
 Caylor, Charles H.....303 S. Main St.
 Caylor, Harold D.....303 S. Main St.
 Caylor, Truman E.....303 S. Main St.
 Cook, Robert G.....303 S. Main St.
 Dorrance, Thomas O.....303 S. Main St.
 Eisaman, Jack L.....303 S. Main St.
 Gay, Brian C.....303 S. Main St.
 Gitlin, Max M.....121 E. Market St.
 Gitlin, William A.....121 E. Market St.
 Hamilton, Orville G.....227 S. Main St.
 Jackson, Charles E.....303 S. Main St.
 Johnston, Robert L.....303 S. Main St.
 Kephart, S. Bruce.....303 S. Main St.
 Mead, Clarence H. (S).....227 S. Main St.
 Milroy, Robert A.....303 S. Main St.
 Nickel, Allen A. C.....303 S. Main St.
 Panos, Constantine G.....227 S. Main St.
 Phillips, John F.....303 S. Main St.
 Pietz, David G.....303 S. Main St.
 Porter, Dale.....320 W. Washington St.
 Smithwood, Robert L.....303 S. Main St.
 Symon, William E.....303 S. Main St.
 Talbert, Pierre C.....303 S. Main St.
 Tan, Constanicio C.....303 S. Main St.
 Webster, Joel S.....303 S. Main St.
 Yanson, Mannfredo R. S.....303 S. Main St.
 Yoder, Richard P.....303 S. Main St.

Gingerick, Charles M.....Liberty Center
 Davidoff, Manuel A.....Ossian
 Hardin, Wayne E.....Ossian

Brewer, Robert A.....Hqs. Co. 1st Bn. 2nd AC
 APO 114, New York, N.Y.

Rudy, Donald B.
 1237 Vanderburg Ave., Larson AFB, Wash.

WHITE COUNTY

Galbreth, Jesse P. (S).....Burnettsville
 Derhammer, George L.....Brookston
 Gish, Howard M.....Brookston
 Henderson, Robert N.....Brookston
 Netherton, Clyde R. (S).....Chalmers
 Houser, Wayne W.....Monon
 McClure, Stanley E.....Monon

Monticello

Beck, David C.....135 S. Illinois St.
 Carney, John C.....116 N. Illinois St.
 Dickerson, W. Martin.....120 S. Illinois St.
 Fullerton, Robert L.....201 Beach Dr.
 Hibner, Nolan A.....110 S. Main St.
 Morris, Warren V.....118 Court St.

Mayfield, Clifford H. (S).....Reynolds
 Baynes, Frank L.....Wolcott
 Forbes, Violet Crabbe.....Wolcott

WHITLEY COUNTY

Hershey, Ernest A., Jr. Churubusco
 Hershey, Ernest A. (S) Churubusco
 Minick, Linus J. Churubusco

Columbia City

Brandt, William E. Columbia City
 Brenton, Harold L. 215 E. Van Buren
 Hamilton, Thomas Columbia City
 Heritier, C. Jules 116 S. Chauncey

Langohr, John. 215 E. Van Buren St.
 Lehmberg, Otto F. C. 118 E. Van Buren St.
 Niccum, Warren L. 215 E. Van Buren St.
 Nolt, Ernest V. (S) 103 N. Line
 Reid, Donald B. 118 E. Van Buren
 Vogel, John L. 215 E. Van Buren St.
 Wait, Jerome H. 112 N. Main St.
 Wilson, John 116 S. Chauncey

Huffman, Verlin P. South Whitley
 Ridlon, Albert M. South Whitley

WOMAN'S AUXILIARY to the INDIANA STATE MEDICAL ASSOCIATION

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PRESIDENT-ELECT	Mrs. J. M. Black	671 Braewick Rd., Sunset Pkwy.	Seymour
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SECOND VICE-PRESIDENT	Mrs. Fielding Williams		Huntingburg
THIRD VICE-PRESIDENT	Mrs. Kenneth Schneider		Nashville
FOURTH VICE-PRESIDENT	Mrs. Stanley McClure	315 Arch Street	Monon
TREASURER	Mrs. Kenneth Brown	1654 Hedden Park	New Albany
RECORDING SECRETARY	Mrs. Thomas Johnson	5735 Washington Blvd.	Indianapolis
CORRESPONDING SEC'Y	Mrs. L. J. Hillis	2508 E. Broadway	Logansport
PARLIAMENTARIAN	Mrs. Charles F. Voyles	4150 N. Meridian	Indianapolis
HISTORIAN	Mrs. Philip Holland	1001 S. Jordan	Bloomington
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CHAIRMAN	Mrs. Charles Alvey	3001 Torquay	Muncie

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TREASURER	Mrs. E. L. Fitzsimmons	500 Boeke Rd.	Evansville
BULLETIN	Mrs. Kenneth Hill	100 Leland	New Castle
CIVIL DEFENSE	Mrs. Paul Evans	7415 Dean Rd.	Indianapolis
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FINANCE	Mrs. Wm. R. Tindall	516 N. Morgan	Rushville
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ORGANIZATION	Mrs. J. M. Black	671 Braewick Rd.	Logansport
MEDICAL CARE	Mrs. Wm. B. Matthew	3462 E. Fall Creek Pkwy.	Seymour
INSURANCE			Indianapolis
PROGRAM	Mrs. Earl W. Mericle	4480 N. Meridian	Indianapolis
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PUBLIC RELATIONS	Mrs. George Wagoner		Delphi
RECRUITMENT	Mrs. R. E. Nelson	1909 East Madison	South Bend
RULES	Mrs. Harry Harvey	2228 Crescent	Ft. Wayne
RURAL AND			
SCHOOL HEALTH	Mrs. E. S. Rifner		VanBuren
SAFETY	Mrs. Robert Acher	446 E. Washington	Greensburg
TODAY'S HEALTH	Mrs. Robert Reed	213 Downey	Mishawaka

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

Beaver, Mrs. N. E.	866 Columbia
Bose, Mrs. Robert L.	255 Dearborn
Luginbill, Mrs. Howard	817 W. Main St.
Rich, Mrs. Norvelle S.	R. R. 4

Decatur

Burk, Mrs. J. M.	221 S. Third
Friebee, Mrs. William	Decatur, Ind.
Girod, Mrs. A. H.	1004 W. Monroe
Harless, Mrs. Fred L.	Monroeville, Ind.
Kohne, Mrs. G. J.	304 W. Adams
Reppert, Mrs. Rolland	Road 224, Decatur
Terveer, Mrs. John B.	1721 W. Monroe St.
Zwick, Mrs. H. F.	401 E. Rugg
Schetgen, Mrs. J. V.	Box 236, Geneva

ALLEN COUNTY

Bluffton

Brickley, Mrs. Harry D.	227 S. Main
Buckner, Mrs. J.	116 E. Walnut
Hamilton, Mrs. O. G.	203 E. Central
Mead, Mrs. C. H.	21 W. Washington

Fort Wayne

A

Adams, Mrs. E. Wade	4114 Indiana Ave.
Adams, Mrs. J. R.	2538 Fairfield Vw. Pl.
Aiken, Mrs. Arthur F.	R. R. #1, Waterswold Add.
Aiken, Mrs. Nevin E.	Leo Rd.
Arata, Mrs. Justin E.	224 Ludwig Rd.

B

Bailey, Mrs. Paul	1840 Pemberton
Baltes, Mrs. Joseph H.	1309 Sunset Dr.
Barch, Mrs. John W.	1715 Poinsette
Bash, Mrs. W. E.	1201 Korte Lane
Beams, Mrs. Ralph	3710 Wawonaissa
Beierlein, Mrs. Karl M.	2716 Butler Road
Ball, Dr. J. R. (Margaret)	1414 Park Ave.
Bergendahl, Mrs. Emil	1202 Illsey
Beutler, Mrs. Theodore V.	1516 Ardmore
Blichert, Mrs. Peter	4501 Fairfield
Blosser, Mrs. H. V.	1122 W. Washington
Bolman, Mrs. R. M.	4135 S. Harrison
Borders, Mrs. Theodore	1802 Nevada
Bowers, Mrs. G. T.	2609 East Dr.
Bowers, Mrs. J. W.	817 E. Washington Blvd.
Bridges, Mrs. W. L.	Coldwater Rd.
Bromley, Mrs. L. W.	4216 Drury Lane
Brosius, Mrs. Robert H. W.	3302 Garland
Brown, Mrs. Frederic	4129 S. Harrison

S

Sahlman, Mrs. Hans.....	2402 Woodward
Salon, Mrs. Harry.....	4017 Hiawatha Blvd.
Salon, Mrs. Joel.....	4935 Old Mill Road
Salon, Mrs. N. L.....	7939 Scottwood Court
Savage, Mrs. A. R.....	South Ridge Road
Schellhouse, Mrs. Earl M.....	3610 Mulberry Rd.
Schlademan, Mrs. K. R.....	4029 Weisser Park
Schlegel, Mrs. Edward.....	2009 Frieze Ave., Ann Arbor, Mich.
Schmidt, Mrs. Eugene E.....	1119 Maxine

Schmoll, Mrs. Robert J.....4811 Tacoma
 Schneider, Mrs. Louis A.....1351 W. Sherwood
 Schoen, Mrs. Fred.....450 Arcadia Ct.
 Schubert, Mrs. J. C.....4716 Lillie
 Scoins, Mrs. W. H.....4301 Taylor
 Scott, Mrs. H. Vaughn.....5224 Fairfield Ave.
 Senseny, Mrs. Eugene F.....3112 Beaver
 Shaw, Mrs. James E.....3932 Rosewood Drive
 Shinabery, Mrs. Lawrence.....1850 Broadway
 Singer, Mrs. Elmer.....825 Oakdale Dr.
 Smith, Mrs. Phillip L.....2701 Fairfield
 Smith, Mrs. Richard B.....709 E. Oakdale
 Smith, Mrs. Roger.....1722 Pemberton
 Snyderman, Mrs. S. C.....3222 N. Washington Rd.
 Somers, Mrs. G. H.....1253 W. Rudisill
 Spencer, Mrs. C. Herbert.....2106 Paulding Road
 Stauffer, Mrs. Richard.....4120 S. Harrison
 Steigmeyer, Mrs. D. J.....1503 Kensington
 Stellner, Mrs. Howard A.....3323 Butler Court
 Stier, Mrs. Paul.....3807 Fairfield
 Sullivan, Mrs. Robert E.....137 W. Branning

T

Taylor, Mrs. Robert G.....3104 Alexander Ave.
 Tennant, Mrs. D. L.....3513 Kirkland
 Terrill, Mrs. Richard.....4727 Old Mill Rd.
 Thompson, Mrs. Holland.....Lima Road
 Thornton, Mrs. W. E.....601 Oakdale Dr.

V

Van Buskirk, Mrs. E. W.....920 Maxine Dr.
 Vogel, Mrs. Lloyd A.....7137 Roseann Parkway

W

Wade, Mrs. R. W.....4105 Dalewood, R. R. 9
 Ward, Mrs. Paula B.....2014 Curdes
 Warfield, Mrs. C. H.....1809 Kensington
 Weber, Mrs. John R.....1215 Sheridan Ct.
 Welty, Mrs. S. G.....8416 Stellhorn Road
 Wilkins, Mrs. Robert.....4839 Old Mill Rd.
 Williams, Dr. Bernice.....3526 N. Washington Rd.
 Wilson, Mrs. Leslie.....2810 S. Wayne
 Wilson, Mrs. Roland.....1431 Hugh
 Wright, Mrs. William.....1834 Pemberton Dr.

Z

Zehr, Mrs. Noah.....301 W. Creighton
 Zweig, Mrs. Elmer.....2015 Pemberton

New Haven

Emenhiser, Mrs. Don C.....1040 Lincoln Highway
 Smith, Mrs. G. A.....804 Lincoln Highway
 Stumpf, Mrs. E. E.....1118 Elm

Emme, Mrs. Richard W.....R. R. 2, Grabill
 Harless, Mrs. O. Fred.....Monroeville
 Mackel, Mrs. Frederick O.....Huntertown
 Saylor, Mrs. Roger D.....R. R. 2 Grabill

BARTHOLOMEW-BROWN COUNTIES

Dagley, Mrs. Hubert R.
 State Hospital, Butlerville, Indiana

Columbus

Adler, Mrs. David L.....931 Fifth St.
 Beggs, Mrs. Lowell F.....2733 Riverside Dr.
 Davis, Mrs. Marvin R.....2300 N. Washington St.
 Echsner, Mrs. Herman.....1512 28th St.
 Fisher, Mrs. Walter S.....906 Franklin
 Hart, Mrs. Robert B.....1203 16th
 Hawes, Mrs. Marvin E.....2975 Franklin Dr.
 Henry, Mrs. Alvin L.....1926 Lafayette Avenue
 Hucke, Mrs. Samuel T.....1301 Grand Avenue
 Kincaid, Mrs. J. C.....2121 Central Ave.
 Krueger, Mrs. Robert.....Griffa Ave.
 Macy, Mrs. George W.....2623 Riverside Dr.
 Marr, Mrs. Griffith.....Marr Rd.
 McCullough, Mrs. Henry.....Old Indianapolis Rd.
 Mohler, Mrs. Floyd.....2615 Franklin

Norton, Mrs. Harold J.....909 Pearl St.
 O'Bryan, Mrs. Richard.....1602 Washington
 Overshimer, Mrs. Lyman.....1715 Franklin
 Reid, Mrs. Robert.....2712 Lafayette Avenue
 Ritteman, Mrs. George W.....3320 Grove Parkway
 Rothring, Mrs. Howard E.....2120 Washington St.
 Ryan, Mrs. Wm. J.....2244 Pearl
 Schmitt, Mrs. R. K.....2639 Riverside Dr.
 Sigmund, Mrs. Wm. B.....Davis Road
 Smith, Mrs. Donald C.....1629 Franklin St.
 Walters, Mrs. Richard E.....2023 Lafayette Avenue
 Williams, Mrs. E. W.....1902 Franklin St.
 Wissman, Mrs. Wm. L.....2335 Riverside Dr.
 Yoder, Mrs. Dewey D.....713 Lafayette Ave.
 Zaring, Mrs. Byron K.....2419 Riverside

Dudding, Mrs. Joseph E.....Hope
 Jacobs, Mrs. E. Robert.....Hope
 Schneider, Mrs. Kenneth.....Nashville
 Seibel, Mrs. Robert.....Nashville

BENTON COUNTY

Leak, Mrs. Robert.....Boswell
 Coddens, Mrs. A. L.....Earl Park
 Miller, Mrs. Dan T.....Fowler
 Turley, Mrs. Verne L.....Fowler
 Scheurich, Mrs. Virgil.....Oxford
 Rutherford, Mrs. C.....Otterbein

BLACKFORD COUNTY**Hartford City**

Dodd, Mrs. J. U.....The Oaks
 Dudgeans, Mrs. Charles A.....421 E. North St.
 Jackson, Mrs. Dean D.....401 W. Washington St.
 Owsley, Mrs. Guy A.....The Oaks
 Park, Mrs. George O.....R.R. 2, State Rd. 26W
 Weldy, Mrs. Brice P.....227 W. Franklin St.
 Werry, Mrs. L. E.....1223 N. High St.
 Wierzalis, Mrs. Edward.....520 N. Jefferson St.

Burns, Mrs. Paul E.....223 E. High St., Montpelier
 Douglas, Mrs. William T.
 205 E. Monroe St., Montpelier

BOONE COUNTY

Schaaf, Mrs. Alvin.....Jamestown

Lebanon

Coons, Mrs. John.....Country Club Park
 Coons, Mrs. Ritchie.....Country Club Park
 Grigsby, Mrs. Bland.....904 Northfield Drive
 Honan, Mrs. Paul.....Country Club Park
 Kern, Mrs. Clarence.....1019 N. Meridian
 Lenox, Mrs. Jack.....Country Club Park
 Weddle, Mrs. Charles.....1210 N. East
 Wiseheart, Mrs. Robert.....Country Club Park

Gregg, Mrs. Edwin.....Thorntown
 Lovett, Mrs. Harvey.....Whitestown
 Bailey, Mrs. Lawrence S.....Zionsville
 Harvey, Mrs. Ralph.....Zionsville

CARROLL COUNTY

Van Kirk, Mrs. John.....Burlington
 Maggart, Mrs. Ralph.....Camden

Delphi

Crampton, Mrs. Chas.....218 East Monroe
 Petry, Mrs. Thomas N.....Delphi
 Seese, Mrs. Robert M.....201 W. North St.
 Wagoner, Mrs. Geo. W.....305 W. Summit St.

Adams, Mrs. Max.....Box 67, Flora
 McLaughlin, Mrs. James.....511 East Main St., Flora

CASS COUNTY

Dutchess, Mrs. Charles T.....Galveston

Logansport

Adamski, Mrs. M. S.....614 17th
 Bailey, Mrs. Earl W.....2522 North

Ballard, Mrs. Charles A.....R. R. 4
 Bradfield, Mrs. John.....High Street Rd.
 Burnett, Mrs. Paul C.....Logansport State Hosp.
 Cobb, Mrs. Clarence M.....R. R. 4
 Davis, Mrs. John.....2119 North
 Eckert, Mrs. Russell A.....R. R. 1
 Fitzgerald, Mrs. Brice.....1930 High
 Gatzimos, Mrs. Christos D.....314 Fourteenth
 Glendening, Mrs. Richard L.....R. R. 5, Box 52
 Hall, Mrs. Bernard R.....3100 E. Broadway
 Harrington, Mrs. James F.....315 Highland
 Hedde, Mrs. E. L.....R. R. 5
 Hillis, Mrs. L. J.....2508 E. Broadway
 Hogle, Mrs. Frank D.....Logansport State Hosp.
 Holmes, Mrs. Will W.....2537 East Broadway
 Jewell, Mrs. E. B.....3019 South Pennsylvania Ave.
 King, Mrs. Jay M.....R. R. 5
 Maschmeyer, Mrs. R. H.....R. R. 2, Longcliff
 Mikan, Mrs. V. Robert.....West Roselawn Drive
 Morrical, Mrs. R. J.....415 Highland
 Schenck, Mrs. Foss.....97 21st St.
 Sloan, Mrs. Roy C.....Logansport State Hospital
 Viney, Mrs. Charles.....26th and High St.
 Wilson, Mrs. Paul.....R. R. 5
 Winter, Mrs. Donald K.....2541 E. Broadway

Flanagan, Mrs. E. P.....Walton
 Lybrook, Mrs. D. E.....Young America

CLARK COUNTY

Charlestown

Goodman, Mrs. Eli.....802 Market
 Hover, Mrs. Galen.....Sharon Heights
 Shina, Mrs. Haskell.....Charlestown, Ind.

Clarksville

Mudd, Mrs. Joseph.....103 W. Rosewood Dr.
 Wilner, Mrs. Alan.....Rosewood Dr.
 Wolverton, Mrs. George.....Rosewood Dr.

Carr, Mrs. Joseph.....Henryville
 Greene, Mrs. W. R.....Henryville

Jeffersonville

Bizer, Mrs. Mier.....30 Wildwood Rd.
 Bruner, Mrs. George.....804 E. Court St.
 Buckley, Mrs. Ernest.....14 Blanchel Terrace
 Buehler, Mrs. George.....192 Forest Dr.
 Carlberg, Mrs. Dale L.....2 Blanchel Terrace
 Carney, Mrs. J. T.....2602 Hollywood Dr.
 Clark, Mrs. Wm. B., Jr.....Blackston Mill Road
 Dare, Mrs. Lee.....215 Sparks
 Graham, Mrs. O. P.....7136 E. Maple
 Havens, Mrs. Alfred Lyle.....203 Sparks
 Huoni, Mrs. John.....Blanchel Terrace
 Isler, Mrs. Nathaniel.....901 Morningside Dr.
 Roby, Mrs. A. L.....2708 Hollywood Dr.
 Weems, Mrs. Mallory P.....Hopkins Lane

Regan, Mrs. George L.....Sellersburg
 Sturgis, Mrs. Donald G.....Sellersburg
 Vandevent, Mrs. Arthur.....Sellersburg

DEARBORN-OHIO COUNTIES

Aurora

Baker, Mrs. Leslie M.....204 Fifth
 Olcott, Mrs. Charles W.....422 Sunnyside
 Treon, Mrs. James F.....505 Fifth St.

McNeeley, Mrs. Matthew J.....Dillsboro
 Elliott, Mrs. John C.....Guilford

Lawrenceburg

Fagely, Mrs. William J.....57 Oakley
 Houston, Mrs. Fred D.....Miller Ave.
 Pfeifer, Mrs. James M.....550 Ludlow

Streck, Mrs. Francis A.....547 Ridge Ave.
 Vail, Mrs. George A.....634 Ludlow

DECATUR COUNTY

Tremain, Mrs. M. A.....Adams
 Greensburg

Acher, Mrs. Robert P.....446 E. Washington
 Callaghan, Mrs. W. C.....R. R. 1, Lincoln Park
 Dickson, Mrs. Dale D.....825 N. Broadway
 Miller, Mrs. James C.....178 N. Michigan
 Morrison, Mrs. J. Trevor.....161 N. Michigan
 Overpeck, Mrs. Charles.....R. R. 8
 Shaffer, Mrs. William R.....214 N. Franklin
 Walker, Mrs. Louis A.....332 E. North St.

Porter, Mrs. Edward.....Westport

DELAWARE COUNTY

Puterbaugh, Mrs. Karl.....Albany
 Hurley, Mrs. John.....Daleville
 Montgomery, Mrs. Lall G.
 Box 149A, RFD 1, Gaston
 Douglas, Mrs. William.....Montpelier

Muncie

A

Adams, Mrs. William B.....W. Jackson St. Pike
 Alvey, Mrs. Charles R.....3001 Torquay
 Anthony, Mrs. Harvey M.....822 W. Charles

B

Ball, Mrs. Clay A.....1015 Linden
 Ball, Mrs. Philip.....3201 Oaklyn Ave.
 Benken, Mrs. Lawrence.....1001 N. Tillotson
 Bergwall, Mrs. Warren.....1507 Winthrop
 Bibler, Mrs. Henry.....Parkway Dr.
 Botkin, Mrs. Clyde G.....2904 Riverside Ave.
 Brown, Mrs. Leland.....605 Waid Ave.
 Brown, Mrs. Stewart D.....R. R. 3, Hamilton Pk.
 Burwell, Mrs. Stanley W.....3124 Gilbert
 Butterfield, Mrs. Robert.....222 Winthrop Rd.

C

Clark, Mrs. Robert.....911 University
 Clauser, Mrs. Eldo.....1 Briar Rd.
 Clevenger, Mrs. Joseph H.....3124 University Ave.
 Cochran, Mrs. Robert.....7 Warwick Road
 Covalt, Mrs. Wendell.....120 Berwyn
 Crawford, Mrs. Alvin.....1501 Riverside
 Cullison, Mrs. John L.....1003 W. Parkway Dr.
 Cure, Mrs. Elmer T.....913 University Ave.

D

Deutsch, Mrs. Wm.....2100 Petty Rd.
 Dunn, Mrs. Farrell W.....1417 Wheeling Ave.
 Dunning, Mrs. Thos.....3627 Clover Lane

E-F

Eissman, Mrs. Eugene.....211 Alden Rd.

G

Garling, Mrs. L. C.....37 Briar Rd.
 Geckler, Mrs. Charles E.....1007 W. North St.
 Gill, Mrs. Tom.....45 Warwick Rd.
 Greiber, Mrs. Marvin.....310 Riley Rd.
 Gustafson, Mrs. Milton.....230 Stradling Rd.

H-I

Hall, Mrs. O. A.....3121 W. Gilbert
 Hall, Mrs. Robert.....1609 Royale Dr.
 Hayes, Mrs. T. R.....19 Warwick Road
 Hearn, Mrs. Charles.....1623 N. Tillotson
 Henderson, Mrs. Ramon.....75 Warwick Rd.
 High, Mrs. Ralph.....2825 University Ave.
 Hill, Mrs. Howard.....106 Berwyn Rd.
 Hostetter, Mrs. I. S.....300 Winthrop
 Hurley, Mrs. Anson.....101 Berwyn
 Imhof, Mrs. J. D.....307 Granville Ave.

K

Kammer, Mrs. Walter F. 1005 W. Parkway Dr.
 Kirshman, Mrs. F. E. 41 Briar Rd.
 Ko, Mrs. Richard R. R. 7
 Koss, Mrs. Wm. 1504 Winthrop Rd.

M-N

Mathewson, Mrs. R. C. R. R. 6
 McClintock, Mrs. James A. 3121 University Ave.
 McCoy, Mrs. George 516 Waid Ave.
 McDowell, Mrs. Fletcher 698 Weber Dr.
 Moore, Mrs. Tom 1011 E. Parkway Dr.
 Morris, Mrs. J. W. 222 Stradling Rd.
 Moss, Mrs. M. J. 1010 W. Parkway Dr.
 Nelson, Mrs. Harold 3216 Torquay Rd.

O

Owens, Mrs. Richard R. 3011 Oaklyn Ave.
 Owens, Mrs. Thomas 608 E. Charles

P-Q

Park, Mrs. B. J. 420 S. Talley
 Peacock, Mrs. Robert R. R. 3
 Pippinger, Mrs. W. G. 1200 N. Tillotson
 Quick, Mrs. Wm. 2009 University Ave.

R

Rathkey, Mrs. Arthur S. 2919 Beechwood Ave.
 Rettig, Mrs. Arthur 614 N. McKinley Ave.
 Rivers, Mrs. Glynn 307 Alden Rd.
 Robinson, Mrs. Thos. 76 Warwick Rd.

S

Saperstein, Mrs. Morris 1008 W. North St.
 Schulhof, Mrs. M. G. 921 W. Parkway
 Smith, Mrs. J. S. 1006 E. First St.
 Stanley, Mrs. John R. 1515 N. Tillotson Ave.
 Starks, Mrs. William 2820 W. Main St.
 Steel, Mrs. F. M. 3013 Devon
 Stibbins, Mrs. Warren 2908 Torquay Rd.
 Stout, Mrs. Francis 1003 University

T

Taylor, Mrs. Donald 307 N. Manning St.
 Taylor, Mrs. James A. 413 Varsity Dr.
 Tomlin, Mrs. Hugh M. 2920 Beechwood Ave.

V

Venis, Mrs. Kemper 502 Waid

W

Walker, Mrs. Jack R. R. 6, Box 385A
 Ware, Mrs. Herbert 1705 Rosewood

Y

Young, Mrs. G. S. 114 Berwyn Rd.

Hinchman, Mrs. Jean Parker, Ind.
 Hill, Mrs. Robert Yorktown, Indiana
 Moore, Mrs. Will C. White Oak Farm, Yorktown
 Rutledge, Mrs. Jean R. R. #1, Yorktown, Indiana

DUBOIS COUNTY

Barrow, Mrs. John Dale
 Backer, Mrs. Henry George Ohio St., Ferdinand

Huntingburg

Bretz, Mrs. John Orchard Road
 Heaton, Mrs. Elton Cedar Heights
 McKinney, Mrs. Mildred 517 4th St.
 Scales, Mrs. Alfred B. R. R. 2
 Steinkamp, Mrs. Emil 302 Walnut
 Stork, Mrs. Harvey K. 523 First
 Williams, Mrs. Fielding 511 Geiger

Jasper

Bugmenko, Mrs. Leon Holland
 Casper, Mrs. Joseph 205½ West 7th St.
 Gootee, Mrs. Thomas Dorbett Street
 Heck, Mrs. Martin C. 388 W. 15th
 Held, Mrs. George A. 716 W. Ninth
 Klammer, Mrs. Charles H. 616 W. 13th St.
 Ploetner, Mrs. Edward Dorbett Street
 Salb, Mrs. J. P. R. R. #5
 Wagner, Mrs. Arthur R. R. 5, Box 188

ELKHART COUNTY

Bristol

Neidballa, Mrs. E. G. R. R. 1
 Patrick, Mrs. Glen P. R. F. D. 1
 Schlosser, Mrs. H. C. Seven Gables

Elkhart

Bender, Mrs. R. L. 125 N. Riverside
 Benson, Mrs. James E. 1501 Fulton St.
 Billings, Mrs. Elmer 165 Gage Ave.
 Bloom, Mrs. George R. 1100 E. Jackson
 Bolin, Mrs. Robert S. 1853 East Beardsley
 Bowdoin, Mrs. George E. 3809 Greenleaf Blvd.
 Campbell, Mrs. Patrick B. 1618 Cone St.
 Classen, Mrs. Pete R. 635 W. Wolf Ave.
 Compton, Mrs. Walter A. 2225 Greenleaf Blvd.
 Conklin, Mrs. R. L. 215 Swanson Circle
 Cormican, Mrs. Herbert L. 2002 E. Jackson
 Crandall, Mrs. L. A., Jr. 3600 W. Indiana
 De Dario, Mrs. S. M. 1418 Greenleaf
 Dovey, Mrs. E. G. 1430 Ervin
 Elliot, Mrs. L. A. 405 S. Second
 Elliot, Mrs. Thomas A. 2001 Stevens
 Fleming, Mrs. Claude F. 229 W. Jackson
 Futterknecht, Mrs. James C. 2012 Morton Ave.
 Gattman, Mrs. G. Beach 414 N. Michigan
 Hannah, Mrs. Jack W. 1906 E. Jackson
 Hemingway, Mrs. Norman 1700 Rainbow Bend
 Horswell, Mrs. R. G. 1629 E. Jackson Blvd.
 Hull, Mrs. A. W. 3333 Greenleaf Blvd.
 Hunn, Mrs. M. F. 202 W. Beardsley
 Ivy, Mrs. John H. 1505 Fulton
 Keating, Mrs. John U. 1416 Strong Ave.
 Kintner, Mrs. Burton E. 3520 E. Jackson
 Kistner, Mrs. Arthur W. 800 Middlebury
 Leasure, Mrs. Kenneth E. 1415 E. Jackson
 Lundt, Mrs. Milo O. 519 S. Second
 Markel, Mrs. I. J. 215 W. Franklin
 Martin, Mrs. Paul H. 1519 Strong
 McArt, Mrs. Bruce A. 905 Strong Ave.
 Mendez, Mrs. Carlos 325 Superior Blvd.
 Miller, Mrs. Galen R. 903 W. Franklin
 Miller, Mrs. Hugh A., Jr. 417 Prospect
 Mininger, Mrs. Edward P. 1118 E. Jackson
 Mishkin, Mrs. Irving 1809 Rainbow Bend Blvd.
 Norris, Mrs. Allen B. 401 W. Marion St.
 Paff, Mrs. Wm. A. 2610 E. Jackson
 Paine, Mrs. George D. 329 Meisner
 Pancost, Mrs. Vernon 160 Riverview Ave.
 Parshall, Mrs. Dale B. 133 W. Lusher Ave.
 Rouen, Mrs. Robert L. 1919 E. Jackson
 Rupe, Mrs. L. O. 116 W. Dinehart
 Sears, Mrs. M. Maywood R. R. 3
 Slabaugh, Mrs. Jancy S. 258 N. Main St.
 Soaje-Echague, Mrs. Eliseo 410½ W. Franklin
 Sobol, Mrs. Z. W. 1218 Garden
 Spray, Mrs. Page 658 Kilbourne
 Stauffer, Mrs. W. A. 701 Strong
 Stout, Mrs. R. B. 1501 Greenleaf
 Stubbins, Mrs. William 15 St. Joseph Manor
 Swihart, Mrs. Homer R. 1621 E. Jackson
 Swihart, Mrs. Leonard F. 3213 Calumet
 Wilson, Mrs. O. E. 2505 Greenleaf Blvd.
 Work, Mrs. James A., Jr. 4 St. Joseph Manor
 Yoder, Mrs. C. Richard 409 Prospect

Goshen

Bender, Mrs. C. L. 624 S. Fifth
 Bosler, Mrs. Howard A. 211 Egbert Road
 Chandler, Mrs. L. H. 412 S. Fifth
 Freeman, Mrs. F. M. 309 E. Washington
 Graber, Mrs. Virgil R. R. R. #2
 Hostetler, Mrs. C. M. 1602 S. Eighth
 Martin, Mrs. Floyd S. 2301 S. Main St.
 Nelson, Mrs. D. Chester 1210 S. Eighth
 Quilty, Mrs. Thomas J. 801 S. 7th St.
 Troyer, Mrs. Dana 2009 Bashor Chapel Road
 Turner, Mrs. John 507 Greene Road
 Vander Bogart, Mrs. Harry E. 1411 S. Eighth

Wagner, Mrs. D. G. 307 S. Seventh
Yoder, Mrs. Albert C. 816 S. Sixth
Yoder, Mrs. Jonathan. 1204 S. Eighth

Nappanee

Fleetwood, Mrs. R. A. 555 N. Nappanee
Kendall, Mrs. F. M. 654 Woodland
Price, Mrs. Douglas W. 607 E. Van Buren

Miller, Mrs. Donald Middlebury
Massanari, Mrs. Walter. Millersburg
Fosbrink, Mrs. E. L. Syracuse

Wakarusa

Abel, Mrs. Robert. 105 E. Harrison
Amick, Mrs. Charles L. 118 E. Waterford

FAYETTE-FRANKLIN COUNTIES

Brookville

Foreman, Mrs. Walter A. 617 Main
Smith, Mrs. H. N. 812 Main
Seal, Mrs. Perry F. 901 Main

Connersville

Ashworth, Mrs. Juanita. 2027 Indiana Ave.
Brookman, Mrs. Robert E. 2750 Grand Ave.
Ellis, Mrs. George M. 516 W. 29th St.
Fruth, Mrs. Virgil J. 1603 Virginia Ave.
Gregg, Mrs. Albert F. 835 Lincoln Ave.
Hudson, Mrs. Arlington. 80 East Drive
Kemp, Mrs. W. Alfred. 403 W. 28th St.
Kerrigan, Mrs. William F. RFD 3
Leffel, Mrs. Glen. 1810 Indiana Ave.
Lockhart, Mrs. Jack M. 54 West Drive
Morrow, Mrs. Roy D. 629½ Eastern Ave.
Mountain, Mrs. Francis B. 1720 Virginia Ave.
Sanders, Mrs. Bertram. 1533 Virginia Ave.
Smelser, Mrs. Herman W. 2530 Grand Ave.
Steinem, Mrs. Joseph L. 2300 Grand Ave.
Watterson, Mrs. Gerald T. 1704 Virginia Ave.

Poston, Mrs. C. L. R. R. 2, Laurel

FLOYD COUNTY

Engleman, Mrs. H. K. Georgetown

Jeffersonville

Baxter, Mrs. S. M. Centralia Ct.
Gentile, Mrs. John P. 3405 Centralia Ct.
McCullough, Mrs. J. Y. 3500 Centralia Ct.
Sloan, Mrs. Herbert. Lincoln Heights

New Albany

Baker, Mrs. A. M. 2523 Glenwood
Baxter, Mrs. J. W., Jr. 426 Woodrow Ave.
Best, Mrs. Maurice. 1233 Vance Ave.
Bird, Mrs. J. E. 1308 E. Spring
Briscoe, Mrs. C. E. 1413 E. Spring
Brown, Mrs. K. H. 1654 Hedden Park
Byrn, Mrs. Howard. 330 Beharrel Ave.
Cannon, Mrs. Daniel. 1203 E. Spring St.
Davis, Mrs. Parvin. Paoli Pike
Edwards, Mrs. W. F. 615 Beharrel Ave.
Garner, Mrs. Wm. H. 922 E. Spring
Garner, Mrs. William H., Jr. Selfridge AFB, Mich.
Harris, Mrs. Robert W. 1923 Ekin Avenue
Hauss, Mrs. A. P. Silver Hills
Hess, Mrs. P. Patrick. Silver Hills
Higgins, Mrs. John. Old Vincennes Rd.
LaFollette, Mrs. Donald R. Crestview
LaFollette, Mrs. Robert E. 2510 Glenwood Ct.
Leuthart, Mrs. C. P. 1410 E. Spring
Paris, Mrs. John M. 2003 Lindberg Ct.
Pierson, Mrs. Percy. 1430 Silver St.
Robertson, Mrs. A. N. 323 E. Ninth
Rogers, Mrs. S. T. 1017 E. Spring
Ruoff, Mrs. William. Silver Hills
Sonne, Mrs. Irvin. 1607 Hedden Court
Streepey, Mrs. Jefferson. 1919 DePauw Ave.
Voyles, Mrs. Harry. 425 Beharrel Ave.

Wallace, Mrs. Elmer. 1804 DePauw Ave.
Weaver, Mrs. W. W. Crestview
Winstandley, Mrs. Wm. 815 Vincennes
Wohlfeld, Mrs. Gerald

Silvercrest, Old Vincennes Rd.

Wolfe, Mrs. Nelson A. Graybrook Lane
Worley, Mrs. Henry. 1921 DePauw Ave.

FULTON COUNTY

Miller, Mrs. Virgil C. Akron
Stinson, Mrs. Arthur E. Athens
Glackman, Mrs. John C. Culver
Kraning, Mrs. Kenneth K. Culver

Rochester

Dielman, Mrs. Franklin C. 920 Jefferson
Guthrie, Mrs. James. 1708 Monroe St.
Herendeen, Mrs. Elbie V. 317 W. Seventh
Johnson, Mrs. F. P. 1100 Washington St.
King, Mrs. Milo O. 110½ E. Eighth
Richardson, Mrs. Chas. L. 506 Pontiac
Rowe, Mrs. Howard H. 417 W. Ninth
Stinson, Mrs. Dean K. 1318 Main

GIBSON COUNTY

Geick, Mrs. R. G. 207 N. Main, Ft. Branch
Marchand, Mrs. Edwin V. Haubstadt

Oakland City

Clark, Mrs. Carl M. 123 W. Vine St.
Dye, Mrs. William. 518 S. Jackson St.
Wood, Mrs. Russell W. 219 N. Gibson St.

Princeton

Carpentier, Mrs. H. F. 319 E. State
Folck, Mrs. J. K. 528 N. Main St.
Graves, Mrs. O. M. 116 E. Spruce
McCarty, Mrs. Virgil. 403 W. Spruce
McElroy, Mrs. R. S. 404 W. Walnut
Peck, Mrs. J. F. Outer W. Monroe
Weitzel, Mrs. R. E. 309 W. Spruce

GRANT COUNTY

Malott, Mrs. Fred. Converse
Grant, Mrs. Arthur. Fairmount
Yale, Mrs. Charles. Fairmount
Garrison, Mrs. L. J. East Main St.
Koontz, Mrs. William A. 334 E. Main, Gas City

Marion

Abel, Mrs. Charles. 915 Wabash Ave.
Alderfer, Mrs. Henry. 131 No. Washington Street
Ansbacher, Mrs. Stefan. R. R. 1
Ayres, Mrs. W. W. 820 Jeffras Ave.
Bailey, Mrs. Donald. 20 Herbel Drive
Bailey, Mrs. Douglas. R. R. 6, Hickory Hills
Bloom, Mrs. A. Ward. 610 River Rd.
Brown, Mrs. Robert M. 825 Euclid Ave.
Comeau, Mrs. Wm. J. Shady Hills
Cunningham, Mrs. Robert. 718 W. Second St.
Davis, Mrs. Joseph. 121 No. Washington St.
Davis, Mrs. Merrill S. 723 Euclid Ave.
Davis, Mrs. Richard. Shady Hills
Diamond, Mrs. Leo. 710 Jeffras
Ganz, Mrs. Max. 904 Jeffras
Goldsmith, Mrs. David. 1225 Jeffres Ave.
Hummel, Mrs. R. M. Shady Hills
Jarrett, Mrs. John. 1113 W. 5th Street
Lahr, Mrs. Richard E. R. R.
Lavengood, Mrs. Russell W. Charles Rd. R. R.
Longral, Mrs. Harrison. 131 N. Washington St.
Lonngren, Mrs. Dudley. 804 W. 6th St.
Love, Mrs. V. Logan. Hickory Hills
MacNamee, Mrs. D. Hugh. 903 Mason Blvd.

McIlwain, Mrs. Robert.....Marion, Indiana
 Miller, Mrs. H. Allison.....1010 W. 4th Street
 Oatman, Mrs. Jack.....131 N. Washington St.
 Pattison, Mrs. John D.....Hickory Hills
 Powell, Mrs. J. P.....127 River Dr.
 Price, Mrs. Ambrose.....2100 S. Branson
 Renbarger, Mrs. Lester.....Wabash Pike
 Rhamy, Mrs. Arthur.....1230 Euclid Ave.
 Rhorer, Mrs. John G.....711 Wabash Ave.
 Schroeder, Mrs. R. W.....906 Fenton Road
 Simmons, Mrs. F. H.....520 Whites Ave.
 Skomp, Mrs. C. E.....1123 Euclid Ave.
 Snowwhite, Mrs. Arthur B.....1620 W. 38th St.
 Warren, Mrs. C. B.....1211 Euclid Ave.
 Woodbury, Mrs. J. W.....712 S. "G" St.
 Young, Mrs. Robert.....Northwood Dr.

King, Mrs. P. C.....Swayzee
 Taylor, Mrs. E. C.....Upland
 Rifner, Mrs. E. S.....Van Buren
 Beck, Mrs. Thomas.....Swayzee
 Fedor, Mrs. Thomas.....Swayzee

HAMILTON COUNTY

Karlick, Mrs. J. R.....Arcadia
 Donahue, Mrs. C. M.....Carmel
 Thomas, Mrs. W. Clayton
 716 First St., N. E., Carmel, Ind.
 Havens, Mrs. Oscar.....Cicero

Noblesville

Ambrose, Mrs. J. C.....298 N. Ninth
 Campbell, Mrs. Sam.....R. R. 1
 Hash, Mrs. J. S.....R. R. 4
 Kraft, Mrs. Haldon.....R. R. #5
 Lanning, Mrs. R. Adrian.....R. R. 3
 Lloyd, Mrs. Joe.....560 N. 14th St.
 Shanks, Mrs. Ray.....R. R. 5
 Shonk, Mrs. H. W.....408 North Ninth St.

Connoy, Mrs. Andrew.....Westfield
 Connoy, Mrs. Leo.....139 N. Union St., Westfield

HANCOCK COUNTY

Johnston, Mrs. W. R.....Charlottesville
 Scott, Mrs. Robert.....Charlottesville
 Garrison, Mrs. James.....Cumberland
 Manifold, Mrs. Harold.....Fortville
 Naven, Mrs. W. K.....Fortville

Greenfield

Allen, Mrs. Joseph.....210 E. Lincoln
 Beeson, Mrs. Wilbur.....209 N. Penn.
 Endicott, Mrs. Wayne.....115 McClellan
 Farrell, Mrs. John J., Jr.....304 W. McKenzie Rd.
 Gibbs, Mrs. Charles.....203 E. North
 Gill, Mrs. D. D.....328 Park
 Hunter, Mrs. Donn.....126 Roosevelt Drive
 Kinneman, Mrs. R. E.....McClelland
 Kirby, Mrs. Ted.....122 Grandison Rd.
 Smith, Mrs. John H.....919 Maple Dr.
 Vingis, Mrs. Bronie.....705 N. State
 Woods, Mrs. James R., Jr.....715 N. East

Larrabee, Mrs. William.....New Palestine
 Pierson, Mrs. Thomas.....New Palestine
 Miller, Mrs. Joseph A.....Oaklandon
 Kuhn, Mrs. Robert.....Wilkinson
 Trees, Mrs. Nellie.....Wilkinson

HENDRICKS COUNTY

Foltz, Mrs. Lloyd.....Brownsburg
 Scudder, Mrs. A. N.....Brownsburg

Danville

Hibner, Mrs. Kermit Q.....Rd. 36
 Koch, Mrs. Elmer.....301 S. Bowen

Ellis, Mrs. L. Hall.....Lizton
 Scamahorn, Mrs. Malcolm.....Pittsboro
 Scamahorn, Mrs. Oscar T.....Pittsboro

Plainfield

Aiken, Mrs. Milo.....140 N. Center
 Haggard, Mrs. David B.....Lake Shore Dr.
 Johnston, Mrs. Alan.....450 Avon Ave.
 Stafford, Mrs. J. C.....223 Avon
 Stafford, Mrs. William C.....625 S. East

HENRY COUNTY

Zimmerman, Mrs. W. H.....Dublin
 Wiatt, Mrs. Leonard.....Knightstown
 Stauffer, Mrs. George.....Moreland
 Marshall, Mrs. L. C.....Mt. Summit
 Clark, Mrs. M. E.....Cambridge City

New Castle

Amos, Robert L.....924 Lincoln Ave.
 Bitler, Mrs. C. C.....603 S. 11th
 Bledsoe, Mrs. J. G.....319 S. 14th
 Brock, Mrs. J. T., Jr.....100 Van Nuy's Road
 Burnett, Mrs. A. B.....801 Melody Lane
 Craig, Mrs. Alex F.....711 Crescent Dr.
 Davies, Mrs. Robert R.....1125 Audubon Road
 Fisher, Mrs. John.....1135 Woodlawn Dr.
 Foster, Mrs. Ray.....420 N. Main
 Harrison, Mrs. B. L.....233 Bundy Ave.
 Heilman, Mrs. William C.....1111 Audubon Rd.
 Heilman, Mrs. Wm. C., Jr.....120 N. 24th St.
 Hill, Mrs. Kenneth G.....100 Leland
 Hollenburg, Mrs. A. E.....105 N. Franklin St.
 Itermann, Mrs. G. E.....925 Mourer
 Kennedy, Mrs. W. U.....701 S. 14th
 Life, Mrs. Homer L.....1015 W. Broad
 Lowery, Mrs. George E.....708 I Ave.
 McDonald, Mrs. Frank C.....527 S. Main
 McElroy, Mrs. James S.....1213 Audubon Rd.
 McGee, Mrs. Robert.....1127 Audubon Rd.
 McKee, Mrs. Roy G.....1417 Church St.
 Mosier, Mrs. Jack.....New Castle State Hosp.
 Saint, Mrs. Wm. K.....Park Place
 Smith, Mrs. Mark.....4205 S. Main St.
 Stout, Mrs. Walter M.....1103 Audubon Rd.
 Thorne, Mrs. Charles E.....1225 Audubon Rd.
 Vivian, Mrs. Donald E.....2715 Fair Oaks

Robertson, Mrs. Wm.....Spiceland

HOWARD COUNTY

Denton, Mrs. Larkin.....Greentown
 Shoup, Mrs. E. M.....Greentown

Kokomo

Adams, Mrs. C. J.....1216 W. Superior
 Alward, Mrs. J. H.....401 W. Walnut
 Ault, Mrs. C. H.....3015 Dellwood Drive
 Boughman, Mrs. J. D.....1515 W. Jefferson
 Bowers, Mrs. C. C.....1530 W. Taylor
 Bowers, Mrs. Harvey B.....421 Morningside
 Bowers, Mrs. J. A.....1535 W. Jefferson
 Bruegge, Mrs. T. J.....1414 Kingston
 Cattell, Mrs. Lee M.....118 S. McCann St.
 Clarke, Mrs. Elton.....1400 W. Sycamore
 Conley, Mrs. T. M.....2811 Dellwood Dr.
 Craig, Mrs. R. A.....Route 1
 Craig, Mrs. Ruben.....Route 2
 Cuthbert, Mrs. F. S.....1027 W. Walnut
 Earl, Mrs. M. M.....1735 W. Mulberry
 Ferry, Mrs. P. J.....1207 W. Sycamore
 Golper, Mrs. M. N.....411 Morningside Drive
 Good, Mrs. R. P.....227 N. Forest Dr.
 Halfast, Mrs. Richard.....2505 Katherine Ave.

Hutto, Miss Arvilla.....1020 W. Walnut
 Hutto, Mrs. O. D.....1020 W. Walnut
 Hutto, Mrs. W. H.....211 Conradt
 Jewell, Mrs. G. M.....1318 W. Sycamore
 Kremers, Mrs. George.....2401 S. Wabash
 Lung, Mrs. Bruce.....115 Conradt
 Martin, Mrs. Will J.....409 W. Sycamore
 McClure, Mrs. Warren.....309 Lody Lane
 McIndoo, Mrs. R. E.....820 W. Walnut
 Mendelson, Mrs. Stanley.....609 Somerset Dr.
 Morrison, Mrs. W. R.....413 Conradt
 Murray, Mrs. E. C.....2200 S. Webster
 Paris, Mrs. D. W.....2417 S. LaFountain
 Perkins, Mrs. John.....2425 S. Washington
 Phares, Mrs. R. W.....400 S. Western
 Prather, Mrs. P. E.....123 Magnolia Dr.
 Rhorer, Mrs. H. M.....415 W. Sycamore
 Rudicel, Mrs. M. W.....1604 Kingston Rd.
 Schwartz, Mrs. F. C.....316 Kingston Rd.
 Shenk, Mrs. E. M.....306 N. Webster
 Sorenson, Mrs. Raymond.....1616 W. Walnut
 Spangler, Mrs. J. S.....2126 S. Webster
 Taraba, Mrs. Ralph.....2520 W. Sycamore
 Trimble, Mrs. John.....00E.W. 401 South
 Wachob, Mrs. Tom.....806 James Dr.

Evans, Mrs. Robert.....Russiaville

HUNTINGTON COUNTY

Huntington

Brubaker, Mrs. Harold S.....Flaxmill Rd.
 Casey, Mrs. Stanley M.....408 E. Market
 Cope, Mrs. Stanton.....1022 N. Jefferson
 Erehart, Mrs. Mark G.....232 W. Market
 Eviston, Mrs. J. Boyd.....1392 Poplar
 Gray, Mrs. Paul M.....340 E. Market
 Grayston, Mrs. Fred W.....708 N. Jefferson
 Grayston, Mrs. Wallace S.....303 E. Market
 James, Mrs. Thomas, Jr.....1044 Poplar
 Johnston, Mrs. Robert G.....339 E. Market
 Marks, Mrs. Howard H.....1433 Cherry
 Mitman, Mrs. Floyd B.....1470 Poplar
 Nie, Mrs. Grover M.....1518 Cherry
 Omstead, Mrs. Trevalyn W.....231 Vine Street
 Plasterer, Mrs. E. D.....354 E. Washington
 Wagner, Mrs. Richard.....1355 Guilford

Woods, Mrs. Halden C.....Markle
 Cooper, Mrs. B. Trent.....Roanoke
 Galbreath, Mrs. Russell S.....R. R. 2, South Whitley
 Bennett, Mrs. J. B.....Warren
 Black, Mrs. Claude S.....Warren

JACKSON-JENNINGS COUNTIES

Gillespie, Mrs. G. R.....Brownstown
 Riner, Mrs. Jack.....216 Clark, Brownstown
 Shields, Mrs. Jack.....721 W. Spring, Brownstown
 Adair, Mrs. W. K.....208 S. Armstrong, Crothersville
 Bard, Mrs. Frank B.....305 E. Howard, Crothersville
 Butler, Mrs. Joe B.....405 E. Howard, Crothersville
 Scharbrough, Mrs. Wm.....Medora
 Calli, Mrs. Louis J.....408 S. State, N. Vernon
 Green, Mrs. John.....Elm St., N. Vernon
 Johnson, Mrs. William J.....318 Jennings St., N. Vernon

Matthews, Mrs. David W.....Walnut St., N. Vernon
 Thayer, Mrs. Benet W.....214 Jennings St., N. Vernon

Seymour

Baxter, Mrs. Harry.....825 W. Sixth St.
 Black, Mrs. J. M.....671 Braewick Rd., Sunset Pkwy.
 Bobb, Mrs. Kenneth E.....311 Lee Blvd.
 Bosch, Mrs. Ralph O.....625 W. Second St.
 Day, Mrs. Durbin.....515 W. Sixth St.
 Gillespie, Mrs. Charles E.....602 N. Walnut
 Graessle, Mrs. H. P.....640 East Dr., Sunset Pkwy.
 Kammon, Miss Martha.....332 W. Oak

Martin, Mrs. Guy.....1408 Ewing Rd.
 Osterman, Mrs. L. H.....901 Garden Ave.
 Ripley, Mrs. John W.....2001 Ewing
 Shortridge, Mrs. Wilbur H.....313 Carter Blvd.
 Wiethoff, Mrs. C. A.....615 West Dr., Sunset Pkwy.

JASPER-NEWTON COUNTIES

Schoonveld, Mrs. Arthur.....Brook
 Yegerlehner, Mrs. R. S.....Kentland
 Brady, Mrs. Kingdon.....Morocco
 Hartsough, Mrs. Ralph.....Remington
 Schantz, Mrs. Richard.....Remington
 Beaver, Mrs. E. R.....Rensselaer
 O'Brien, Mrs. Francis.....Rensselaer
 Greene, Mrs. Richard.....Rensselaer
 Williams, Mrs. Kenneth.....Rensselaer

JAY COUNTY

Lansford, Mrs. John.....Redkey
 Heller, Mrs. N. L.....Dunkirk

Portland

Badders, Mrs. Ara C.....709 W. North
 Cripe, Mrs. Wm. H.....507 W. High
 Fitzpatrick, Mrs. James S.....420 N. Pleasant
 Gillum, Mrs. Eugene.....W. Votaw Street
 Hammond, Mrs. Stanley.....S. Meridian St. Rd.
 Keeling, Mrs. F. E.....609 W. Race
 Morrison, Mrs. George G.....R. R. #4
 Schenck, Mrs. Ralph.....W. Seventh
 Spahr, Mrs. Donald E.....615 W. Race
 Steffy, Mrs. Ralph.....321 E. Race

JEFFERSON-SWITZERLAND COUNTIES

Madison

Alcorn, Mrs. Merritt O.....R. R. 1
 Beetem, Mrs. Luther F.....411 N. Broadway
 Childs, Mrs. Wallace Edward.....414 N. Broadway
 Haney, Mrs. William Keith.....R. R. 5
 Hare, Mrs. Frank W.....705 W. 2nd Street
 Jolly, Mrs. Lewis Everette.....J. P. G. Area
 May, Mrs. George Arthur.....226 Maywood Lane
 McAtee, Mrs. Ott B.....Madison State Hospital
 Murry, Mrs. Wm. E.....Madison State Hospital
 Pratt, Mrs. Ralph M.....804 W. Main Street
 Raines, Mrs. Rinda.....117 Presbyterian Ave.
 Shuck, Mrs. Wm. A.....R. F. D. 1
 Sloan, Mrs. Keith.....340 Bunton Lane
 Whitsitt, Mrs. Schuyler.....718 W. Main
 Zink, Mrs. Robert Otto.....502 Broadway

JOHNSON COUNTY

Gammell, Mrs. L. L.....707 E. Main Cross St., Edinburg

Franklin

Andrews, Mrs. Hugh.....Orchard Lane
 Chappel, Mrs. A. T.....174 Center Court
 Deppe, Mrs. Charles F.....1215 Park Ave.
 Ferrara, Mrs. Joseph.....1000 E. King
 Foster, Mrs. R. H. K.....Orchard Grove
 Jones, Mrs. Charles A.....1050 E. Adams
 Murphy, Mrs. Harry E.....150 N. Main
 Porteus, Mrs. Walter L.....R. R. 2, Box 118
 Province, Mrs. Wm. D.....51 N. Water St.
 Records, Mrs. Arthur W.....216 E. Jefferson
 Stogsdill, Mrs. W. W.....R. R. #4
 Walters, Mrs. Jack.....876 Glendale Drive

Greenwood

Brown, Mrs. George E.....Beech Park Dr.
 Machledt, Mrs. John H.....243 S. Madison
 Onyett, Mrs. Harold.....R. R. 3, Box 32
 Sheek, Mrs. Kenneth I.....165 N. Brewer
 Tiley, Mrs. George.....40 N. Madison

Hibbs, Mrs. William G. R. R. 1, Box 138, Whiteland

KNOX COUNTY

Byrne, Mrs. Robert.....517 N. Main, Bicknell
Shanklin, Mrs. Jack L.....Bicknell
Scudder, Mrs. J. A.....Edwardsport

Vincennes

Anderson, Mrs. John.....1202 Busseron St.
Anderson, Mrs. Richard M.....Monroe City Rd.
Arbogast, Mrs. Paul B.....1420 Old Orchard Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1405 Kimmell Rd.
Beckes, Mrs. Ellsworth W.....220 N. Fifth
Chattin, Mrs. Herbert O.....729 Main
Coffel, Mrs. Melvin H.....Simpson Lake
Corsentino, Mrs. Bart.....State Road 41, North
Curtner, Mrs. Myron L.....216 N. Sixth
Edwards, Mrs. Edward T., Jr.....Old Bruceville Rd.
Ewing, Mrs. Nathaniel D.....Monroe City Rd.
Fox, Mrs. Maurice S.....616 Shelby St.
Green, Mrs. Carl L.....1414 Weed Lane
Hendrix, Mrs. Charles.....1202 E. Sycamore
Humphreys, Mrs. Joe S.....1602 Weed Lane
McCormick, Mrs. Hubert D.....518 N. Fourth
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. V. C.....Monroe City Rd.
Nichols, Mrs. Robert J.....1515 Burnett Lane
Reilly, Mrs. James F.....401 Buntin St.
Schulze, Mrs. Wm.....819 Buntin St.
Shaffer, Mrs. Kenneth.....Ridge Rd.
Smith, Mrs. Ralph O.....Old Burceville Rd.
Smith, Mrs. S. Joseph.....504 N. Fourth Street
Spencer, Mrs. Frederic.....902 Perry Street
Stein, Mrs. Richard A.....1304 E. St. Clair
Stewart, Mrs. Frank.....2nd Street Rd.
Sullenger, Mrs. A. A.....803 Seminary St.
Vaughn, Mrs. Walter R.....406 N. Third
von de Leith, Mrs. William.....Monroe City Rd.
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone
Wilson, Mrs. Wymond.....Mentone
Stalter, Mrs. G. W.....North Webster
Pierson, Mrs. Pearl H.....Silver Lake

Warsaw

Doremire, Mrs. Robert D.....R. 2, Herscher Add'n
Johnson, Mrs. John J.....R. 2, Herscher Add'n
Murphy, Mrs. Harold.....R. 2, Herscher Add'n
Roesch, Mrs. Ryland.....RFD 3, N. Bay Dr.
Schlemmer, Mrs. George H.....528 N. Lake
Thomas, Mrs. E. Winton.....711 E. Main

LAKE COUNTY**Cedar Lake**

Miller, Mrs. D. C.....P. O. Box 297
Misch, Mrs. W. A.....Route 2, Box 337

Crown Point

DuSold, Mrs. Donald.....116 N. Court
Horst, Mrs. W. N.....126 N. Court
Troutwine, Mrs. W. R.....620 S. Main

Dyer

Campbell, Mrs. Guy G.....2548 Hart, R. R. 1, Box 13E
Carelton, Mrs. E. H.....R. R. 1

East Chicago

Barron, Mrs. Elmer.....3902 Ivy
Campagna, Mrs. E. A.....4320 Ivy
Ernst, Mrs. H. C.....4219 Baring
Fleischer, Mrs. J. C.....4135 Ivy
Grosso, Mrs. William G.....4132 Northcote
Gustaitis, Mrs. John W.....4318 Parrish
Niblick, Mrs. James S.....4122 Parrish
Shapiro, Mrs. Joseph.....4214 Parrish

East Gary

Mather, Mrs. J. Winford.....2367 Vigo
Valencia, Mrs. M. M.....2498 Dearborn

Gary

Abramson, Mrs. Allan.....7001 E. 1st St.
Almquist, Mrs. C. O.....550 Lincoln
Armalavage, Mrs. L. J.....6572 Birch
Behn, Mrs. Walter.....1514 W. 5th St.
Bills, Mrs. R. N.....834 Lincoln
Barton, Mrs. Reginald R.....277 Jackson
Brady, Mrs. Samuel J.....451 Garfield
Bringas, Mrs. Irineo.....761 Connecticut
Brinko, Mrs. John.....3537 Harrison
Burger, Mrs. Robert.....6735 Hemlock Ave.
Carberry, Mrs. G.....759 Grant
Carbone, Mrs. Joseph.....526 Johnson
Chevigny, Mrs. J. J.....654 Johnson
Cooper, Mrs. Leo K.....670 Hayes
Dhein, Mrs. D. T.....2369 Wabash Ave.
Dierolf, Mrs. Edward J.....630 Montgomery
Elliott, Mrs. Ralph A.....1726 W. Sixth
English, Mrs. Hubert M.....575 Taft
Glover, Mrs. W. J.....3540 Taylor Ave.
Goldberg, Mrs. Harold B.....825 W. 35th
Goldstone, Mrs. Adolph.....1430 W. Seventh St.
Goldstone, Mrs. Joseph.....600 Cleveland
Jahns, Mrs. A. A.....655 Roosevelt
Jordon, Mrs. S. Y.....430 W. 44th Street
Kendrick, Mrs. Frank J.....552 Johnson
Kobrin, Mrs. Meyer W.....2300 W. Sixth
Kopcha, Mrs. Joseph E.....650 Pierce
Korn, Mrs. Jerome M.....2119 W. Fifth
Lebioda, Mrs. Henry S.....230 Morningside
Lewis, Mrs. George N.....573 Roosevelt
Lorenty, Mrs. T. B.....3654 Madison
May, Mrs. R. Milton.....657 Van Buren
Milos, Mrs. Robert.....725 Filmore
Morris, Mrs. Hyman R.....2401 W. Sixth
Moswin, Mrs. Jack A.....701 Arthur
Nelson, Mrs. W. A.....1050 Warren
Nigles, Mrs. Richard.....237 Glen Park Ave.
Ornelas, Mrs. Joseph P.....230 W. 36th
Palmer, Mrs. Russell H.....2006 W. Fourth Place
Pappas, Mrs. Edward.....569 Pierce
Poracky, Mrs. Bernard.....5598 Van Buren
Pruitt, Mrs. Jacob E.....4354 Washington St.
Robinson, Mrs. Walter K.....500 N. Montgomery
Rubin, Mrs. Simon S.....2131 W. Fifth
Ryan, Mrs. H. J.....630 McKinley
Sala, Mrs. Joseph J.....2333 W. Fifth
Scully, Mrs. J. T.....715 Johnson
Senese, Mrs. Thomas J.....581 Johnson
Shevick, Mrs. Alexander.....528 Monroe
Slama, Mrs. George F.....3520 Polk
Sponder, Mrs. Joseph.....738 N. Hamilton
Stimson, Mrs. Harry R.....4338 Jefferson
Thomas, Mrs. Daniel D.....2001 W. 7th Street
Thomas, Mrs. G. L.....594 Taney
Vye, Mrs. J. Preston.....3620 Madison
Weiskopf, Mrs. Henry S.....608 Roosevelt
Yast, Mrs. Charles J.....740 Fillmore
Yocum, Mrs. Paul S.....6999 Hemlock
Yocum, Mrs. Paul, Jr.....2200 Ranburn Drive
Young, Mrs. G. M.....4580 Washington
Young, Mrs. Allan.....218 Arthur St.

Griffith

Lundeberg, Mrs. Ralph A.....303 N. Harvey
Purcell, Mrs. Richard.....300 N. Lafayette
Siekierski, Mrs. J. H.....445 N. Broad Street

Hammond

Allegretti, Mrs. Michael L.....6237 Forest
Bacevich, Mrs. A.....6939 Olcott
Beconovich, Mrs. Robert.....6540 Forest Ave.
Bonaventura, Mrs. Angelo P.....7112 Woodmar
Chidlaw, Mrs. B. W.....29 Wildwood Rd.
Clancy, Mrs. James F.....7258 Forest Ave.
Costello, Mrs. Albert J.....6737 Magoun
Cotter, Mrs. Edward R.....7225 Knickerbocker
Eggers, Mrs. Henry W.....6542 Hohman
Egnatz, Mrs. Nick.....820 Highland
Elledge, Mrs. Ray.....6415 Forest

Fischer, Mrs. Burnell.....49 Indi-Illi Park
 Gardiner, Mrs. H. Glenn.....47 Waltham
 Gevitz, Mrs. Milton B.....6528 Forest
 Hack, Mrs. Edmund C.....7147 Olcott St.
 Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker
 Hopkins, Mrs. J. R.....7107 State Line
 Husted, Mrs. Robert G.....7248 Forest
 Jones, Mrs. E. S.....50 Kenwood Ave.
 Kamak, Mrs. Chester.....6832 Magoun Ave.
 Komoroske, Mrs. John E.....35 Highland
 Koransky, Mrs. David S.....7048 Forest
 Kretsch, Mrs. Russel W.....7214 Hohman
 Lazo, Mrs. Vincente R.....734 Sibley Blvd.
 Mansueto, Mrs. Mario D.....1114 173rd St.
 Marks, Mrs. Ora L.....7111 Olcott
 Mason, Mrs. R. L.....132 Rimbach Ave.
 Mintz, Mrs. Alfred.....1566 178th Pl.
 Modjeski, Mrs. Joseph R.....7327 Knickerbocker
 Modjeski, Mrs. Raymond J.....223 Locust
 Neal, Mrs. L. W.....7301 Forest Ave.
 Nelson, Mrs. Richard B.....41 172nd Place
 Panares, Mrs. S. V.....4 172nd Place
 Peck, Mrs. Edward A.....6422 Moraine
 Pilot, Mrs. Jean.....7137 Knickerbocker Pkwy.
 Premuda, Mrs. Franklin F.....7042 Woodmar
 Remich, Mrs. Antone C.....6412 Moraine
 Rendel, Mrs. Donald T.....18 172nd Place
 Rhind, Mrs. A. W.....7126 Forest
 Rosevear, Mrs. Henry J.....6531 Forest Ave.
 Row, Mrs. P. Q.....6706 Hohman
 Rubright, Mrs. Robert.....7025 Monroe
 Rudolph, Mrs. F. G.....6607 Forest
 Santare, Mrs. Vincent.....6508 Forest Ave.
 Shulruff, Mrs. Harry I.....7244 Hohman
 Shanklin, Mrs. E. M.....54 Ruth
 Steen, Mrs. S. Lewis.....226 Oakwood
 Teegarden, Mrs. Joseph A., Jr.....7204 Woodman
 Thegze, Mrs. George.....7435 Olcott

Beilke, Mrs. C. A.....8723 Parkway Dr., Highland
 Larrabee, Mrs. James.....2214 Oakdale, Highland
 Telka, Mrs. E. C.....8740 Parkway Dr., Highland
 Faulkner, Mrs. Donald.....242 California Ave., Hobart
 McGue, Mrs. Frank.....5932 Hemlock, Hobart

Markey, Mrs. Richard J.
 Rosedale Terrace, Crete, Ill.

Potts, Mrs. William
 3543 Ridge Rd., E., Lansing, Ill.

Sroka, Mrs. A. G.....17216 Wentworth Ave.,
 Lansing, Ill.

Stasick, Mrs. Murray.....228 W. Warren, Lansing, Ill.

Munster

Arbeiter, Mrs. Herbert I.....119 Beverly Place
 Arrowsmith, Mrs. James L.....8138 Forest
 Benchik, Mrs. Frank.....8326 Hawthorne Dr.
 Boys, Mrs. F. F.....8517 Crestwood
 Chael, Mrs. Tom.....225 Belmont Ave.
 Eggers, Mrs. Ernest L.....8147 Meadow Lane
 Kenny, Mrs. Francis.....8131 Forest Ave.
 Kuhn, Mrs. Arthur J.....303 Beverly Place
 Lanman, Mrs. John.....1448 MacArthur Blvd.
 Lautz, Mrs. Herbert A.....7943 Forest Ave.
 Long, Mrs. Keith J.....1327 Ridgeway
 Marks, Mrs. Salvo P.....8320 Parkview
 Rasch, Mrs. George C.....1519 35th St.
 Schlesinger, Mrs. D.....1506 MacArthur Blvd.
 Schleisinger, Mrs. Jack.....7648 Hohman
 Sroka, Mrs. Stanley J.....7540 Forest Ave.
 Stevens, Mrs. Edwin.....8625 Beech
 Teplinsky, Mrs. L. L.....1526 Twelve Oaks Dr.
 Walker, Mrs. A. P.....1504 Park Dr.
 Westhaysen, Mrs. Peter V.....127 Beverly Pl.

Whiting

Greisen, Mrs. J. C.....1709 Stanton
 Weinberg, Mrs. B. A.....2022 Lake Ave.

LAWRENCE COUNTY

Benham, Mrs. Lawrence E.....Avoca, Ind.

Bedford

Allen, Mrs. L. Howard.....1318 14th
 Austin, Mrs. Richard P.....1315 15th
 Duncan, Mrs. Raymond E.....116 Edgewood Dr.
 Dusard, Mrs. Joseph C.....1107 N
 Edmonds, Mrs. Kendrick T.....1303 15th
 Emery, Mrs. Charles B.....Brook Knoll
 Fountaine, Mrs. Thomas J.....1620 18th
 Hammel, Mrs. Howard T.....1822 15th
 Hawkins, Mrs. Richard D.....1308 15th
 Kastings, Mrs. Gerald E.....208 Hawthorne Heights
 Kerr, Mrs. Donald M.....1415 20th St.
 Morrow, Mrs. Robert J.....501 Southwood Drive
 Noe, Mrs. William R.....1224 14th
 Scherschel, Mrs. John P.....1713 H
 Smallwood, Mrs. R. B.....1506 13th
 Wohlfeld, Mrs. J. B.....1224 15th
 Wynne, Mrs. R. E.....1601 16th

Hamilton, Mrs. James.....703 Oak St., Mitchell
 Oswalt, Mrs. James.....901 Curry St., Mitchell
 Robinson, Mrs. William.....Mitchell

MADISON COUNTY

LeRoy, Mrs. A. G.....Alexandria

Anderson

Aagesen, Mrs. W. J.....1112 North Dr.
 Armington, Mrs. Charles L.....823 W. 7th Street
 Armington, Mrs. John C.....206 W. 14th St.
 Armington, Mrs. R. L.....Kilbuck Rd.
 Ashcraft, Mrs. J. R.....20 Overlook Dr.
 Ayres, Mrs. Kenneth D.....2210 Meridian
 Austin, Mrs. Charles E.....1612 Westwood Dr.
 Austin, Mrs. Maynard A.....238 W. 12th
 Baughn, Mrs. W. L.....1517 Winding Way
 Beeler, Mrs. Frank K.....621 W. 38th St.
 Benoit, Mrs. Merrill.....3232 Maryland Dr.
 Bixler, Mrs. Donald P.....1515 Green Way Dr.
 Blassaras, Mrs. Crist A.....916 Dresser Dr.
 Bowers, Mrs. Richard C.....3508 Dogwood Dr.
 Brown, Mrs. James M.....909 Forest Dr.
 Buckles, Mrs. David L.....44 Knoll Rd., Edgewood
 Conrad, Mrs. Ernest M.....2124 Meridian St.
 Doenges, Mrs. James L.....1601 Van Buskirk Rd.
 Donaldson, Mrs. Frank C.....308 Winding Way
 Drake, Mrs. John C.....920 N. Madison Ave.
 Dulin, Mrs. Basil B.....1120 Maryland Drive
 Ellis, Mrs. Seth W.....1105 Green Way Dr.
 Elsten, Mrs. Wayne A.
 1333 Maryland Dr., Forest Manor

Erehart, Mrs. Archie D.....1221 Irving Way
 Ferguson, Mrs. Donald H.....1619 Nichol Ave.
 Fischer, Mrs. Warren E.....108 North Shore Blvd.
 Gante, Mrs. Henry W.....2005 Nichol
 Hart, Mrs. Wm. D.....1026 W. Eighth
 Hensler, Mrs. Benton M.

717 Winding Way, Edgewood
 Jarrett, Mrs. Paul E.....2541 N. Shore Dr.
 Jones, Mrs. Albert T.....929 W. 7th St.
 Kelly, Mrs. Wendell C.....23 Colony Rd., Edgewood
 Kiely, Mrs. John T.....1011 Raible Ave.
 King, Mrs. Barnard A.....26 Winding Way
 King, Mrs. Joseph W.....226 Davis Dr., Edgewood
 Lamey, Mrs. Paul T.....1740 W. 10th St.
 Larmore, Mrs. Joseph L.

1301 Winding Way, Edgewood
 Litzenberger, Mrs. Sam W.....837 Forrest Dr.
 Long, Mrs. Paul L.....828 Dresser Dr.
 Maxson, Mrs. Roy V.....3240 Maryland Dr.
 Metcalf, Mrs. George B.....830 W. Eighth
 Morris, Mrs. Robert A.....410 Golf Club Rd.
 Nesbitt, Mrs. Leonard L.....Eighth Street Rd.
 Patterson, Mrs. William K.....8 South Park Dr.

Polhemus, Mrs. Warren C.....1800 W. 11th
 Ross, Mrs. Guy E.....1124 N. Madison Ave.
 Sharp, Mrs. William L.....725 North Shore Blvd.
 Sheldon, Mrs. Suel A.....3240 Maryland Dr.
 Stamper, Mrs. Joseph H.....619 State Road 67 W.
 Stamper, Mrs. Robert J.....3104 Sherman St.
 Stinson, Mrs. William M.....201 Longwood Ave.
 Swan, Mrs. Richard C.....707 Forrest Dr.
 Wilder, Mrs. Gordon B.....338 W. Eighth St.
 Williams, Mrs. Robert H.....715 North Shore Blvd.
 Wilkinson, Mrs. Roger L.

1525 Winding Way, Edgewood
 Wishard, Mrs. Fred B.....316 E. 34th St.

Ferrell, Mrs. Mars B....117 N. Main St., Fortville
 Bishop, Mrs. Harry A.....Frankton
 Williams, Mrs. Robert D.....Markleville
 Hammer, Mrs. J. W.....Middletown
 Leahy, Mrs. H. J.....P. O. Box 147, Pendleton
 McLaughlin, Mrs. Calvin P.

Fall Creek Parkway, Pendleton
 Van Ness, Mrs. William—216 S. Main, Summitville

MARION COUNTY

Ramage, Mrs. Walter F.. 244 S. First, Beech Grove
 Hughes, Mrs. James E.....326 Anthony St.,
 Glen Ellyn, Ill.

Indianapolis

A

Adkins, Mrs. Harold C.....250 W. Hampton Dr.
 Albertson, Mrs. Frank P.....5031 Rockville Rd.
 Aldrich, Mrs. Harry D.....5805 Sherman Dr.
 Allen, Mrs. Robert K.....737 Sherwood Dr.
 Alvis, Mrs. Edmond O.....474 W. 92nd St.
 Appel, Mrs. Richard H.. 4465 Marcy Lane, No. 190
 Arbuckle, Mrs. William E...5326 E. St. Joseph St.
 Aronson, Mrs. Sidney S.....5670 N. Meridian
 Avery, Mrs. George O.....5321 N. Kessler Blvd.

B

Bacastow, Mrs. Merle S.....1705 E. 81st St.
 Bachmann, Mrs. Arnold J.....1615 Oles Drive
 Bakemeier, Mrs. Otto H.....5535 E. St. Clair
 Balch, Mrs. James F.....4444 College Ave.
 Ball, Mrs. Joseph E.....823 N. Lesley
 Bartley, Mrs. Max D.....5640 N. Pennsylvania St.
 Batman, Mrs. Gordon W.....6906 N. Delaware
 Bauer, Mrs. Thomas.....R. R. 14, Box 872
 Baumeister, Mrs. Herbert E...314 W. Hampton Dr.
 Beach, Mrs. Robert R.....5810 E. Pleasant Run
 Pkwy., N. Dr.

Beamer, Mrs. Parker R.....4620 Boulevard Place
 Bean, Mrs. Joseph S.....1425 Berwick St.
 Beasley, Mrs. Thos. J.....112 Berkley Rd.
 Beaver, Mrs. Howard W.....303 E. Edgewood Ave.
 Beck, Mrs. Evart M.....1220 Oak Ridge Dr.
 Becker, Mrs. Harry G.....5641 Haverford Ave.
 Beeler, Mrs. John W.....39 E. 39th St.
 Belt, Mrs. James H.....8271 Forest Lane
 Benedict, Mrs. Paul.....2652 Cold Spring Lane
 Bibler, Mrs. Lester D.....4360 N. Pennsylvania
 Bill, Mrs. Robert O.....8750 Washington Blvd.,
 W. Dr.

Blatt, Mrs. A. Ebner.....5330 N. Illinois
 Boling, Mrs. Grover C.....5806 N. Parker
 Bowman, Mrs. George W.....5634 Carrollton Ave.
 Boyer, Mrs. Floyd A.....135 S. Wittfield
 Boyer, Mrs. Philip A., Jr.....1260 E. 80th St.
 Brady, Mrs. Thomas A.....225 Wellington Rd.
 Brayton, Mrs. John R.....3128 E. Fall Creek Blvd.
 Brodie, Mrs. Donald W.....R. R. 13, Box 397
 Brown, Mrs. Archie E.....743 West 43rd Street
 Brown, Mrs. David E.....7230 N. Lake Side Dr.
 Brown, Mrs. DeWitt W., Jr.. 4363 Cold Springs Rd.
 Brown, Mrs. Gordon T.....6401 Park Avenue
 Brown, Mrs. Thomas C.....8780 Driftwood Dr.
 Brown, Mrs. Wendell.....3750 N. Gale

Browning, Mrs. James S....6339 N. Keystone Ave.
 Browning, Mrs. William M...2275 Wynnedale Rd.
 Bunde, Mrs. Carl A.....952 N. Downey
 Burghard, Mrs. Rolla.....4340 Berkshire Rd.

C

Cahn, Mrs. Hugo M.....5535 N. Pennsylvania
 Call, Mrs. Herbert F.....710 E. 57th
 Carson, Mrs. E. Wayne.....7177 N. Meridian
 Carter, Mrs. Larue D.....4280 N. Meridian
 Carter, Mrs. Oren E.....5461 Kenwood
 Chatten, Mrs. William R.....4209 Roselawn Dr.
 Chernish, Mrs. Stanley.....1402 N. Linwood
 Chivington, Mrs. Paul V.....5730 Parker
 Chroniak, Mrs. Walter

5916 E. Pleasant Run Pkwy.
 Clark, Mrs. Lawson J.....2525 E. Kessler Blvd.
 Coggeshall, Mrs. Warren...3931 N. Campbell Ave.
 Cohn, Mrs. A. F.....1120 Southview Dr.
 Collins, Mrs. James N.....5445 N. Pennsylvania
 Conway, Mrs. Glenn.....2235 E. Garfield Dr.
 Cornacchione, Mrs. Matthew .5960 N. New Jersey
 Cortese, Mrs. James V.....6300 Minlo Dr.
 Cortese, Mrs. Thomas A.....3240 Brill Rd.
 Countryman, Mrs. F. W.....5633 Central
 Cox, Mrs. Clifford E.....R. R. 14, Box 811
 Culbertson, Mrs. C. G.....6060 Park Ave.
 Cure, Mrs. Charles W.....5726 Sherman Ave.
 Currie, Mrs. Robert W.....512 E. 57th St.
 Curry, Mrs. R. Louis.....5260 Carrollton
 Cuthbert, Mrs. Marvin....6935 N. Pennsylvania St.

D

Daley, Mrs. Edward H.....5118 East Dickson Road
 Daly, Mrs. Joseph M.....5969 Singleton St.
 Davis, Mrs. Sam J.....4545 Broadway
 Dearmin, Mrs. Robert M.....5147 N. Delaware
 DeArmond, Mrs. Albert M.....5401 N. Delaware
 Deever, Mrs. John W.....6801 S. East St.
 Dennison, Mrs. A. Dudley, Jr.

7910 Wincombe Blvd.
 Denny, Mrs. James W.. 6633 Spring Brook, N. Dr.
 DeWees, Mrs. Dwight L.....302 N. Bradley
 Donato, Mrs. Albert M.....5915 Lawrence Dr.
 Dorman, Mrs. W. Leland.6631 Spring Brook, N. Dr.
 Doughty, Mrs. Samuel R....5817 N. Dearborn St.
 Dupes, Mrs. Lowell E.....222 West 73rd St.
 Drew, Mrs. Arthur R.....333 Beverly Dr.
 Dryden, Mrs. Gale.....5835 N. Tacoma Ave.
 Dunning, Mrs. Lehman H..5435 N. Pennsylvania
 Dyar, Mrs. Edwin W., Jr..5910 Washington Blvd.
 Dyke, Mrs. Richard W.....6314 Hoover Road

E

Eastman, Mrs. Joseph Rilus...4965 Coburn Street
 Eaton, Mrs. Edwin R.....5750 Allisonville Rd.
 Ebert, Mrs. J. Wayne.....1125 Southview Dr.
 Egbert, Mrs. Herbert L.....419 W. 63rd St.
 Eicher, Mrs. Palmer O.....4401 Washington Blvd.
 Eldridge, Mrs. Gail E.....5746 Central Ave.
 Elkins, Mrs. James P.....820 Southwood Drive
 Ellis, Mrs. Bert E.....2595 N. Girls School Rd.
 Ellis, Mrs. William N.....4908 E. 46th Street
 Emhardt, Mrs. John T.....3305 Brill Rd.
 Emhardt, Mrs. John W....5425 Washington Blvd.
 Ensminger, Mrs. Leonard A....1321 N. Meridian
 Evans, Mrs. Paul V.....5725 Indianola
 Everly, Mrs. Ralph V.....1105 E. 58th

F

Fausset, Mrs. C. Basil.....7757 N. Meridian
 Fine, Mrs. N. J.....5481 East 19th St.
 Finneran, Mrs. Joseph C.....3819 N. Delaware St.
 Fischer, Mrs. A. Alan.....3230 W. 41st St.
 Flanders, Mrs. Robert, Jr...5930 N. Olney St.
 Flanigan, Mrs. Meredith B....3305 Rutledge Dr.
 Flora, Mrs. Joseph O.....5604 Rockville Rd.
 Folkening, Mrs. Norval C.....5501 Camden
 Fouts, Mrs. Paul J.....8393 N. Illinois

Freeman, Mrs. Leslie W. 5461 Julian Ave.
 Freeman, Mrs. Max E. 4802 Thornleigh Dr.
 Fry, Mrs. Robert D. 5717 Broadway

G

Gaddy, Mrs. E. T. R. R. #2, Box 179
 Gambill, Mrs. Wm. Dudley. 2272 Wynnedale
 Garber, Mrs. J. Neill. 1101 E. 57th
 Garceau, Mrs. George J. 5539 N. Pennsylvania
 Gardiner, Mrs. Sprague H. 330 W. 62nd St.
 Garner, Mrs. W. Stanley. 4021 Cranbrook Dr.
 Garrett, Mrs. Robert A. 1403 W. 52nd St.
 Gastineau, Mrs. David C. 8620 Manderley Dr.
 Gastineau, Mrs. Frank M. 5344 N. Pennsylvania
 Geider, Mrs. Roy A. 5816 Pleasant Run Pkwy.
 Gick, Mrs. Herman H. 451 Eastern
 Gifford, Mrs. Fred E. 5125 N. Meridian
 Gillespie, Mrs. Charles F. 4530 Berkshire Rd.
 Goldman, Mrs. Samuel. 428 Woodmere Dr.
 Gormley, Mrs. Joseph J. 4402 Thrush Drive
 Green, Mrs. Oscar. 6219 Indianola
 Greist, Mrs. John H. 4343 Washington Blvd.
 Griffith, Mrs. Richard S. 2002 Cunningham Road
 Grisell, Mrs. Ted L. 5411 Broadway
 Gruber, Mrs. Charles M., Jr. 7022 College Avenue
 Gustafson, Mrs. Gerald W. 5768 N. Pennsylvania

H

Habegger, Mrs. E. Dale. 3242 Georgetown Road
 Habich, Mrs. Carl. 44 E. 52nd
 Hadley, Mrs. David. 5601 N. Pennsylvania
 Haggard, Mrs. Edmund B. 5914 N. Emerson Ave.
 Hall, Mrs. Frank. 8633 N. Pennsylvania
 Hampshire, Mrs. Donald. 4378 Central
 Hanna, Mrs. Thomas. 5009 W. 15th St.
 Hansell, Mrs. Robert M. 3532 N. Gladstone
 Harcourt, Mrs. Allan K. 4915 N. Illinois
 Harding, Mrs. M. Richard. 4220 DeVon Court
 Harding, Mrs. Myron S. 5410 Radnor Rd.
 Harding, Mrs. Paul C. 4432 Bertrand Road
 Harger, Mrs. Robert. 46 West 52nd Street
 Harold, Mrs. Norris E. 3545 N. Denny
 Hasewinkel, Mrs. Carol W. R. R. 2, Box 354
 Haslinger, Mrs. Clarence J. 5236 Boulevard Pl.
 Hatfield, Mrs. Nicholas W. 4118 N. Pennsylvania
 Haymond, Mrs. Joseph L. 2745 Crescent Hill Lane
 Hays, Mrs. Everett L. 2607 Manker
 Healey, Mrs. Robert J. 741 E. 53rd St.
 Hedrick, Mrs. Philip W. 4808 Central Ave.
 Heimbürger, Mrs. R. F. 4462 Central Ave.
 Helmer, Mrs. O. M. 5015 N. Illinois
 Hemricks, Mrs. John W. 124 W. 64th St.
 Hepburn, Mrs. Charles K. 7570 Morningside Dr.
 Hetherington, Mrs. A. M. 445 E. 71st St.
 Heubi, Mrs. John E. 5061 N. Illinois
 Hickman, Mrs. Walter F. 3535 Del Mar Rd.
 Hicks, Mrs. Murwyn L. 4125 E. 61st St.
 Hilldrup, Mrs. Don G. 5672 N. Illinois
 Holman, Mrs. Jerome E., Sr. 4503 Kessler Blvd., E. Dr.

Hood, Mrs. Ainslee A. 1810 Rosedale Drive
 Howell, Mrs. Joseph D. 3431 Winthrop
 Howell, Mrs. Robert D. 6941 Washington Blvd.
 Huddle, Mrs. John R. 4738 N. Pennsylvania
 Hudson, Mrs. Foster J. 525 W. Hampton Dr.
 Hughes, Mrs. William F., Sr. 4025 N. Meridian
 Hull, Mrs. Ronald. 6465 Dover Rd.
 Huse, Mrs. Wm. Murray. 5131 N. Pennsylvania

I-J

Irwin, Mrs. Glenn W., Jr. 5022 Graceland
 Jaeger, Mrs. Alfred S. 3057 Washington Blvd.
 Jaquith, Mrs. Orville S. 261 Blue Ridge Rd.
 Jennings, Mrs. Frank. 2601 Cold Springs Rd.
 Jewett, Mrs. Joe H. 5803 Sherman Ave.
 Jinks, Mrs. Clifford H. 5740 Carrollton
 Johnson, Mrs. Thomas W. 5735 Washington Blvd.
 Jones, Mrs. David E. 646 Berkley Road
 Joseph, Mrs. Rex M. 620 Hickory Lane
 Jowitt, Mrs. Richard. 6021 E. 42nd St.

K

Kammen, Mrs. Leo. 7030 Central Ave.
 Katterjohn, Mrs. James C. 5867 Central Ave.
 Keenan, Mrs. George. 2015 E. Thompson Rd.
 Keenan, Mrs. Reid L. 3702 N. Delaware
 Keever, Mrs. Charles H., Sr. 5226 College Ave.
 Keiser, Mrs. V. D. 5709 Broadway
 Kelly, Mrs. Walter F. 6845 E. Pleasant Run Pkwy.
 Kennedy, Mrs. Hunter. 757 N. Bolton
 Kennedy, Mrs. Joseph T. 5928 Village Plaza, N. Dr.
 Kerr, Mrs. Harry R. 5774 Washington Blvd.
 Kilgore, Mrs. Byron W. 2002 E. 62nd St.
 King, Mrs. Harold K. 4485 Marcy Lane, Apt. 219
 Kingsbury, Mrs. John K. 5776 E. Michigan
 Kirtley, Mrs. Wm. R. 730 E. 73rd
 Kiser, Mrs. Edgar F. 5610 Central
 Kitterman, Mrs. Harry E. 5108 Graceland
 Klain, Mrs. Benjamin V. 5775 Central
 Klaus, Mrs. J. M. 9242 Washington Blvd.
 Kneidel, Mrs. John H. 918 E. 57th St.
 Knowles, Mrs. Charles Y. 4340 Glencairn Lane
 Knowles, Mrs. Robert P. 7435 Central Ave.
 Kohlstaedt, Mrs. Kenneth G. 645 E. 80th
 Kooiker, Mrs. J. E. 3540 Watson Road
 Koons, Mrs. Karl M. 5767 N. Pennsylvania
 Kornafel, Mrs. L. H. 6201 College
 Kuntz, Mrs. Herman W. 2065 Lick Creek Drive
 Kurtz, Mrs. Philip L. 6841 Willow Rd.
 Kwitney, Mrs. I. J. 5774 Broadway Terrace

L

LaDine, Mrs. Clarence B. 4221 E. 35th
 Lamb, Mrs. Emmett B. 1180 Golden Hill Dr.
 Lamb, Mrs. Russell W. 4636 N. Capitol
 Lamber, Mrs. Chet K. 1501 East 39th St., Apt. 3
 Landis, Mrs. Charles W. 328 Barkley Rd.
 Laramore, Mrs. Ward. 5835 N. Keystone
 Lasich, Mrs. Anthony. 6791 E. Pleasant Run
 Pkwy., S. Dr.
 Lawler, Mrs. George F. 5601 E. St. Clair
 Leasure, Mrs. J. Kent. 3115 N. Meridian
 Leffel, Mrs. James M., Jr. 1140 West 46th Street
 Leffler, Mrs. W. T. 250 E. 70th St.
 LeMaster, Mrs. Theodore. 2621 E. 58th, N. Dr.
 Levi, Mrs. Leon. 402 W. Hampton Dr.
 Lewis, Mrs. Robert J. 5800 Lawrence Dr.
 Lichtenberg, Mrs. Melvin. 5677 N. Meridian
 Lingeman, Mrs. R. E. 3845 N. Meridian
 Little, Mrs. Wm. J. 6215 Parker
 Lochry, Mrs. Ralph L. 6134 Norwaldo
 Loudon, Mrs. Robert W. 630 E. 91st St.
 Love, Mrs. George N. 1644 N. Delaware
 Lozow, Mrs. David. 7510 E. 52nd St.
 Ludwig, Mrs. Oscar D. 2251 S. Ransdell, Apt. 9
 Lurie, Mrs. Paul R. 5 W. 79th St.
 Lueros, Mrs. J. Theodore. 156 Fairway Dr.
 Lybrook, Mrs. William B. 4585 Kessler Blvd., E. Dr.

M

McBride, Mrs. James S. 720 E. 80th St.
 McCartney, Mrs. Donald H. 3335 College Ave.
 McClain, Mrs. Edwin S. 550 W. 77th St., N. Dr.
 McDevitt, Mrs. Daniel R. 8710 Washington Blvd.
 McGrath, Mrs. Michael F. 6183 Washington Blvd.
 McGuff, Mrs. Paul. 3668 Central Ave.
 McQuiston, Mrs. Ralph J. 6120 Lawrence Dr.
 McTurnan, Mrs. Robert W. 6967 Central
 Mackey, Mrs. John E. 940 W. 58th St.
 Madden, Mrs. Robert J. 1543 N. Euclid Ave.
 Manalan, Mrs. M. M. 7807 Meadowbrook Dr.
 Manders, Mrs. Karl L. 215 E. 71st Street
 Manion, Mrs. Marlow W. 5132 N. New Jersey
 Marsh, Mrs. Carl M. 2622 N. Alabama
 Marshall, Mrs. Albert L., Jr. 7802 Allisonville Rd.
 Marshall, Mrs. Cavins R. 4162 N. Meridian
 Martz, Mrs. Carl D. 4571 Fall Creek Blvd., S. Dr.
 Masters, Mrs. John M. 34 E. 46th

Matthew, Mrs. W. Burleigh

3462 E. Fall Creek Blvd., N. Dr.
 Matthews, Mrs. William.....1122 N. Bolton Ave.
 Megenhardt, Mrs. Dennis.....3038 E. Fall Creek Blvd.
 Meiks, Mrs. Lyman T.....4203 N. Pennsylvania St.
 Mericle, Mrs. Earl W.....4480 N. Meridian
 Merrell, Mrs. Paul.....5367 Kenwood
 Mertz, Mrs. John H. O.....5950 Central Ave.
 Miller, Mrs. Charles L.....5039 W. 16th St.
 Miller, Mrs. John D.....Sunnyside Sanatorium
 Miller, Mrs. Roscoe E.....R. R. #17, Box 503
 Mitchell, Mrs. Earl H.....2263 E. Riverside Dr.
 Mitchell, Mrs. Edward O.....6144 N. Dearborn St.
 Molt, Mrs. William F.....2315 N. Talbot
 Montgomery, Mrs. William F.....4546 Park
 Moore, Mrs. Ben B.....5005 N. Illinois
 Moore, Mrs. Donald F.....1315 West 10th Street
 Moore, Mrs. Harold T.....5802 Allisonville Rd.
 Morchan, Mrs. Samuel.....7007 Broadway
 Morrison, Mrs. Lewis E., II.....4450 Park Ave.
 Morton, Mrs. Walter P.

3434 E. Fall Creek Blvd., N. Dr.
 Moser, Mrs. Rollin H.....6220 Sunset Lane
 Mothersill, Mrs. Mark H.....3650 College Avenue
 Muller, Mrs. L. P.....5608 College Ave.
 Myers, Mrs. Roy V.....4450 E. Kessler Blvd.

N

Nafe, Mrs. Cleon A.....5060 N. Meridian
 Nagan, Mrs. Robert F.....3902 Devon Dr.
 Nay, Mrs. Richard M.....5525 N. Meridian
 Need, Mrs. Louis T.....3627 Bluff Rd.
 Nester, Miss Lena Laura.....5324 N. Pennsylvania St.
 Nie, Mrs. Louis W.....4305 Central
 Noble, Mrs. Thomas B., Jr.....5556 N. Meridian
 Nolting, Mrs. Henry F.....155 W. Hampton Dr.
 Norman, Mrs. William.....6416 Dean Road
 Norris, Mrs. Max S.....540 E. 36th
 Nourse, Mrs. Myron.....8064 Morningside Dr.
 Nugent, Mrs. Edwin J.....5840 N. Delaware St.
 Nurnberger, Mrs. John I.....5215 Washington Blvd.

O

O'Brian, Mrs. Earl J.....3425 West 57th Street
 Ochsner, Mrs. Harold C.....4565 Cold Spring Road
 Offutt, Mrs. Andrew C.....750 N. Campbell
 Olson, Mrs. John R.....6028 Winnpenny Lane
 Olvey, Mrs. Ottis N.....5428 Central Ave.
 Otten, Mrs. Claude F.....5222 Washington Blvd.
 Owen, Mrs. John E.....4429 N. Illinois
 Owens, Mrs. Tracy.....2823 N. Meridian

P

Palmer, Mrs. Harley P.....2023 East Stop 8 Rd.
 Pandolfo, Mrs. Harry.....529 Markwood
 Parr, Mrs. Robert L.....6229 Evanston Ave.
 Parr, Mrs. Robert L.....5368 Winthrop Ave.
 Patton, Mrs. Martin T.....3060 N. Meridian, Apt. 504
 Paulissen, Mrs. George T.....741 Markwood
 Paynter, Mrs. Morris B.....115 Roberts Rd.
 Pearson, Mrs. Lyman R.....5215 N. Illinois
 Peabworth, Mrs. A. C.....2445 East Riverside Drive
 Peck, Mrs. Franklin B.....3060 N. Meridian, No. 401
 Peck, Mrs. Franklin B., Jr.....8760 Carrollton Ave.
 Peirce, Mrs. James D.....3159 N. Pennsylvania St.
 Pennington, Mrs. Walter E.....4420 N. Meridian
 Permer, Mrs. Erwin.....5590 Grandview
 Peters, Mrs. Robert J. D.....3203 E. Michigan
 Petranoff, Mrs. T. V.....2814 Questend St.
 Pfaff, Mrs. O. G.....4605 N. Meridian
 Pickett, Mrs. Robert D.....129 W. 41st St.
 Pilcher, Mrs. Jack E.....4601 Graceland Ave.
 Pontius, Mrs. Edwin G.....10254 Carrollton Ave.
 Poppewell, Mrs. A. G.....141 E. Southport Rd.
 Price, Mrs. Francis W.....550 East Edgewood Ave.
 Price, Mrs. James O.....7015 College Ave.
 Pryor, Mrs. Richard.....6134 Carrollton

R

Raber, Mrs. Robert M.....6036 Haverford
 Rader, Mrs. George S.....3778 E. 62nd
 Ramage, Mrs. Walter F.....244 S. 1st St.
 Ramsey, Mrs. Frank B.....1401 W. 52nd St.
 Reed, Mrs. Phillip B.....4131 N. Meridian
 Rees, Mrs. Russell C.

926 Ellenberger Pkwy., W. Dr.

Reid, Mrs. Charles A.....6506 Madison Ave.
 Reid, Mrs. Robert H.....1657 E. 81st St.
 Rice, Mrs. Frederick A., Jr.....5802 E. 46th St.
 Rice, Mrs. Raymond M.....7799 E. Holliday Drive
 Richardson, Mrs. Thad T.....6126 E. St. Joseph St.
 Ricketts, Mrs. Joseph W.....7447 Holliday Dr. E.
 Rigg, Mrs. John F.

3540 N. Pennsylvania St., Apt. P

Robb, Mrs. John A.....5151 N. Pennsylvania
 Rogers, Mrs. Donald L.....3031 N. Centennial
 Roll, Mrs. John W.....4407 Eastbourne Drive
 Roller, Mrs. Charles W.....2301 Garfield Dr.
 Romberger, Mrs. Floyd T., Jr.....10 W. 64th St.
 Rosenak, Mrs. Bernard D.....5254 N. Delaware
 Rosenbaum, Mrs. David.....3930 Broadway
 Ross, Mrs. Alexander T.....265 W. Westfield Blvd.
 Row, Mrs. D. Hamilton.....5214 Grandview Drive
 Ruddell, Mrs. Karl R.....2626 N. Meridian
 Ruddell, Mrs. Keith.....1201 Golden Hill Drive
 Rudesill, Mrs. Robert L.....5252 N. Capitol
 Rust, Mrs. Byron K.....8120 Sycamore Rd.
 Ryan, Mrs. Glenn V.

3168 E. Fall Creek Pkwy., N. Dr.

S

Sage, Mrs. Russell A.....8706 College Avenue
 Salb, Mrs. Max C.....6741 Allisonville Rd.
 Sanders, Mrs. Harry M.....4330 Forest Manor Ave.
 Schaffer, Mrs. Edward V.....3785 E. 62nd St.
 Schlegel, Mrs. Donald M.....6230 Dean Rd.
 Schneider, Mrs. Carl J.....340 N. Kenyon
 Schuchman, Mrs. Abe.....6020 Crows Nest Dr.
 Schuchman, Mrs. Gabriel.....5944 Central
 Schuster, Mrs. Dwight.....4503 Washington Blvd.
 Scott, Mrs. George E.....3636 Layman
 Scott, Mrs. John R.....7966 N. Illinois
 Scott, Mrs. Robert P.....6183 River View Dr.
 Sedam, Mrs. Herbert L.....6931 Central
 Sexson, Mrs. Hiram T.....5455 N. Meridian
 Shafer, Mrs. Marion R.....6290 Allisonville Rd.
 Sheehan, Mrs. Francis G.....R. R. 10, Box 257A
 Shumaker, Mrs. H. B., Jr.....4330 Central Ave.
 Sicks, Mrs. O. W.....5609 N. Pennsylvania
 Sigmond, Mrs. Harvey W.....3245 N. Pennsylvania
 Sims, Mrs. J. Lawrence.....3723 N. Gale
 Sluss, Mrs. David.....3657 Washington Blvd.
 Smith, Mrs. David L.....7979 High Dr.
 Smith, Mrs. Edward B.....3322 Guilford Ave.
 Smith, Mrs. E. Rogers.....160 W. 47th St.
 Smith, Mrs. Roy Lee.....R. R. 6, Box 232
 Solomon, Mrs. R. A.....5330 N. Pennsylvania
 Sommers, Mrs. Stephens D.....1612 Cord St.
 Soper, Mrs. Hunter A.....5321 Boulevard Place
 Sovine, Mrs. J. W.....8182 N. Illinois
 Spahr, Mrs. John F., Jr.

3014 Green Hills Lane, N. Dr.

Sparks, Mrs. Alan L.....5466 N. Pennsylvania
 Speckman, Mrs. Glenn H.....5242 Park Ave.
 Sputh, Mrs. C. B., Jr.....5671 Rolling Ridge Rd.
 Sputh, Mrs. Carl B., Sr.....7860 Barlum Dr.
 Stayton, Mrs. Chester A., Sr.....6925 N. Delaware
 Stayton, Mrs. Chester A., Jr.....7065 Central Ave.
 Stephens, Mrs. Kuhrman H.....5210 Boy Scout Rd.
 Stevens, Mrs. Sydney L.....3620 Cheviot Pl.
 Stoelting, Mrs. V. K.....4706 Laurel Circle
 Stone, Mrs. A. T.....5727 Broadway
 Stone, Mrs. David F.....5603 Indianola
 Storey, Mrs. D. Edmund.....4535 Marcy Lane, Apt. 258
 Stroup, Mrs. Tyler J.....5758 College
 Stucky, Mrs. Elsworth K.....4528 N. Meridian
 Stygall, Mrs. James H.....4311 N. Indian

Sutton, Mrs. William E. 5670 Guilford
 Swan, Mrs. John R. 320 Arden Dr.
 Symmes, Mrs. Alfred T. 6445 N. Illinois St.

T

Talbott, Mrs. Dan E. 6470 N. Michigan Rd.
 Tanner, Mrs. Henry S. 4461 N. Pennsylvania
 Taylor, Mrs. Clifford 5938 Crittenden
 Taylor, Mrs. Cyril 2936 W. 33rd St.
 Taylor, Mrs. Frederick W. 40 E. 43rd
 Teague, Mrs. Frank W. R. R. #14, Box 726
 Tether, Mrs. J. Edward 5735 N. Pennsylvania
 Tharpe, Mrs. Ray 6161 Sunset Lane
 Thatcher, Mrs. Hugh K., Jr. 408 E. 45th St.
 Thomas, Mrs. Lowell I. 28 W. Hampton Dr.
 Thomas, Mrs. Morris E. 5207 N. New Jersey
 Thompson, Mrs. John V. 7899 Ridge Rd.
 Thompson, Mrs. Wayne 4860 Leone Drive
 Thornburg, Mrs. K. E. 4702 Washington Blvd.
 Throop, Mrs. Frank B. 44 Meridian Place
 Thurston, Mrs. A. L. 421 E. 41st
 Tinsley, Mrs. Walter B. 3314 Carrollton
 Tondra, Mrs. John M. 4511 Broadway
 Torrella, Mrs. Jose A. 5721 W. 18th
 Toumey, Mrs. F. L. 4401 Broadway
 Trusler, Mrs. Harold M. 6150 N. Pennsylvania
 Tuchman, Mrs. Joseph H. 1154 Hawk Lane
 Tyner, Mrs. Harlan H. 3663 N. Delaware

V

Vandivier, Mrs. Robert M. 5407 N. Capitol Avenue
 Van Meter, Mrs. C. Powell 4102 Marrison Place
 VanOsdol, Mrs. Harry A. 43 Hampton Dr.
 Van Tassel, Mrs. C. J., Jr. 5832 Washington Blvd.
 Vollrath, Mrs. Victor J. 5202 N. Illinois
 VonDerHaar, Mrs. Gerard 7301 East 13th Street
 Vore, Mrs. Robert 3710 Cheviot Place
 Voyles, Mrs. Charles F. 4150 N. Meridian

W

Waldo, Mrs. J. Thayer 8333 N. Illinois
 Walker, Mrs. Frank C. 5563 N. Pennsylvania
 Walther, Mrs. Joseph E. 4266 N. Pennsylvania
 Walton, Mrs. William M. 5242 Boulevard Place
 Warriner, Mrs. James B. 990 N. Bolton
 Warvel, Mrs. John H. 4360 Kessler Blvd., N. Dr.
 Weinland, Mrs. George C. 4341 Central Avenue
 West, Mrs. Joseph L. 2110 W. 38th
 Westfall, Mrs. B. Kemper, Jr. 4001 N. Meridian
 Westfall, Mrs. John B. 32 East 46th Street
 Wheeler, Mrs. David E. 4520 Bertrand Road
 White, Mrs. Donald J. 5430 N. Delaware
 White, Mrs. John B. 6425 Lawrence Dr.
 White, Mrs. Philip T. 3606 Lorraine Rd.
 Wilkens, Mrs. Irvin W. 4820 E. Pleasant Run Pkwy.
 Williams, Mrs. Charles D. 160 E. 71st St.
 Williams, Mrs. Hugh 3931 East 71st Street
 Wilmore, Mrs. Ralph C. 6477 N. Tuxedo
 Wilson, Mrs. Oliver R. 3519 Washington Blvd.
 Wise, Mrs. William 4934 N. Pennsylvania St.
 Wise, Mrs. Wm. R. 4895 Knollton Rd.
 Wishard, Mrs. William N., Jr. 5720 N. Pennsylvania St.

Witham, Mrs. Robert L. 4904 Staughton Drive
 Wolfram, Mrs. Don J. 5716 N. Pennsylvania
 Woolling, Mrs. Kenneth R. 5303 Boulevard Pl.
 Wrege, Mrs. Malcolm 6505 Riverview Dr.
 Wright, Mrs. J. Wm., Jr. 2115 Wilshire Road
 Wyttenbach, Mrs. John E. 5509 Kenwood

Y-Z

Yacko, Mrs. Michael 9740 E. 11th St.
 Young, Mrs. James W. 440 E. 71st
 Young, Mrs. John E. 5920 Lawrence Dr.
 Young, Mrs. John M. 4535 Marcy Lane, No. 261

New Augusta

Asher, Mrs. Ernest O. Box 4
 Asher, Mrs. James W. 8381 Moore Rd.

Spivey, Mrs. Russell J. R. R. 1, Box 542

Link, Mrs. Goethe R. R. #6, Box 152, Martinsville
 Henry, Mrs. Russell S. 4367 Lincoln Road, Noblesville

Jones, Mrs. George L. Wanamaker
 Abreu, Mrs. Benedict E. 9300 Moore Rd., R. R. 2, Zionsville

MARSHALL COUNTY

Hampton, Mrs. James Argos
 Graham, Mrs. C. R. Bourbon
 Bowen, Mrs. Otis R. N. Center St., Bremen
 Burkett, Mrs. Cecil Grant St., Bremen
 Stine, Mrs. Marshall 304 W. Grant, Bremen
 Norris, Mrs. Ernest B. Culver
 Reed, Mrs. Donald Lakefront & Mill, Culver

Plymouth

Coursey, Mrs. James Plum Street
 Klingler, Mrs. M. O. 805 Pennsylvania Ave.
 Kubley, Mrs. James 624 E. LaPorte St.
 Pomeroy, Mrs. Rex 1400 Park Ave.
 Reed, Mrs. Robert G. 235 Hogarth
 Rimel, Mrs. James F. 909 Bayless
 Robertson, Mrs. James 1010 Ferndale Ave.
 Vore, Mrs. Loring W. 1301 N. Michigan St.

MIAMI COUNTY

Line, Mrs. Homer Chili
 Shrock, Mrs. E. E. Amboy, Ind.
 Hill, Mrs. Loyd Denver, Ind.
 Rendel, Mrs. H. E. Mexico

Peru

Barnett, Helen 109 W. Seventh
 Boone, Mrs. Max L. R. R. 4
 Damiani, Mrs. P. G. 159 W. Sixth
 Freezeze, Mrs. J. A. 212 E. Main Street
 Herd, Mrs. C. R. 115 E. 5th St.
 Malouf, Mrs. S. D. 359 W. Third
 Snyder, Mrs. Parker S. 172 W. 3rd St.
 Wagner, Mrs. Sarah R. R. 4
 Wildman, Mrs. R. E. R. R. 2
 Yarling, Mrs. Francis 117 E. Fifth

MONTGOMERY COUNTY

Crawfordsville

Burks, Mrs. Jess E. 512 W. Wabash Ave.
 Cooksey, Mrs. Thomas L. 205 Marshall
 Cornell, Mrs. Robert 1000 S. Washington
 Daugherty, Mrs. Fred N. 415 W. Main
 Eggers, Mrs. Richard R. 203 West
 Haller, Mrs. Thomas C. 508 W. Main
 Humphreys, Mrs. John W. 1309 Durham Dr.
 Kirtley, Mrs. James N. 615 Thornwood Road
 Lingeman, Mrs. Byron J. 203 Wallace
 Mount, Mrs. William M. 1417 W. Main
 Peacock, Mrs. Norman F. 107 Vernon Court
 Pierson, Mrs. Robert H. 305 E. Main
 Shannon, Mrs. Wesley E. 507 Russel Ave.
 Sharp, Mrs. John L. 1403 E. Main
 Wallace, Mrs. Hawthorne C. 107 W. Jefferson

Otten, Mrs. Ralph R. Darlington
 Priebe, Mrs. Fred Hillsboro
 Blix, Mrs. Fred Ladoga
 Denny, Mrs. Frank T. Ladoga
 Wong, Mrs. Norman Linden
 Davis, Mrs. William H. New Market
 Kindell, Mrs. Herschel D. New Richmond
 Richards, Mrs. Edgar E. Russellville
 Rusk, Mrs. Hubert M. Wallace
 Parker, Mrs. Carl B. Wingate
 Byrne, Mrs. Louis Roachdale

MORGAN COUNTY**Martinsville**

Eisenberg, Mrs. David.....340 E. Cunningham
 Gray, Mrs. Leon.....260 N. Ohio
 Miller, Mrs. Ray.....290 E. Washington
 Pitkin, Mrs. Edward.....309 Washington
 Pitkin, Mrs. McKendree C.....440 E. Washington
 Taylor, Mrs. L. F.....399 N. St. Clair
 Van Wienan, Mrs. John.....439 N. Jefferson
 Willan, Mrs. Horace R.....109 S. Jefferson

Mooresville

Bivin, Mrs. J. H.....R. R. #2
 Comer, Mrs. C. W.....R. R. 2
 Comer, Mrs. Kenneth.....R. R. 2

Murphy, Mrs. M. G.....Morgantown

OWEN-MONROE COUNTIES**Bloomington**

Baxter, Mrs. Neal E.....515 Hawthorne Dr.
 Borland, Mrs. Ray.....Moores Pike
 Buckingham, Mrs. Richard E.....705 S. Fess
 Creek, Mrs. Jean A.....Bloomfield Road
 DeMotte, Mrs. Russell E.....904 S. Rose
 Estes, Mrs. Ambrose.....701 Highland Ave.
 Fowler, Mrs. Ross.....709 Anita
 Hardtke, Mrs. Eldred F.....1400 Pickwick Place
 Hepner, Mrs. T. S.....302 E. 7th St.
 Holland, Mrs. D. J.....1100 Atwater
 Holland, Mrs. Philip.....1001 S. Jordon Ave.
 Holtzman, Mrs. Paul W.....1203 Pickwick Pl.
 Hirsomales, Mrs. Frank.....505 E. Kirkwood
 Karsell, Mrs. Wm. A.....700 Highland
 Lundblad, Mrs. W. M.....400 East Side Dr.
 Lyons, Mrs. Robert.....S. Walnut Rd.
 Marchant, Mrs. Clarence.....350 S. College
 McIntire, Mrs. C. R.....1211 Glendora Drive
 Middleton, Mrs. Thomas O.....210 Gilbert
 Pizzo, Mrs. Anthony.....409 S. Swain
 Poolitsan, Mrs. George.....619 E. Ninth
 Ramsey, Mrs. Hugh S.....619 E. 1st St.
 Reed, Mrs. William C.....1215 Atwater Ave.
 Rieger, Mrs. I. Taylor.....1319 E. 1st St.
 Rogers, Mrs. Floyd.....804 E. 8th St.
 Rollins, Mrs. Thomas.....815 S. Rose
 Ross, Mrs. Ben.....Martinsville Rd.
 Schell, Mrs. H. D.....1401 Maxwell Lane
 Sibbitt, Mrs. J. W.....818 Sheridan Drive
 Smith, Mrs. Herschel.....200 Glendora Drive
 Stangle, Mrs. William.....1818 E. Third
 Stouder, Mrs. Charles E.....Ellettsville Rd.
 Topoligus, Mrs. James.....1015 Atwater
 Wilson, Mrs. T. L.....Bender Road
 Winters, Mrs. Matthew.....407 N. Park Ave.

Spencer

Brown, Mrs. Marcel S.....Spencer
 Smith, Mrs. Frederick R.....Spencer

PARKE-VERMILLION COUNTIES**Clinton**

Casebeer, Mrs. P. B.....844 S. Fourth
 Evans, Mrs. F. J.....1315 S. Main
 Gerrish, Mrs. W. D.....125 S. 5th St.
 Herzberg, Mrs. Milton.....545 S. Fourth
 Kercheval, Mrs. J. M.....Box 192

White, Mrs. I. D.....Hazel Bluff Farm

Britton, Mrs. W. D.....Montezuma
 DeRenne, Mrs. W. L.....190 Market St., Newport
 Saunders, Mrs. J. L.....Dana
 Johnson, Mrs. W. A.....Perrysville

Rockville

Bloomer, Mrs. J. R.....115 N. Market
 Bloomer, Mrs. R. S.....502 W. York
 Harstad, Mrs. C.....515 W. High
 Kempf, Mrs. Gerald F.....Ind. State Sanitarium
 Merrell, Mrs. Basil M.....516 S. Market St.
 Pace, Mrs. J. V.....Indiana State Sanitarium
 Pirkle, Mrs. H. B.....Indiana State Sanitarium

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton
 Glackman, Mrs. John C.....207 Center St., Rockport

Tell City

Coultas, Mrs. P. J.....809 Main
 Dome, Mrs. Hardin S.....147 11th St.
 Dukes, Mrs. David A.....521 Main
 Glenn, Mrs. F. C.....436 Main
 Herr, Mrs. John W.....Boyd Road
 James, Mrs. John Mark.....26 11th St.
 James, Mrs. N. A.....740 Ninth St.
 Lally, Mrs. B. L.....622 Main Street
 Lashley, Mrs. D. L.....606 Ninth
 Lohoff, Mrs. Lewis C.....425 10th St.
 Neifert, Mrs. Noel L.....South Blum St.
 Smith, Mrs. Fred, Jr.....1407 12th Street

Snyder, Mrs. E. R.....Troy
 Gailey, Mrs. Ira L.....Chrisney

PORTER COUNTY**Chesterton**

Ashmore, Mrs. Herbert C.....317 Bowser
 Hall, Mrs. Thomas.....Dune Acres
 Harless, Mrs. C. M.....123 W. Indiana Ave.
 Reed, Mrs. John E.....Wilson St.
 Robertson, Mrs. W. C.....600 E. Morgan

Valparaiso

Brown, Mrs. J. C.....458 Park Ave.
 Covey, Mrs. Thomas.....1308 Parkside
 Davis, Mrs. Carl.....202 Indiana
 DeGrazia, Mrs. E. J.....410 Washington
 Douglas, Mrs. George R.....404 Washington
 Eades, Mrs. Ralph.....203 Jefferson
 Frank, Mrs. John R.....303 Indiana
 Green, Mrs. Leonard.....1808 Napoleon St.
 LaRocca, Mrs. Joseph.....402 Erie
 Makovsky, Mrs. Theodore.....902 Jefferson
 O'Neill, Mrs. Martin J.....301 Washington
 Seipel, Mrs. Herman O.....302 Lafayette
 Stoltz, Mrs. Robert.....501 Lincolnway
 Vietzke, Mrs. Paul.....102 Lafayette

PUTNAM COUNTY

Veach, Mrs. Lester W.....Bainbridge
 Veach, Mrs. Richard L.....Bainbridge
 Gray, Mrs. Clyde.....Cloverdale

Greencastle

Dettloff, Mrs. Frederick R.....300 Highfall Ave.
 Fuson, Mrs. W. J.....108 Northwood Blvd.
 Johnson, Mrs. James B.....314 Highfall Ave.
 Rhea, Mrs. Gilbert D.....126 E. Washington
 Schauwecker, Mrs. Cleon M.....613 Ridge Ave.
 Smith, Mrs. Wm.....R. F. D. 2
 Steele, Mrs. Dick J.....207 Northwood Blvd.
 Tennis, Mrs. George T.....602 S. Jackson
 Tipton, Mrs. William R.....103 Northwood Blvd.
 Wiseman, Mrs. V. Earle.....6 Durham

RANDOLPH COUNTY**Farmland**

Nixon, Mrs. Bryon..... N. Main
 White, Mrs. Harvey E..... S. Main
 Potter, Mrs. Richard M.... 120 Walnut, Ridgeville

Union City

Chambers, Mrs. Leroy B..... 800 N. Columbus
 McClure, Mrs. Morris E..... 225 N. High St.
 Phipps, Mrs. Leland K..... 516 N. Howard
 Reid, Mrs. Robert W..... 706 W. Division
 Wagoner, Mrs. B. D..... 701 W. Division

Harmon, Mrs. Wayne..... 113 Church St., Lynn
 Shallenberger, Mrs. H. R..... Modoc

Winchester

Dininger, Mrs. W. S..... 303 S. Main
 Engle, Mrs. Russell B..... R. R. 2
 Koch, Mrs. Howard W..... 208 E. Washington St.
 Painter, Mrs. Lowell W..... 507 S. Main
 Slick, Mrs. C. R..... 512 S. Oak Street
 Sparks, Mrs. Paul W..... 601 W. Will
 Spitler, Mrs. C. A..... R. R. #4

RIPLEY COUNTY

Freeland, Mrs. Bill..... Batesville
 Hisrich, Mrs. L. W.

Maplewood & Henry, Batesville

Lippoldt, Mrs. Chas. L..... Batesville
 Aldred, Mrs. Allen W..... Milan
 Conrad, Mrs. Henry W..... Milan
 Hunter, Mrs. G. L..... Milan
 Warn, Mrs. William..... Milan
 Row, Mrs. George..... Osgood
 Smith, Mrs. Lee R..... Osgood
 McConnell, Mrs. William..... Sunman
 Moran, Mrs. N. D..... Versailles

RUSH COUNTY

McNabb, Mrs. George..... Carthage
 McNabb, Mrs. Richard..... Carthage
 Worth, Mrs. C. Willard..... Milroy

Rushville

Atkins, Mrs. C. C..... 410 N. Perkins
 Corpe, Mrs. Kenneth F..... R. R. 4
 Deernake, Mrs. Mabel..... 501 N. Harrison
 Denny, Mrs. Melvin..... R. R. #1
 Ellis, Mrs. Davis..... 721 N. Perkin
 Green, Mrs. Frank..... 516 N. Morgan
 Hoover, Mrs. Eugene..... 501 N. Harrison
 Johnson, Mrs. Robert I..... 841 N. Harrison
 McKee, Mrs. Harry S..... R. R. 6
 Norris, Mrs. Marvin..... 1107 N. Main St.
 Shanks, Mrs. Roy E..... 1110 N. Morgan

SHELBY COUNTY

Nigh, Mrs. R. M..... Fairland
 Davis, Mrs. John A..... Flat Rock

Shelbyville

Alden, Mrs. John O..... Spring Hill Rd.
 Barnum, Mrs. Emerson..... 310 Howard St.
 Dalton, Mrs. Wilson L..... 401 Sunset Dr.
 Gehres, Mrs. Robert W..... 610 Shelby
 Grove, Mrs. E. G..... 242 W. Broadway
 Inlow, Mrs. C. Fred..... 630 S. Harrison
 Inlow, Mrs. Herbert H..... 212 N. Harrison
 Inlow, Mrs. W. D..... Spring Hill Rd.
 McFadden, Marian..... 28 W. Mechanic St.
 McFadden, Mrs. Walter C..... 28 W. Mechanic
 Miller, Mrs. R. C..... 17 W. Mechanic
 Phares, Miss Frances..... 408 S. Harrison
 Richard, Mrs. Norman F..... 45 W. Washington
 Scott, Mrs. V. B..... R. R. 2
 Silbert, Mrs. David B..... 1100 Fairfield Drive
 Spindler, Mrs. Robert D..... 165 W. Mechanic

Tindall, Mrs. Paul R..... 164 W. Franklin
 Tindall, Mrs. W. R..... 616 S. Harrison
 Tower, Mrs. James H., Jr..... 1018 S. West Street
 Whitcomb, Mrs. Roger F..... 218 W. Broadway

ST. JOSEPH COUNTY

Thornton, Mrs. M. J..... R. R. 2, Bremen

Mishawaka

Backs, Mrs. Mark Francis.... 60180 Bremen Hwy.
 Cline, Mrs. Kenneth L.

R. R. 22, Summit Ridge, Ireland Tr.

Fujawa, Mrs. M. J..... 721 Lincoln Way E.
 Martin, Mrs. Chas. F., Jr..... 2125 Linden Ave.
 Barone, Mrs. C. V..... 59053 Bremen Highway
 Ganser, Mrs. Ralph..... 408 W. 12th St.
 Ganser, Mrs. Richard A..... 1020 Wilson Blvd.
 Goethals, Mrs. C. J..... 602 Lincolnway W.
 Mahank, Mrs. Camiel C..... 223 Spring St.
 McDonald, Mrs. R. M..... 12252 E. Jefferson Road
 Reed, Mrs. Robert..... 213 Downey Street
 Rosenwasser, Mrs. Jacob..... 415 Indiana Avenue
 Sirlin, Mrs. Edward M. R. R. 19, E. Jefferson Rd.
 Spalding, Mrs. Wendell L..... R. R. #2, Fir Road
 Templeton, Mrs. Ames R..... 522 Calhoun
 Walerko, Mrs. Frank M..... 515 N. Clay St.
 Walters, Mrs. Charles E..... R. R. 2, Ireland Rd.
 Whitlock, Mrs. Francis..... 304 Lincoln Way E.
 Whitlock, Mrs. Merle E. R. R. #2, Chandler Blvd.
 Wurster, Mrs. H. C..... 221 E. Third
 Wygant, Mrs. M. D..... R. R. #1, Capitol Ave.
 Wyland, Mrs. B. J..... 510 Calhoun
 Zimmer, Mrs. H. J..... 333 Edgewater Dr.

Houser, Mrs. D. S.

24751 N. Riley Rd., North Liberty

Smith, Mrs. Lee..... R. R. 1, Lakeville

South Bend**A**

Acker, Mrs. Robert B..... 103 S. Ironwood Dr.
 Arisman, Mrs. R. K..... 1615 E. Colfax

B

Backs, Mrs. Alton J..... 1953 Inglewood Place
 Balla, Mrs. Morris..... 1516 E. Wayne
 Baran, Mrs. Charles..... 1430 E. Wayne
 Bartsch, Mrs. Harvey L..... 1330 E. Victoria
 Bechtold, Mrs. S. E..... 313 Pendle
 Bell, Mrs. H. D..... 1357 Champeau St.
 Bennett, Mrs. Jene R..... 1826 E. Jefferson Blvd.
 Berke, Mrs. Robert D..... 2510 Erskine Blvd.
 Biasini, Mrs. B. A..... 19585 Glendale Road
 Bickel, Mrs. David A..... 1335 E. Wayne St.
 Birmingham, Mrs. P. J..... 1126 E. Irvington
 Bishop, Mrs. C. Allen..... 1301 Garland Rd.
 Bixler, Mrs. Louis C..... 1817 Portage
 Blackburn, Mrs. Erwin..... 1340 E. Madison Ave.
 Bodnar, Mrs. Leslie M..... 1843 Portage Ave.
 Bryan, Mrs. Robert J..... 604 E. Ewing
 Buchanan, Mrs. Wallace D. 1326 E. Wayne St., N.
 Buechner, Mrs. Fred W..... 603 W. Marion
 Bussard, Mrs. C. F..... 719 W. North Shore Drive
 Bussard, Mrs. Frank..... 1311 Sunnymeade
 Butts, Mrs. Milton..... 118 N. Walnut St.

C

Carter, Mrs. F. R. N..... 2000 E. Jefferson Blvd.
 Cassaday, Mrs. John R..... 1805 Marquette Blvd.
 Cassaday, Mrs. J. V..... 2216 E. Madison
 Chamblee, Mrs. R. W..... 1435 Corby Blvd.
 Clark, Mrs. W. H..... 1336 E. Wayne, No.
 Colip, Mrs. George D..... 260 David
 Condit, Mrs. D. H..... 1521 E. Wayne
 Cook, Mrs. Gordon C..... 1620 Southwood Ave.
 Custer, Mrs. Edward W..... 52383 Laurel Road

D

Denham, Mrs. Robert H. 1429 E. Wayne
DeVoe, Mrs. K. R. 621 Woodcliff Dr.
Dietl, Mrs. Ernest L.

R. R. 2, 55596 Country Club Rd.
Dodd, Mrs. Robert D. 1510 Tudor Lane
Dolezal, Mrs. Bernard J. 815 Park Ave.
Donnelly, Mrs. Everett. . . . R. R. 6, 60410 Miami Rd.
Duggan, Mrs. James A. 110 Peashway
Dunlap, Mrs. D. Logan. 123 North Shore Dr.

E

Eades, Mrs. R. Charles. 232 Marquette Ave.
Ebin, Mrs. J. L. 1223 N. Lawrence
Edwards, Mrs. Bernard E. 1341 E. Wayne
Egan, Mrs. Sherman L. 944 Riverside Dr.
English, Mrs. J. Paul. 3116 Robinhood Lane
Erickson, Mrs. G. Walter. 217 Wildmere Dr.
Erickson, Mrs. L. G. 1212 E. Woodside

F

Farner, Mrs. James. 1335 Leeper Ave.
Feferman, Mrs. Martin E. 1914 Rockne Dr.
Feldman, Mrs. Max. 702 N. Lafayette Blvd.
Filipek, Mrs. Walter. 2513 Lincoln Way West
Firestein, Mrs. Ben Z. 125 W. Marion Street
Firestein, Mrs. Ray. 502 N. Ironwood Drive
Fish, Mrs. Edson C. 19054 Summers Drive
Frank, Mrs. Herbert. 2616 S. Twyckenham Dr.
Frank, Mrs. L. L. 534 N. Lafayette Blvd.
Frash, Mrs. D. W. 1912 Miami Street
Frey, Mrs. W. B. 1714 E. Bader Ave.
Friedman, Mrs. Morris S. 1617 E. Jefferson Blvd.

G

Gaffney, Mrs. R. A. 534 Peashway
Gates, Mrs. George E. 411 W. North Shore Dr.
Gilman, Mrs. Marcus. 1925 E. Jefferson Blvd.
Giordano, Mrs. A. S. 1518 E. Colfax Ave.
Godersky, Mrs. George. 2744 Sampson
Goraczewski, Mrs. T. C. 1016 W. Washington
Graf, Mrs. John P. 424 Peashway
Green, Mrs. George F. 1515 E. Wayne
Green, Mrs. Norvel E. 1726 E. LaSalle
Grove, Mrs. James H. 60268 Mayflower Rd.

H

Hamilton, Mrs. Charles O. 1418 E. Washington Ave.
Harmon, Mrs. V. E. 3221 Mishawaka
Haugseth, Mrs. E. K. 418 Marquette Ave.
Helmer, Mrs. John. 1825 Wilbur
Hilbert, Mrs. John W. 410 W. Washington
Hildebrand, Mrs. J. O. 1307 E. Ewing Ave.
Hill, Mrs. Theodore. 107 N. Eddy St.
Hill, Mrs. Wallace C. 1221 Sunnymede Ave.
Hillman, Mrs. Marion W. 1516 Marquette Blvd.
Holdeman, Mrs. Lillian S. 615 W. Colfax Avenue
Holtzman, Mrs. Norman. 3322 Whitcomb
Hyde, Mrs. C. C. 1521 E. Colfax

J

Johns, Mrs. N. C. 1329 N. St. Joseph St.

K

Kamm, Mrs. Bernard. 125 W. Marion St.
Karn, Mrs. John W. 1535 Wall St.
Krueger, Mrs. John E. 1206 N. Lawrence
Kuhn, Mrs. Frederick L. 1215 S. Michigan St.

L

Lamb, Mrs. Leonard. 1321 E. Wayne
Lane, Mrs. William H. 845 Park
Lang, Mrs. Joseph E. 505 Dixie Hwy., No.
Levatin, Mrs. B. J. 1814 E. Churchill Dr.
Levkoff, Mrs. Abner. 3239 Essex Dr.
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd.
Liss, Mrs. Emanuel. 1612 E. Madison
Lockhart, Mrs. Philip. 1311 E. Monroe St.

M

Marquis, Mrs. Gordon. 329 Wakewa
Mason, Mrs. Bernard A. 2719 Marine St.

McCraley, Mrs. W. J. 1737 Belmont
Metcalf, Mrs. G. E. 1209 E. Wayne, No.
Miller, Mrs. Milo K. 1018 E. Oakside
Moore, Mrs. Robert D. 127 S. Ellsworth Place
Mott, Mrs. C. A. 2733 Lincolnway West
Mueller, Mrs. H. M. 3525 Windingwood Dr.
Murphy, Mrs. Eugene C. 1411 Sunnymede

N-O

Nelson, Mrs. F. D. 58244 S. Ironwood Dr.
Nelson, Mrs. Raymond E. 1909 E. Madison
Olson, Mrs. Kenneth. 1228 E. Woodside

P

Parsons, Mrs. Robert. 1464 Ridgedale Rd.
Pauszek, Mrs. Thomas B. 916 Riverside Dr.
Petrass, Mrs. Andrew. 22027 Liberty Highway
Plain, Mrs. George. 17836 Ponader Drive
Pyle, Mrs. H. Dale. 115 N. Sunnyside

R

Rigley, Mrs. Edward L. 1704 Ridgedale Rd.
Rodin, Mrs. H. H. 1138 E. Wayne, So.
Rosenheimer, Mrs. George M. 1425 E. Woodside
Rubens, Mrs. Eli. 1331 E. Victoria
Rudolph, Mrs. Carl. 2016 E. Madison Street

S

Sanderson, Mrs. Robert B. 1331 Sunnymede Ave.
Sandock, Mrs. Louis E. 235 S. Esther St.
Sandoz, Mrs. H. H. 239 S. Hawthorne Dr.
Sandoz, Mrs. Louis A. 304 S. Twyckenham Dr.
Schiller, Mrs. Herbert A. 1813 E. Cedar
Scott, Mrs. Frank M. 1220 E. Woodside
Selby, Mrs. K. E. 1327 E. Wayne, No.
Sensenich, Mrs. R. L. 128 S. Scott
Sharp, Mrs. Merle C. 17772 Woodthrush Lane
Shelley, Mrs. Edward S. 207 S. Taylor St.
Shriner, Mrs. Richard L. 53362 Juniper Road
Sisson, Mrs. Norval D. 1614 Oak Park Dr.
Skillern, Mrs. Scott. 537 W. Colfax Ave.
Slominski, Mrs. Harry H. 1862 College St.
Smith, Mrs. Truman S. 505 S. Twyckenham Dr.
Spenner, Mrs. R. W. 125 S. Esther St.
Stiver, Mrs. Dan D. 1127 E. Wayne St. N.
Stogdill, Mrs. William. 102 S. Coquillard
Stratigos, Mrs. Joseph S. 17788 State Rd. 23

T

Thompson, Mrs. John M. 1618 Cedar
Tirman, Mrs. Wallace. 1224 E. Wayne St., No.
Traver, Mrs. P. C. 1010 Riverside Dr.

V-W-Z

Vagner, Mrs. S. Bernard. 53190 Willow Run Road
Vurpillat, Mrs. F. J. 2102 E. Cedar
Ward, Mrs. James. 19248 Summers Dr.
Walker, Mrs. Edwin M., Jr. 1114 Stanfield
Weiss, Mrs. Eugene. 1605 E. Washington Ave.
Wilson, Mrs. James M. 1416 E. Monroe St.
Zeiger, Mrs. Irwin L. 1205 E. Irvington

TIPPECANOE-WHITE COUNTIES

Lafayette

Babb, Mrs. Forrest J. 2106 South 9th St.
Baker, Mrs. John R. 1603 Potomac
Carpenter, Mrs. John B. 1720 Scott
Dubois, Mrs. Ramon. 519 Calvert Lane
Flack, Mrs. R. A. 3600 Cypress Lane
Frey, Mrs. Harley. 927 Highland
Graham, Mrs. Thomas. 1213 Wea
Gripe, Mrs. Richard. 1623 S. Fifth
Harter, Mrs. Eli B. 918 King
Holladay, Mrs. L. J. 1403 S. 14th St.
Johnson, Mrs. Herbert. 712 Cherokee
Miller, Mrs. David. 2055 S. Ninth

Karberg, Mrs. Richard J. 1212 El Prado
 Klepinger, Mrs. Harry E. 909 N. 21st
 Kohne, Mrs. Robert. 1001 Pontiac
 Marvel, Mrs. Howard. 1106 Hedgewood
 McAdams, Mrs. Hugh. 2110 Birch Lane
 McClelland, Mrs. D. C. 1021 Highland
 McKinley, Mrs. Joseph. 610 Lingle Terrace
 Neumann, Mrs. Kenneth. 1410 S. 18th
 Onorato, Mrs. Joseph. 2606 South St.
 Ratcliff, Mrs. Frank W. 1000 Wea
 Rothrock, Mrs. Philip. 605 Lingle Ave.
 Sholty, Mrs. William M. Shadeland Farm Rd.
 Trout, Mrs. Carl J. 800 State
 VanReed, Mrs. Lula C. 806 S. 9th St.
 Vermilya, Mrs. R. W. Cedar Bluff Rd.
 Williams, Mrs. Robert E. 403 Asher

West Lafayette

Bayley, Mrs. William. 622 Rose
 Bolin, Mrs. Robert C. 908 Windsor Dr.
 Burns, Mrs. John T. 2201 N. Salisbury
 Calvert, Mrs. R. R. 308 Park Lane
 Davis, Mrs. Howard B. 833 Hillcrest Rd.
 Engeler, Mrs. James E. 1316 N. Grant
 Ferguson, Mrs. William B. 430 Forest Hill Dr.
 Harden, Mrs. Murray. 610 Carrollton
 Hughes, Mrs. Richard R. 908 Carrollton Blvd.
 Hull, Mrs. James. 605 Carrollton
 Johnson, Mrs. Lowell. 1601 Woodland
 Klatch, Mrs. Ben Z. 1504 N. Grant
 Marsh, Mrs. George. 1216 Howell
 McAdams, Mrs. Robert. 625 Ridgewood
 Mather, Mrs. Charles R. 729 N. Chauncey
 Miller, Mrs. Roland. 600 Ridgewood Dr.
 Peyton, Mrs. Frank W. 612 Ridgewood Dr.
 Stahl, Mrs. E. T. 324 Park Lane
 Steele, Mrs. Hugh H. 118 Sunset Lane
 VanBuskirk, Mrs. E. L. 1301 Ravinia Rd.
 VanDen Bosch, Mrs. W. R. 715 Princess Dr.
 Washburn, Mrs. W. W. 209 Forest Hill Dr.

Lind, Mrs. Jaap. Mulberry
 Mitchell, Mrs. E. T. Romney
 Weller, Mrs. Robert. Rossville

VANDEBURGH COUNTY

(Southwestern)

Stover, Mrs. Wendell C.
 20 Lake Shore Dr., Boonville

Evansville

A

Acre, Mrs. Robert R. 2311 Lincoln
 Adler, Mrs. Ray N. 1660 Lincoln
 Adye, Mrs. Wallace H. 1307 Strington Rd.
 Allenbaugh, Mrs. A. E. 3218 E. Mulberry
 Anderson, Mrs. Milton H. Evansville State Hosp.
 Antes, Mrs. Earl H. 1201 Bonnieview Dr.
 Antonetti, Mrs. John. 211 Inwood Drive
 Arendell, Mrs. Robert. 710 S. Weinbach Ave.
 Austin, Mrs. Eugene W. 2163 Bayard Park Dr.

B

Baker, Mrs. Mason. 900 Bellemeade Ave.
 Barnhart, Mrs. Willard T. 507 Boeke Rd.
 Beck, Mrs. Robert E. 301 Inwood Drive
 Begley, Mrs. Joseph W. 700 Blue Ridge Rd.
 Bender, Mrs. M. J. 2716 Capitol Blvd.
 Bennett, Mrs. Abner P. 961 Blue Ridge Rd.
 Bissonette, Mrs. Roger P. 911 Colony Rd.
 Britt, Mrs. Robert. 6416 Arcadian Hwy.
 Brockmole, Mrs. Arnold W. 517 Edgar St.
 Bryan, Mrs. Stanton L. 3211 E. Mulberry
 Buehner, Mrs. Donald. 1200 Bonnieview Dr.

Buikstra, Mrs. C. R. R. R. 5, Box 215
 Burnikel, Mrs. Ray H. 960 S. Rotherwood Ave.

C

Cacia, Mrs. John J. 420 S. Boeke Rd.
 Caldwell, Mrs. William C. 643 College Hwy.
 Carlson, Mrs. Ralph F. 1350 Bayard Park Dr.
 Clark, Mrs. Thomas W. 810 Plasa Dr.
 Clements, Mrs. A. F. 3315 Lincoln
 Clouse, Mrs. Paul A. 2066 Bayard Park Dr.
 Cockrum, Mrs. William M. 1414 Parkside Dr.
 Cole, Mrs. W. L. 18 Johnson Place
 Coleman, Mrs. Joseph E. 2831 Wayside Dr.
 Combs, Mrs. Herman. 915 S. Red Bank Rd.
 Corcoran, Mrs. P. J. V. 2412 E. Chandler
 Crawford, Mrs. James. 631 Blue Ridge Dr. North
 Crevello, Mrs. Albert J. 1664 Lincoln
 Crimm, Mrs. Paul D. Boehne Hospital
 Cullnane, Mrs. Chris W. 3020 Mt. Vernon Rd.

D

Daves, Mrs. W. Lawrence. 708 College Hwy.
 Davidson, Mrs. Harold H. 800 Blue Ridge Rd.
 Deems, Mrs. Myers. 6830 Arcadian Highway
 Denzer, Mrs. Edward K. 540 Scenic Dr.
 Denzer, Mrs. W. O. 923 Bellemeade
 Dieckman, Mrs. Herbert S. 1101 Harrelton Ct.
 Dodd, Mrs. R. K. 1705 S. New Green River Rd.
 Drake, Mrs. Dale W. Little Schaefer Rd.
 Dunham, Mrs. Howard. 3215 Ridge Top Rd.
 Dycus, Mrs. Walter A. 330 Koring Rd.
 Dyer, Mrs. Wallace K. 812 St. James

E

Ehrich, Mrs. William S. 1500 S. Kentucky
 Engel, Mrs. Edgar L. 1411 E. Park Dr.

F

Faith, Mrs. Ira L., Jr. 950 Blue Ridge Road
 Faul, Mrs. Henry. 725 S. Willow Rd.
 Faw, Mrs. Melvin L. 3105 E. Oak Street
 Fenneman, Mrs. Robert J. 1468 Bonnieview Ct.
 Fisher, Mrs. William C. 1319 S. Kentucky
 Fitzgerald, Mrs. Maurice D. 924 Bayard Park Dr.
 Fitzsimmons, Mrs. E. L. 500 S. Boeke Rd.

G

Garland, Mrs. E. A. 719 Plaza Dr.
 Gaul, Mrs. L. Edward. 508 S. Boeke Rd.
 Getty, Mrs. William. 1810 Mt. Auburn Road
 Giorgio, Mrs. Douglas J. 916 S. Burkhart Road
 Guckien, Mrs. Joseph. 2054 Bayard Park Dr.

H

Hammond, Mrs. R. Case. 6820 Arcadian Hwy.
 Hare, Mrs. Daniel M. 2112 Lincoln
 Hart, Mrs. Paul. 1436 Lincoln
 Hartley, Mrs. C. A., Jr. 300 Hesmer Rd.
 Healy, Mrs. William F. 722 S. Willow Rd.
 Heinrich, Mrs. Weston. 1408 Lincoln Ave.
 Hendershot, Mrs. Eugene L. 7006 Newburgh Road
 Hermayer, Mrs. Stephen. 1316 Bonnieview Dr.
 Herrmann, Mrs. Gordon T. 218 S. Spring St.
 Herzer, Mrs. C. C. 211 E. Mill Rd.
 Hoover, Mrs. Guy. 864 Lodge Ave.
 Hovda, Mrs. Richard. 800 St. James Blvd.
 Huggins, Mrs. Victor. 520 S. Alvord
 Hyatt, Mrs. G. T. 1616 Mt. Auburn Rd.

J-K

Jernigan, Mrs. William R. 1113 S. Alvord Blvd.
 Johnson, Mrs. Stephen L. 2215 Lincoln
 Johnson, Mrs. Victor. 2708-B W. Franklin St.
 Kessler, Mrs. R. B. 1200 Harrelton Ct.
 Kiechle, Mrs. Fred. 726 S. E. First St.

L

Laubscher, Mrs. Clarence. 6621 Kratzville Rd.
 Lawrence, Mrs. Joseph C. 1362 E. Chandler
 Leibundguth, Mrs. Henry. 1522 Adams Ave.
 Leslie, Mrs. Emil T. 3214 E. Mulberry St.
 Logan, Mrs. J. R. 503 First Ave.
 Lyman, Mrs. Frank L. 419 N. Barker

M

MacKenzie, Mrs. Pierce.....2300 E. Gum St.
 Mathews, Mrs. James R.....224 S. Spring St.
 Mayberry, Mrs. Alton.....6125 Washington Ave.
 McCool, Mrs. J. H.....6314 Old State Rd.
 McDonald, Mrs. J. D.....4300 Lincoln
 Mehl, Mrs. Rudolph.....631 Blue Ridge Dr.
 Meyer, Mrs. Keith.....399 S. Alvord Blvd.
 Miller, Mrs. L. B.....501 Scenic Drive
 Miller, Mrs. Milton.....8201 Newburgh Rd.
 Miller, Mrs. Minor.....701 S. Weinbach Ave.
 Miller, Mrs. Robert J.....701 Plaza Dr.
 Mills, Mrs. Fred.....555 S. Kelsey
 Mino, Mrs. Raymond

Box 491, R. R. #5, Old State Road

Mino, Mrs. Robert.....2777 Wayside Dr.
 Moehlenkamp, Mrs. Charles.....305 E. Iowa

N

Niedermayer, Mrs. Alfred.....815 College Hwy.
 Nisenbaum, Mrs. Harold.....1535 Washington Ave.
 Nonte, Mrs. Lee.....1041 Taylor

O

Oswald, Mrs. Robert.....762 St. James Blvd.

P

Pastor, Mrs. J. W.....5901 Washington Ave.
 Pemberton, Mrs. Jack James.....911 N. Helfrich
 Pollard, Mrs. Walter.....1230 S. E. Second
 Porre, Mrs. Francis.....909 Villa Dr.
 Present, Mrs. Julian.....201 Parker Dr.
 Pugh, Mrs. Willis.....5204 Lincoln

R

Ratcliffe, Mrs. A. W.....510 S. E. First
 Ravdin, Mrs. Bernard.....706 Sunset
 Ravdin, Mrs. Marcus.....2025 Lincoln
 Reich, Mrs. Clarence.....1209 N. Fulton
 Richey, Mrs. Clifford.....407 Congress
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